



Evaluation of 'best value' in Specialist Service Provision for Domestic Violence and Abuse in Devon: October 2010 to September 2011

Full Report

April 2012

Co-ordinated Action Against Domestic Abuse (CAADA)

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Chapter 1 Introduction

Domestic Abuse is a significant issue. It makes up 24% of total recorded violent crime in Devon with Devon and Cornwall Police recording 8,798 incidents of domestic abuse in Devon in the year to March 2011. There were two domestic homicides in Devon in 2010/11.

The coalition government is committed to the ongoing provision of independent specialist domestic violence services as an essential part of a multi-agency response through the implementation of the 2010 Home Office Call to End Violence and Against Women and Girls, and the Department of Health report from the Taskforce on the Health Aspects of Violence against Women and Children.

"No level of violence against women and girls is acceptable in modern Britain or anywhere else in the world."- Theresa May, Home Secretary, 2011

"One of the big lessons we have learnt over the years is that public services are at their worst when they don't talk to each other - and at their best when they do. But more importantly act together as well. As the old saying goes, together we are stronger."-Tim Loughton, Children and Families Minister, May 2011

Devon has had a long history of service provision for adults and children experiencing domestic abuse through what were originally the three Women's Aid organisations. Over the last ten years, with the development of the Against Domestic Violence and Abuse Partnership (adva) funding for specialist services has increased from £60,000 to over £1.8 million.

Specialist frontline services are provided through three established, independent specialist providers: Domestic Violence and Abuse Services (DV&AS), North Devon Women's Aid (NDWA) and Stop Abuse for Everyone (SAFE). These agencies offer specialist support as part of a multi-agency response which includes other specialist domestic violence interventions such as Multi Agency Risk Assessment Conferences (MARAC) and Specialist Domestic Violence Court (SDVC). At the partnership level adva carries out training, coordination and strategic leadership and, historically, has been very effective at securing funding for domestic violence services and raising awareness of the issue.

In 2009 Devon was awarded the only national 'Green Flag' for domestic abuse services by the Audit Commission in recognition of the effectiveness of the adva partnership. At the same time adva were asked how they could demonstrate that domestic violence services in Devon offered 'best value' and in response they commissioned CAADA (Coordinated Action Against Domestic Abuse) to carry out an evaluation of the services they funded to answer this question.

This evaluation was commissioned at a time of sustained growth for adva; however since then we have seen a change in government and experienced the impact of the Public Sector Spending Review. This means that adva and its partner agencies have been operating in an environment of threatened or actual cuts for a significant part of this evaluation and this should be considered when interpreting the findings from this study.

The structure of this evaluation is as follows:

- Summary of key findings and recommendations
- Purpose, scope and context of this report
- About CAADA
- Evaluation process and methodology
- National strategic agenda
- Analysis of interventions and outcomes
- Evaluation against adva goals
- Delivering 'best value'

Chapter 2 Summary of Key Findings and Recommendations

Our overall finding is that specialist services commissioned by adva are providing good value for money.

We estimate that for every £1 spent on adva-funded services a saving of £3.20 is made to public services each year.

Adva-funded services are reaching vulnerable adults, children and young people including those at risk of serious harm. Excellent safety and well being outcomes are being achieved for victims of domestic violence and abuse and their families.

Detailed data were gathered for nearly 1,200 adult victims of domestic violence and abuse and 105 children and young people. This was supplemented by in depth interviews with 46 adult and 7 child service users. 149 stakeholders completed an online survey and a workshop to validate the findings was held with partnership representatives. The findings from these data are summarised below.

2.1 Areas of strength

Net savings to public services: The cost benefit analysis indicates a saving to public services of £3.20 for each £1 spent on specialist domestic abuse services funded by adva.

Essential and unique component of the multi-agency response: Adva-funded services provide independent, intensive emotional and practical support to those experiencing domestic violence and abuse. This support is not available elsewhere in the multi-agency response and support from specialist services is key to successfully engaging with other services as well as addressing the abuse.

Positive safety outcomes: Service users experience multiple forms of abuse. 79% of service users disclose experiencing jealous and controlling behaviours, 56% physical abuse, 54% harassment and stalking and 20% sexual abuse. Specialist services provide a risk led approach which prioritises safety with 90% of service users receiving help with safety planning. Positive safety outcomes are achieved with a total cessation of abuse for 59% of service users and a reduction in risk for 74%.

Positive health and wellbeing outcomes: Alongside the violence and abuse, 31% of service users have mental health issues and 10% have substance use issues. Specialist services provide emotional support as well as making referrals to health agencies with 69% of service users receiving support with health and wellbeing. Positive health and wellbeing outcomes are achieved with 72% of service users reporting an improvement in their quality of life and 82% expressing confidence about accessing support in the future.

Positive criminal justice outcomes: Specialist services support positive court outcomes. A report to the police is recorded for 51% of service users and a charge made for 56% of these cases. The Crown Prosecution Service proceed with 85% of cases where a charge is made and the perpetrator pleads or is found guilty in 83% of cases which proceed to court.

Positive outcomes for children and young people: Adva-funded services are supporting a high risk group of children and young people. Most live with and experience abuse in their own relationships and many exhibit abusive behaviours towards others. Many are exposed to additional risks including parental criminal behaviour and substance misuse. Physical and psychological safety are both materially improved after intervention from specialist children and young people's workers.

2.2 Gaps and recommendations

The study found a number of strategic and operational gaps and issues which impact on the potential of adva-funded services to deliver best value. In general these are in common with the difficulties being faced by domestic abuse services around the country and the partnership is already making progress with addressing them.

Stabilise funding: Nationally, a consequence of the public sector spending review is that funding is at risk across many 'safety nets', such as legal aid, which have historically been available to victims of domestic abuse and their families. This magnifies the potential impact on the risk to victims of any local cuts to the leadership and coordination of the multi-agency response and on specialist services. Our strong recommendation therefore is that the priority for the adva partnership is to stabilise and maintain the funding for specialist domestic abuse services and the resource required to coordinate strategy, policy and the multi-agency approach.

Health and Wellbeing Board: We recommend that the new Health and Wellbeing Board takes on a formal responsibility for the governance of domestic violence service provision in Devon. This would facilitate joint commissioning and build on the joint working already taking place on the Joint Strategic Needs Assessment and the Domestic and Sexual Violence and Abuse Strategy.

Care pathway and shared outcomes: Stakeholders identified the lack of an agreed care pathway underpinned by shared outcomes, particularly for children, as an issue. Formalising the care pathway and desired outcomes would provide a framework for addressing other issues and opportunities identified which are described below.

Focus on family: Gaps were identified by service users in the support provided for mental health issues and with coping with the impact of the abuse on their children. Nationally, the Munro review and complex family agenda both encourage consideration of the impact of domestic violence and abuse on children and the other risk factors appearing in the family – particularly substance use and mental health issues. Consideration should be given to the creation of co-located services bringing together specialists in these fields working towards jointly agreed outcomes to facilitate a 'whole family' approach to address these gaps. This is also a trend emerging in other areas.

Earlier identification: The average length of the abusive relationship at the point of engagement with an adva-funded specialist service is four years which is in line with the national average. Service users are often in contact with multiple agencies before the abuse is identified and multi-agency partners identified a training need around identification and referral. Training and formalising the care pathway would help address this though care should be taken not to increase referrals to specialist domestic violence and abuse services without taking into account existing capacity. A new model being developed in other areas is the location of an Independent Domestic Violence Advisor (IDVA) service in A&E or Maternity units. Many victims use these services throughout the abusive relationship and so it provides an opportunity to address the abuse at an earlier point. North Devon Women's Aid is piloting this approach and we recommend that this pilot is monitored and rolled out if successful.

Recovery and prevention of revictimisation: Service users confirmed the value of support from specialist services once the crisis period was over and expressed a need for more support to be available. The pattern changing course is an effective model for delivering this support and consideration should be given to increasing the number of courses available.

2.3 Key findings

Key findings have been analysed in the context of the strategic aims of the adva partnership and the national policy agenda.

2.3.1 Impact on safety of those affected by domestic violence and abuse

Practitioners, service users and multi-agency partners all reported that the specialist domestic violence and abuse services deliver positive outcomes for victims of domestic abuse.

A total cessation of abuse was recorded for 59% of service users and practitioners noted a moderate or significant risk reduction for 74%. Three-quarters of service users felt safer on exiting the service compared to the point of initial engagement and 28% were not at all frightened at the point of leaving the service.

Adva-funded services are delivering positive safety outcomes for victims of domestic abuse

Practitioners, service users and multi-agency partners all reported that the Domestic Violence and Abuse Service, North Devon Women's Aid and Stop Abuse for Everyone deliver positive outcomes for victims of domestic violence and abuse.

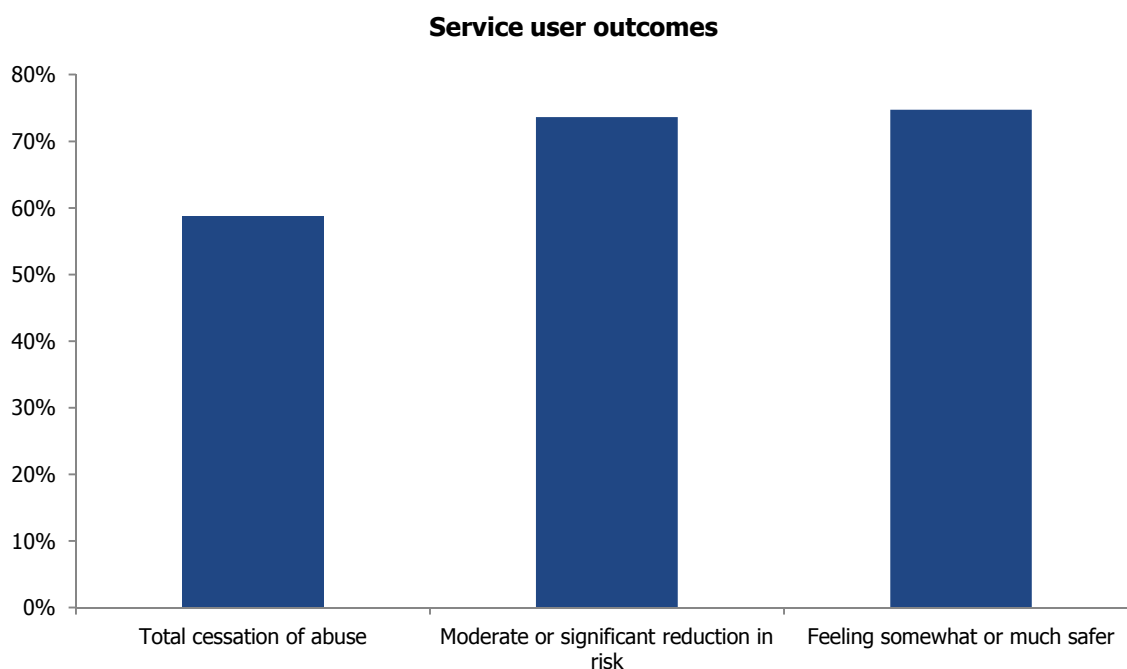


Figure 1 Service user outcomes at the point of exit from specialist services

A total cessation of abuse was recorded for 59% of service users and risk was reduced for 74%. Three quarters of service users felt safer on exiting the service compared to the point of engagement and 28% were not at all frightened at the point of leaving the service.

Specialist services are providing a targeted response to those affected by domestic violence and abuse

Adva-funded specialist services are supporting the appropriate 'target' service user group of those affected by domestic violence and abuse. 45% of the 1,181 services users for whom detailed data was gathered at the point of engagement were high risk and 38% reached the MARAC threshold. Abuse was predominantly high or moderate in severity and was escalating in frequency and severity at the point of engagement:

- 56% of service users disclosed physical abuse including slapping, pushing, punching, kicking, strangulation and use of weapons
- 20% disclosed sexual abuse including the use of threats, pressure or force to obtain sex
- 54% disclosed harassment and stalking including frequent phone calls, texts, emails, unwanted visits to the home or workplace and threats of suicide, homicide or sexual violence
- 79% disclosed jealous and controlling behaviour including isolation from friends and family, prevention from taking medication or accessing care needs or finances, dominance, and accusations of infidelity

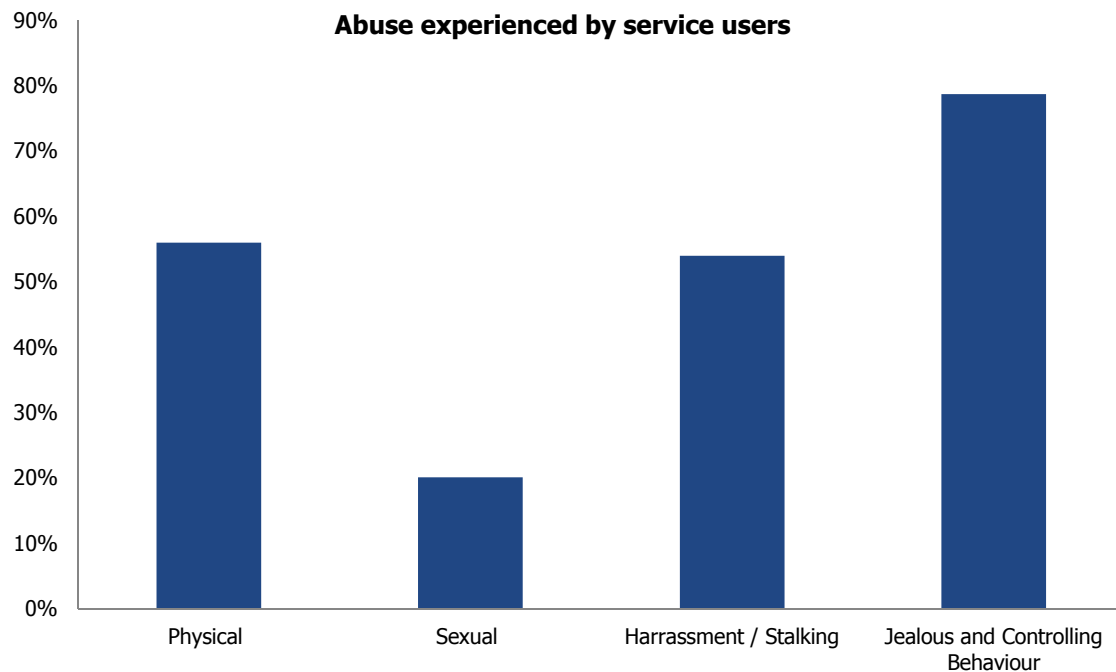


Figure 2 Abuse profile of service users accessing specialist services

Equality and diversity statistics are in line with national averages and the local population: 6% of service users were black and minority ethnic; 8% were male; and 1% were lesbian, gay or bisexual.

Specialist services follow a risk led approach which prioritises safety

Data collected by practitioners showed that adva-funded specialist services are offering a risk led approach focusing primarily on the safety of their clients – all clients were risk assessed and 90% of clients received support with safety planning.

Services are also offering intensive support: 92% of the 724 service users exiting the adva-funded services received multiple interventions with an average of four interventions overall. More than half received five or more contacts. Research shows that client safety improves with more intensive support.

Specialist services do not have the capacity to reach all those affected by domestic violence and abuse

The 2010/11 British Crime Survey estimates that 7% of women and 5% of men have been victims of domestic abuse in the past year. This equates to 14,000 women and 8,000 men in Devon. Data from the Modus case management system shows that adva-funded specialist services are in contact with approximately 2,800 of these victims each year which means that 85% of the people estimated by the British Crime Survey to have experienced abuse are not being supported by adva-funded services. This is in line with the national picture, where

domestic violence and abuse is known to be under reported. Not all of these people will be experiencing abuse of a level of severity requiring intensive support from a skilled specialist provided by adva-funded services. However, the data does illustrate the potential increase in capacity required if disclosure increased in line with British Crime Survey statistics. This is supported by the waiting lists run by some services, a number of service users reporting that it can be difficult to reach services during busy periods and some stakeholders mentioning that outreach services cannot always accept new clients.

2.3.2 Impact on the health and wellbeing of all those affected by domestic violence and abuse

Positive health and wellbeing outcomes are being achieved for those affected by domestic violence and abuse.

Service users reported that support from the service had enabled them to develop greater resilience to a number of health and wellbeing indicators. On leaving the service, 72% of service users reported an improvement in their quality of life and 82% were confident about accessing support in the future.

Specialist services are supporting service users experiencing a wide range of health and wellbeing issues

Service users were experiencing a wide range of health issues at the point of engaging with specialist domestic abuse services in Devon: 56% of service users were experiencing physical abuse; 31% were recorded as having mental health issues; 22% had threatened or attempted suicide; 21% self harmed; 20% were experiencing sexual abuse; and 10% had substance use issues. As well as the majority (65%) of service users having children, 6% were pregnant at the point of intake.

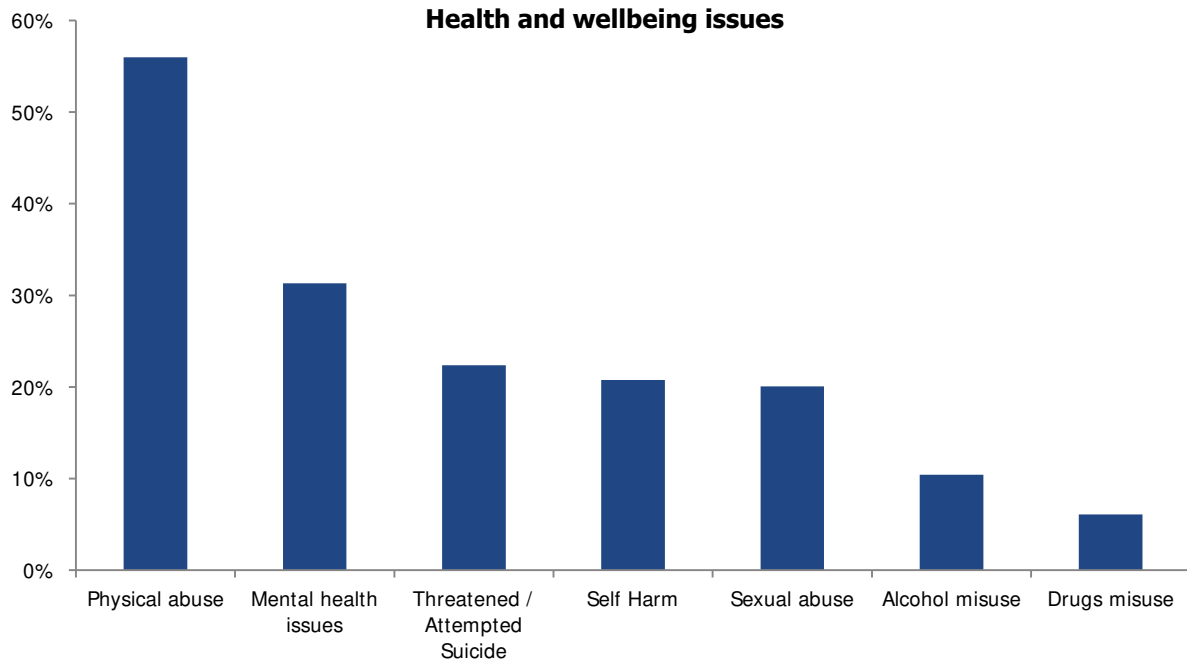


Figure 3 Health and wellbeing issues experienced by service users

Support from specialist services helped service users overcome some barriers to accessing help

Service users acknowledged mental health and wellbeing issues as a barrier to accessing help and support prior to engaging with the specialist services. Many service users participating in the consultation reported receiving an inappropriate response from healthcare professionals with the underlying cause of the mental health and wellbeing issues not being specifically identified as domestic abuse. Engagement with specialist services empowered service users to address the issue of domestic abuse and also to access and engage with other services providing support with health and wellbeing.

"I finally got the courage to go to the GP; he was supportive but he did not have a clue what to do. He referred me to a course for being depressive and anxious."
Service user

Specialist services are providing a high level of health and wellbeing support

Support with health and wellbeing was the intervention most accessed, after safety planning: more than two-thirds (69%) of service users received this support. For the majority of those, 80% were supported with improved access to help and support and 56% with coping strategies. Support with engagement with specialist health services was as follows: mental health (9%), other health services (8%), drug services (1%) and alcohol services (3%).

Service users valued the emotional support provided by the specialist services and in particular stressed that the pattern changing courses helped with developing greater resilience to wellbeing indicators, such as anxiety and depression. Multi-agency stakeholders also reported the value of the pattern changing course in changing risky behaviours.

Gaps were identified around provision of specialist mental health services and post-crisis support

While service users reported the value of the emotional support provided by the specialist domestic violence services, they also raised the issue that this is not sufficient to deal with many mental health issues and that they would value specialist mental health support.

Service users and multi-agency stakeholders both placed special emphasis on the value of the pattern changing course as an effective means of changing risky behaviours and therefore reducing the risk of re-victimisation.

Service users also reported the value of sporadic ongoing contact with the services after case 'closure' to help with dealing with other agencies such as statutory Children and Young People's Services (CYPS) or the court process. However, they were unsure of their 'right' to this service. There is no agreed post-crisis model of support in place and services are not resourced to support clients after the case is 'closed'.

2.3.3 Impact on children and young people engaging with specialist services

Positive outcomes were achieved for children and young people affected by domestic violence and abuse supported by specialist services.

Specialist services are reaching high risk children and young people suffering from multiple adversities.

Following the intervention from specialist workers, there were significant improvements in children and young people's safety knowledge, as well as reductions in physical and psychological risk. There were improvements in emotional and behavioural problems, as well as school and social adjustment.

Positive outcomes are being achieved for children and young people being supported by specialist services

Following the intervention from specialist workers, there were significant improvements in children and young people’s safety knowledge, as well as reductions in physical and psychological risk.

There were improvements in emotional and behavioural problems, as well as school and social adjustment.

Children and young people interviewed as part of the consultation valued the support they received and viewed it as an important factor in facilitating positive changes in their lives.

Table 1 Practitioner safety ratings for children and young people accessing specialist services

Practitioner safety ratings	Intake	Exit
Not safe from physical harm	39%	12%
Not safe from psychological harm	36%	15%
Not safe outside of the home	31%	12%
At risk of any additional factors	54%	19%
Know how to get help in event of further abuse	27%	73%
Know how to keep selves safe	23%	73%

Supporting children and young people forms a significant part of the adva strategy and services are delivering positive outcomes. However, there is not an agreed set of outcomes and the model of support varies across services.

Specialist services are supporting high risk children and young people suffering from multiple adversities

The children and young people accessing the specialist services were a high risk group. Most were both living with abuse and experiencing domestic abuse in their own relationships, and a number were demonstrating abusive behaviours towards others.

Many were exposed to additional risks, including parental criminal behaviour and parental substance misuse.

Despite the high risk present, there was little or no intervention from other agencies at the point of engagement with specialist services.

Table 2 Additional risk factors faced by children and young people accessing specialist services

Additional risks to children and young people	
One or both parents lack insight about risk to children	58%
Parent perpetrated/victimised in a previous relationship	51%
One/both parents unwilling to engage with support to address risks to self or children	47%
Parental antisocial or criminal behaviour	37%
Parental substance misuse	34%
Conflict over contact	34%
Other risk (e.g. bereavement, job loss)	34%
Parental mental health difficulties	32%
Family is socially isolated	25%

The majority of adult service users also have children living in the household where abuse is taking place

Two-thirds of service users had children and there were more than 1,600 children living in households where abuse was taking place. Around a third of these 1,600 children were under four years old. As the average length of abusive relationship at the point of engagement with an

adva-funded specialist service was four years, this suggests that those children under the age of four would have been living with abuse for most of their lives.

Service users reported how difficult it was for them to cope with the behavioural issues arising from abuse (often including violent behaviour). This behaviour reflects the trauma and neglect the children will typically have experienced. The parents valued the advice on how to keep their children safe but they felt that more support is required for the children themselves and for the adult on how to address the behavioural issues of the child. The number of Children and Young People's workers was reduced from seven to four during the year, reducing their capacity to support children and young people who are either experiencing abuse or being harmed by living in the households where abuse is taking place from around 162 cases to 93 each year.

2.3.4 Value delivered to service users and stakeholders

Adva-funded services provide value for money with an estimated saving to public services of £3.20 for each £1 spent.

Service users and stakeholders value the independent, intensive practical and emotional support provided by specialist services. This support was not available to service users elsewhere in the multi-agency response and improved the capacity of those experiencing domestic violence and abuse to engage with other services, many of whom they were already in contact with.

Specialist services are an important part of an early intervention approach though, in common with many areas, there is work left to do to shift the intervention even earlier in the abusive relationship.

Adva-funded services provide value for money

The cost benefit analysis indicates that services funded through the adva partnership save public money with £3.20 saved for every £1 invested.

The cost benefit analysis builds on two existing pieces of research into the costs of domestic violence and abuse and the benefits of specialist intervention.

The first was an in depth analysis of the costs of domestic violence and abuse carried out by Sylvia Walby in 2004. This provides a methodology to identify the costs to public services, costs to economic output and the human and the emotional cost of domestic abuse. *The Cost of Domestic Violence: Updates 2009* report (2009, Sylvia Walby) estimated the cost of domestic violence across England and Wales to be £15.7 billion per year with a cost to public services of £3.8 billion, cost of lost economic output £1.9 billion and human and emotional costs £10 billion. Applying these figures to the Devon population gives a total cost of £192.5 million with the costs to public services of £47 million.

The second was the *Saving Lives, Saving Money* cost benefit analysis of Multi Agency Risk Assessment Conferences (MARACs) published by CAADA in 2010. This built on the Sylvia Walby methodology by focusing in on the cost to public services as a result of high risk domestic violence and abuse and the savings to public services as a result of the MARAC intervention. The analysis estimated public service use as a result of domestic violence and abuse in the 12 months prior to the MARAC and again in the 12 months after the victim has been supported by the MARAC. Costs were applied to this service use, using publicly available sources identified by Walby, to calculate the estimated cost saving as a result of the MARAC intervention.

The cost benefit analysis for this Best Value review extends the *Saving Lives, Saving Money* methodology. That is, it estimates the cost of public service use as a result of domestic violence and abuse in the 12 months before and after the intervention from adva-funded services. The methodology has been updated to take into account Devon's local circumstances. Key factors are:

- The adva budget
- The range of risk supported and the difference in public service use for high and non-high risk cases
- The cessation of abuse achieved in Devon
- The sustainability of risk reduction in Devon

Where possible we have taken a conservative view. For example, we have only assumed a reduction in public service use for those service users who have reported a total cessation of abuse and for whom practitioners judge the reduction in risk to be sustainable in the long term. We have not assumed any cost saving due to lost economic output or human and emotional cost which Walby estimates to be around three times higher than costs relating to public service use.

The cost benefit analysis focuses on adult service provision as we did not yet have sufficient data to carry out a reliable cost benefit analysis on Children and Young People's services.

The cost of specialist domestic violence specialists in the year 2010-11 was £1.3 million. The cost benefit shows that adva-funded services provide value for money and that for every £1 invested approximately £3.20 is saved as a result of a reduction in the use of public services. During the period of the evaluation just under £1 million was spent on front line services for adults and an estimated saving was made of £3 million to public services as a result of stopping the violence and abuse.

The savings made for each victim supported varies depending on the level of risk, the nature and severity of abuse and the outcomes achieved. These factors affect the cost benefit analysis as follows:

- The profile of abuse: High risk service users typically experience more severe abuse which is escalating in frequency and severity at the point of engagement. Examples of severe abuse include broken bones, burns, strangulation, internal injuries, rape and threats of physical or sexual violence. This compares to less severe abuse such as bruising, shallow cuts, incurring lasting pain, pressure for unwanted sex or non violent unwanted sexual acts and frequent unwanted texts or phone calls.
- The profile of public service use: High risk service users are almost twice as likely to have contacted the police or been to A&E as a result of abuse. The severity of the incidents is also higher thus incurring greater cost. The cost to public service use of high risk abuse is estimated to be £20,000 per annum compared to around £6,000 for lower risk abuse.
- Outcomes: Cessation of abuse is generally higher for high risk services than non-high risk. This reflects the more entrenched nature of the abuse with non high risk service users where the average length of the abusive relationship is twice as long. It also reflects the intensity of support for high risk clients who are much more likely to benefit from support with the criminal justice process via the Specialist Domestic Violence Court and from the wider multi-agency response via MARACs.

The data shows that a risk led approach which prioritises the safety of those at most risk of harm from domestic violence and abuse also has a positive financial impact on public services.

Specialist services play a unique role which leverages the value of the multi-agency response

Service users particularly valued the specialist and independent nature of the support, the provision of a named worker and the practical and emotional support provided. Service users stated very clearly that this level and type of support was not available from the many other agencies with who they were in contact. This view was mirrored by multi-agency partners who reported that the intensive, independent support and specialist knowledge is not provided by other agencies and improves engagement with their own services.

*"It wasn't until I met [Outreach Worker] that I felt that my life was believed by anyone."
Service User*

Service users reported how the practical and emotional support provided by adva-funded services gave them the capacity to engage with and make best use of other agencies with whom they were in contact – particularly the criminal justice system and Children and Young People’s Services. 82% of 724 service users exiting the services reported an improvement in confidence in accessing help following support from adva-funded services.

Multi-agency partners stated that they value the adva-funded services with particular value placed on impact on safety for victims, and increased awareness among professionals and the public. At an operational level, stakeholders reported reduced demand on their agencies and savings of cost and time as a result of working with adva-funded services. Partners reported that they would like adva to be a continuing part of the multi-agency response to domestic abuse in Devon.

Specialist support also leverages the criminal justice response

Of the 724 service users exiting the specialist services, 51% made a report to the police and 56% of these cases resulted in a charge being made.

The Crown Prosecution Service (CPS) proceeded in 85% of cases where there was a charge, offered no evidence in 5% of cases and service users withdrew in 4% of cases.

The most common charges were common assault (51%), criminal damage (20%) and harassment (17%). 68% of perpetrators pleaded guilty and 15% were found guilty – there were a total of 145 guilty verdicts.

Table 3 Service users supported in the Criminal Justice process

Criminal Justice Process	
Report to police (<i>% of Exit forms</i>)	51%
Charge made (<i>% of Exit forms</i>)	28%
CPS proceeded with case (<i>% cases charged</i>)	85%
Caseworker supported in process (<i>% cases charged</i>)	75%
Case heard at Specialist Domestic Violence Court (SDVC)	92%
Special measures granted (<i>% cases proceeding to court</i>)	17%
Perpetrator pled guilty (<i>% cases proceeding to court</i>)	68%
Perpetrator found guilty (<i>% cases proceeding to court</i>)	15%

These statistics compare favourably with what we see at other domestic violence services and with national statistics published by the CPS.

The most common penalties imposed on perpetrators were restraining orders (52% of convictions) and community sentences (28%). Custodial sentences were imposed in 13% of cases and 21% of perpetrator received a suspended sentence.

Specialist support improves early identification

The average length of the abusive relationship at the point of engagement is four years which is in line with services nationally. Service users report that they did not recognise that they were suffering from abuse until engaging with a specialist and had been in contact with multiple agencies during this time without abuse being identified.

This means specialist services are an important part of an early identification approach but, in common with many areas, there is work left to do to shift intervention even earlier in the abusive relationship. Engaging victims earlier has a clear health and wellbeing benefit to adults and children. Stopping the abuse earlier in the abusive relationship reduces the cost to public services of domestic abuse.

The effectiveness of the multi agency response could be improved by resolving confusion around the multi-agency care pathway and information sharing

Multi-agency partners reported some confusion about referral routes, a reluctance to refer to agencies while funding is not secure, a desire for more training on identifying clients and making referrals, and an agreed care pathway. A number of operational stakeholders reported confusion and difficulty around information sharing and requested an improvement in information sharing systems.

2.3.5 National strategic agenda

Action Plan to End Violence Against Women and Girls

The 2011 Home Office Action Plan to End Violence against Women and Girls lays out a clear requirement for "local authorities, police and crime commissioners, voluntary and community organisations, community safety partnerships and the NHS... to work together to meet the needs of their local communities".

Historically there has been a strong strategic commitment to provision of domestic abuse services in Devon as evidenced by increases in funding and early adoption of new best practice. However, we identified some areas for development in the strategic response which may impact on Devon's ongoing ability to deliver against the national agenda.

There is a domestic abuse strategy in place but agencies are not yet working to shared outcomes. Equally, we could find no evidence of agreed care pathways within the multi-agency response and the level of commitment to funding through a pooled budget is unclear. In common with many areas, adva are operating in a very uncertain funding environment. It is to the credit of the adva-funded services that the quality of front line service provision does not yet appear to have been materially affected but the risk of an adverse impact on the safety and wellbeing of victims grows while funding remains uncertain.

The long term risk to the effectiveness and sustainability of domestic abuse services is increased whilst strategic objectives and operational frameworks remain uncertain.

Department of Health Taskforce

The 2010 Department of Health Taskforce report on the health aspects of violence against women and girls made responding to domestic abuse a priority for public health agencies. They recommended that public health bodies should be involved in and support the local multi-agency response to domestic abuse and ensure that partnerships with the third sector are outcome-focused and funded appropriately to meet service users' identified needs.

Adva-funded services present a solid platform for public health agencies to build on to meet these strategic objectives. The services are integrated with the multi-agency response, have embedded outcome measurement in their day to day work and are supporting service users who have public health issues: 31% have mental health issues, 10% have substance use issues and 20% are experiencing sexual abuse.

Health services are represented on the operational and strategic groups and funding has recently been provided to North Devon Women's Aid to locate an Independent Domestic Violence Advisor in a hospital. This is an encouraging sign of commitment by health services to responding to domestic abuse though we might expect to see a more material commitment to funding specialist services given the range and nature of the health issues involved.

Child Safeguarding - Munro Review

The Munro Review lays out a clear responsibility for local authorities and their statutory partners to secure sufficient provision of early help services for children, young people and families. There was no current Children and Young People's Services involvement with the family at the point of

engagement for 75% of 773 service users with children. This demonstrates how the adva-funded services have a key role in the early identification approach for children and young people.

Services for adults provide advice on the safety of the children in the care of the victim and the Children and Young People's service provides emotional and practical support directly to a small number of children and young people. Service users reported how it is often difficult for them to cope with their child's behavioural issues arising from abuse (often including violent behaviour). While service users valued the advice on how to keep their children safe, they felt that the lack of direct support for the children and support for the adult to address the behavioural issues is a real gap. The number of Children and Young People's workers was reduced from 7 to 4 during the year, highlighting the risk that children and young people are not seen as a priority.

Children are central to adva's vision but there is not yet an agreed set of child focused outcomes across the services.

*"There should be more help for children that is appropriate to them, because they also deal with so much."
Service User*

120,000 'problem' families

The Prime Minister has prioritised supporting the 120,000 'problem' families in the UK. The data shows that adva-funded services are reaching these vulnerable clients who have complex needs: 31% of engaged clients had mental health problems, 22% had threatened or attempted suicide and 21% had self harmed. Drug and alcohol misuse was identified for 6% and 10% of clients respectively. Financial problems were identified and recorded for 31% of clients, with 22% requiring benefit advice.

Localism, the Big Society and the Public Sector Spending Review

The 'primary' commissioner of domestic violence and abuse services in Devon has historically been Devon County Council through the adva partnership. The local commissioning environment has changed significantly during the period of the evaluation as the local authority – along with many statutory agencies – is under pressure to reduce costs. It will continue to change as accountability for Public Health moves from the National Health Service to local authorities under the governance of the Health and Wellbeing Boards and the new Clinical Commissioning Groups and as Police and Crime Commissioners are implemented.

Since the data collection process was completed a Domestic and Sexual Violence and Abuse Strategy has been agreed by Devon County Council, NHS Devon and the Devon and Cornwall Constabulary. An implementation plan is in the process of being developed which should help respond to the needs of these new commissioning bodies.

Domestic homicide reviews

Domestic homicide reviews were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act 2004 and came into force on 13 April 2011. There is therefore now an expectation for local areas to undertake a multi-agency review following a domestic violence homicide. A homicide review will allow local agencies to look openly and critically at both the individual and organisational practice and the context within which people were working to see whether the homicide indicates that changes could and should be made, including for example, whether sufficient priority and resource was allocated locally to meeting the needs of victims.

Devon has responded to this policy change and Devon County Council is acting on behalf of the Devon's Community Safety Partnerships to coordinate homicide reviews for the county.

2.4 Conclusion

Specialist domestic violence and abuse services funded by adva provide good value for money. They are delivering positive safety and wellbeing outcomes for victims and their families and are making a material contribution to achieving strategic objectives.

Adva-funded services play a unique role in the multi-agency response to domestic violence and abuse. They offer independent and intensive support to victims and their families which is not available elsewhere and maximises the value of support provided from multi-agency partners. Service users and multi-agency stakeholders recognise and value the specialist nature of the support provided.

Moving forward, the first priority, as much as is possible, is to stabilise funding to ensure the ongoing quality of delivery of existing front line service delivery.

The newly formed Health and Wellbeing board provides an opportunity to formalise joint commissioning of specialist domestic abuse services. Recent work on the Joint Strategic Needs Assessment and the Domestic and Sexual Violence and Abuse Strategy should be developed further to include a care pathway underpinned by shared outcomes. Within this there should be a particular emphasis on developing support for victims with mental health issues and services for children and young people, with consideration given to co-locating these services. Consideration should also be given for increasing the provision of pattern changing courses. The pilot testing the impact of locating an IDVA in a hospital should be monitored and rolled out if successful.

Chapter 3 Purpose and scope of this report

This report sets out the findings and recommendations from an evaluation of 'Best Value' of the services funded by the Against Domestic Violence and Abuse (adva) partnership in Devon. This included an analysis of the quality of the outcomes achieved for victims of domestic violence and abuse, the degree to which the strategic objectives of the partnership and national policy are being delivered and a cost benefit analysis.

The adva partnership is made up of a broad range of statutory and voluntary agencies providing specialist and universal services. The specialist domestic violence and abuse service provision in scope for this study is delivered by three voluntary sector providers, Domestic Violence & Abuse Service (DV&AS), North Devon Women's Aid (NDWA) and Stop Abuse for Everyone (SAFE), who have gathered the majority of data for this report.

3.1 Scope

The services included in scope were the Independent Domestic Violence Advisor (IDVA) services supporting the highest risk victims particularly those accessing Multi-Agency Risk Assessment Conferences (MARAC IDVAs); the IDVA service supporting victims accessing Specialist Domestic Violence Courts (SDVC IDVAs); IDVAs supporting male victims; Outreach services, Women's Safety Workers, Refuge, Helpline, Young People's workers and Children and Young People's workers. These services are delivered by the specialist providers named above. The perpetrator programme was not in scope though was evaluated in 2009.

This evaluation is based on data from five sources:

1. A background review of policy literature and local objectives
2. Detailed service level data gathered by front line practitioners using the CAADA Insights outcome measurement system
3. Semi-structured interviews with service users
4. Online survey of strategic and operational stakeholders supported by a workshop to validate findings
5. Cost benefit analysis

The majority of data collection took place between October 2010 and October 2011. Data was collected from the following participants:

Table 4 Data collected during evaluation period

Participant group	Data collection tool	Number of participants
Adult service users	CAADA Insights outcome measurement	1,181
	Semi-structured interviews	46
Children and young people service users	CAADA Insights for children and young people	105
	Semi-structured interviews	7
Strategic and operational stakeholders	Online survey	149

Chapter 4 Context

Devon is a large, rural and dispersed county. It is the third largest county in England with NHS Devon and Devon County Council covering 2,534 square miles. Devon has the 12th highest county population with 767,400 inhabitants. The city of Exeter and the 28 market and coastal towns contain much of the population though there are also 422 parishes, 75% of which have fewer than 1,000 inhabitants.

4.1 Prevalence of domestic violence and abuse

Domestic abuse is a significant issue. It makes up 24% of total recorded violent crime in Devon with Devon and Cornwall Police recording 8,798 incidents of domestic abuse in Devon in the year to March 2011. There were two domestic homicides in Devon in 2010/11. The British Crime Survey estimates that 7% of women and 5% of men have been victims of domestic abuse in the past year. Given Devon's population, this equates to 14,000 women and 8,000 men experiencing domestic abuse in the county in the past year.

4.2 Against Domestic Violence and Abuse (adva)

The Against Domestic Violence and Abuse (adva) partnership - formerly Devon Domestic Violence Partnership - was set up in 2002. Led by Devon County Council, it has a key role in coordinating multi-agency policy, encouraging collaborative working between stakeholders, raising awareness and advocating for specialist services.

In this respect, the partnership has historically been successful. Funding for commissioned specialist services has grown from £80,000 to over £1.8 million per annum over the last 10 years and there has been a strong strategic commitment to the provision of domestic abuse services. In 2005, the county was one of the first local authority areas to adopt Multi-Agency Risk Assessment Conferences (MARACs) which support the highest risk victims. Adva also benefited from initial Government pump-priming for Independent Domestic Violence Advisors (IDVAs) and has sustained the specialist MARAC IDVA services. Since MARACs were established, safety and action plans have been discussed for 2,654 very high risk cases. Devon was part of the first cohort to establish Specialist Domestic Violence Courts (SDVCs), starting with Exeter, then Barnstable and Torbay. In 2009 Devon was awarded the first 'Green Flag' for domestic abuse services by the Audit Commission in recognition of the effectiveness of the adva partnership.

Adva also manages and delivers a range of multi-agency training programmes and national, regional and local campaigns to raise awareness and improve service provision.

The partnership has implemented the Government's National Delivery Plan for domestic violence and abuse – the Coordinated Community Response Model. At the time of commissioning this report, the adva budget funded or part-funded the following community based services:

- Outreach support services for female and male survivors of domestic violence and abuse
- REPAIR community family intervention programmes (working with male perpetrators and their families)
- Children and young people outreach workers, and support workers based in two of Devon's refuges providing specialist support to children and young people who live with domestic violence and abuse
- Development and delivery of multi-agency training courses to improve caseworker awareness and skills
- Four IDVAs working with MARACs
- Three IDVA posts to work with the three SDVCs in Devon
- Introduction of the Modus database for case management
- SEEDS Devon group for survivors of domestic violence
- 25 courses per year of a 15-week pattern changing programme for groups of women survivors

- Strategic coordination of all districts' work, working with Crime & Disorder Reduction Partnerships and Domestic Violence Forums.

Adva's vision is:

"To increase the safety of families living with domestic violence and abuse, promote their health and wellbeing and empower children and young people to live lives free of violence."

There are currently three specialist service organisations commissioned by the adva partnership to deliver services in Devon. The organisations are:

- Domestic Violence and Abuse Service, which serves South Hams, West Devon and Teignbridge
- North Devon Women's Aid, which serves North Devon and Torridge
- Stop Abuse for Everyone, which serves Exeter city and East and Mid Devon

The services are established Women's Aid organisations that have developed their own unique offer and approach, including services for male and female victims of domestic violence and abuse and their children.

4.2.1 Domestic Violence and Abuse Service (DV&AS)

Domestic Violence & Abuse Service covers the South Hams, West Devon and Teignbridge area. Its aims are to offer free and confidential support and information to anyone who has been affected by domestic violence and abuse. It encourages those affected by domestic violence and abuse to determine their own futures, and supports them to achieve this. DV&AS educates and informs the general public and other organisations about all forms of domestic violence and abuse.

4.2.2 North Devon Women's Aid (NDWA)

North Devon Women's Aid serves North Devon and Torridge. NDWA responds to the needs of those affected by domestic abuse through outreach and refuge services. Since its inception in 1975 the organisation has experienced steady growth, especially in the last ten years since funding of core roles became available from Devon County Council.

4.2.3 Stop Abuse for Everyone (SAFE)

Stop Abuse for Everyone serves the city of Exeter and East and Mid Devon. SAFE's mission is to work to end domestic violence and abuse by providing a refuge where women, children and young people can receive temporary accommodation. It provides access to a range of support and outreach services. The aims are to provide practical and emotional support, to empower people to make their own choices and to meet the wider needs of children and young people affected by domestic violence through supporting access to other services and information.

Chapter 5 About CAADA

Co-ordinated Action Against Domestic Abuse (CAADA) is a national charity supporting a strong multi-agency response to domestic abuse. Our work includes accredited training for domestic abuse professionals, quality assurance for IDVA services and MARACs, and data insights and evaluation.

CAADA has a track record of carrying out robust and credible evaluations leading to practical and useful recommendations. Recent examples of work include:

- **Safety in Numbers:** the largest study of Independent Domestic Violence Advisor (IDVA) services ever done in the UK involving 2,500 women, 3,600 children and 7 sites. Safety in Numbers was co-authored by three members of the CAADA team: Dr E Howarth, L Stimpson and D Barran and provided hard evidence that the IDVA approach to domestic abuse is effective.
- **Saving Lives, Saving Money:** a cost benefit analysis for Multi Agency Risk Assessment Conferences (MARACs)
- **Evaluation of Sheffield Domestic Abuse Partnership:** an evaluation of the first year of operation of a new Helpline, recently consolidated Outreach and co-located IDVA service.

CAADA also has access to unique benchmark data sets which we have used in this project either to assess performance or to establish a target for moving forward:

- **Safety in Numbers:** the largest study of Independent Domestic Violence Advisor (IDVA) services ever done in the UK involving 2,500 women, 3,600 children and 7 sites (2009).
- **CAADA Insights service:** outcome data from 19 IDVA and Outreach services across the country, this data was gathered during the same time period as the adva evaluation
- **Leading Lights and MARAC Quality Assurance:** nearly 40 IDVA services and over 100 MARACs have engaged with the CAADA quality assurance process, this gives us a comprehensive insight into good practice around the country.

Chapter 6 Evaluation process and methodology

To complete the evaluation process the research team collected data from the three specialist agencies in Devon using the following data collection tools:

1. The CAADA Insights outcome measurement for adults
2. Semi-structured interviews with adult service users
3. The CAADA Insights outcome measurement for children and young people
4. Semi-structured interviews with child and young person service users
5. An online stakeholder survey
6. A cost benefit analysis

To formulate meaningful questions for the online survey and participant interview schedules, the literature was reviewed and service teams consulted to draw out the current issues, aspirations and strategic objectives within the sector for developing an effective, value for money response to domestic abuse. The information gathered was collated, analysed and interpreted in light of the adva goals, 'best value' criteria and national outcomes. It was also necessary to take into account the impact of changes to Government policy and spending priorities during the evaluation period, and the response of agency representatives to the emerging data, all of which provided a unique context in terms of provider capacity to deliver a 'best value' service.

We chose a mixed methodological design for the study, which enabled us to collect data that would allow measurement of impact on outcomes as well as collection of data to encourage better understanding of stakeholder perceptions of 'best value'.

6.1 The CAADA Insights outcome measurement for adults

CAADA Insights builds on the methodology developed as part of the recent Safety in Numbers study, which gathered outcome data in 7 IDVA services across the country. The Insights tool was developed after consultation with service providers, commissioners and central government and was piloted in four specialist domestic abuse services. It is now being used by 19 agencies across the country. The aim of this service is to promote a common view amongst policy makers, funders, managers and caseworkers, of what success looks like and how it should be measured.

The CAADA Insights outcome measurement tool was used as the primary data collection tool in the three participating specialist services. The data was collated and processed by the CAADA research team. The specialist services embraced the use of the tool and have provided excellent quality data.

Caseworkers collect service user data by completing paper forms for service users at the point of engagement and at case closure (or when a case is deemed inactive). Forms are completed for all engaging service users, that is, all those who have consented (written or verbally) to receive support from a service and for their information to be used for research and monitoring.

Completed forms are sent to CAADA every month where they are checked for errors, electronically scanned and uploaded onto a bespoke database where it goes through another stage of validation.

Three data collection forms complete the CAADA Insights outcome measurement tool:

The Intake form

Caseworkers collect data for the Intake form within the first three contacts with a service user. This includes demographic information, an assessment of risk, abuse profile prior to intake and reported vulnerabilities issues. Caseworkers use the severity of abuse grid to record severity, frequency and escalation of abuse.

The Exit form

An Exit form is filled out for service users either when a case is closed, for example, when risk has been significantly reduced or at the end of a criminal justice proceeding, or when a case has become inactive. A case is inactive if there has been no meaningful contact for more than 6 weeks. The Exit Form enables a post intervention analysis to be performed to identify changes in terms of increased safety and reduction in risk for example.

The Civil and Criminal Justice form

A Civil and Criminal Justice form is also filled out when a case is closed or inactive; even if no civil or criminal proceedings have been accessed (the form should reflect this). This form includes detailed information about Criminal and Civil Justice processes, including sanctions have been sought and outcomes. It also highlights attrition rates of service users engaging with the criminal justice system.

6.2 Semi-structured interviews with adult service users

The objectives of the interviews were to explore individual perceptions of the 'journey' through services to better understand what individuals valued about the service received, how it compared to what they needed and the impact it had on their lives. The semi-structured interviews gathered the views of a range of service users – some of whom had been supported for a matter of weeks and others who had developed relationships with caseworkers over years.

One-to-one interviews were carried out by specialist researchers. The structure of the interview schedule was designed to give service users the opportunity to talk about the full breadth of their experiences in engaging with specialist services. The interview structure can be found in the appendix of the report.

Data Collected

Interviews were carried out at each of the three adva-funded services and 46 service users participated in interviews, with roughly equal numbers seen at each site. The data was collated and analysed by two researchers and brought together to identify key themes.

6.3 The CAADA Insights outcome measurement for children and young people

The Children's Insights tool was used to gather information on children and young people supported by the specialist services funded by adva. It was developed using a similar methodology to the CAADA Insights outcome measurement tool for adults, after consultation with academics and specialists in the field of children and young people and domestic abuse. At the time of the evaluation this tool was only being used by the adva-funded service and therefore no comparative information is available.

Information is gathered at the point of engagement and case closure and includes data provided by the child or young person themselves where appropriate. Data collected includes the profile of the child or young person including demographics, the nature and severity of abuse, information on carers, additional vulnerabilities and risks, support offered and changes in key domains of functioning over time and the child or young person's appraisal of the service's impact on their safety and wellbeing.

The data collection tools include:

Intake form

The Intake form captures demographic information, additional risk and sources of adversity and a profile of abuse, which includes current and historic exposure to abuse, direct victimisation and

abusive behaviours. The form also includes information about the child or young person's functioning in a number of domains and health and wellbeing indicators.

Exit form

The Exit form captures any abuse or abusive behaviours at case closure, intervention mobilised for the child or young person, and health and wellbeing indicators.

About You forms (Intake and Exit)

The About You forms are completed by the child or your person who are asked to record their agreement with a number of statements about their health and wellbeing, safety, relationships, self-esteem and hopes for the future.

6.4 Semi-structured interviews with child and young person service users

A small number of interviews were conducted by specialist, independent researchers with children and young people accessing the adva-funded services. The aim was to understand as far as possible what the child or young person valued about the service received, how it compared to what they needed and the impact it had on their lives.

6.5 Online Stakeholder Survey

A comprehensive list of local strategic and operational stakeholders was compiled by DV&AS, SAFE, NDWA and adva, totalling over 500 potential respondents. Each stakeholder listed was emailed with a link to the online questionnaire for completion within a two week time frame.

The questions focused on:

- respondents' awareness of the specialist services
- the nature of contact that stakeholders had with each service
- the contribution of adva and adva-funded services to the local strategic agenda
- the impact of this contact on key outcomes

Respondents were also invited to comment on any gaps or barriers to effective delivery, to assess the extent to which local needs were being met, and to make suggestions for future improvement.

The objective was to assess the contribution of adva-funded services to the multi agency response to domestic abuse in the eyes of local stakeholders.

A total of 149 responses were received from a range of different agencies. Respondents were asked to state their title and agency, and to identify their role as either strategic or operational.

Most respondents were from NHS, mental health and children's services. Fewer responses were received from housing, alcohol and drugs, and criminal justice agencies. There was a low response rate from criminal justice services overall, who represent key partners in local responses to domestic abuse, and for the Police in particular which does limit to some extent the findings from the questionnaire. Responses from the online survey were supplemented by a workshop with a broad range of stakeholders from the adva partnership held in December 2011 where the data, underlying issues and potential solutions were discussed as a group.

6.6 A cost benefit analysis

A cost benefit analysis was undertaken in order to estimate the level of saving to public services from specialist intervention, identify what elements of provision offer 'best value', and how Devon might build on the value of that work to deliver 'best value' services in the future.

The cost benefit analysis draws from assumptions made in the 2004 analysis of the cost of domestic violence carried out by Sylvia Walby (updated in 2009) and the cost benefit analysis of MARACs (Saving Lives Saving Money, 2001) published by CAADA. Local information from the Insights data has been overlaid to make the analysis relevant to Devon,

Chapter 7 National strategic agenda

The key national policies influencing provision of specialist domestic abuse services are summarised below. The extent to which adva-funded services are helping Devon deliver to this national agenda is considered throughout the analysis and summarised in Chapter 2.

7.1 Action Plan to End Violence Against Women and Girls

The End Violence Against Women and Girls (VAWG) Action Plan provides an overview of the range of actions the Government will take forward, alongside key partners, to deliver the VAWG strategy. The Action Plan builds on the consultation with statutory and voluntary sector organisations, women and girls and the wider public. The actions are grouped around the strategies guiding principles:

- Prevent violence against women and girls from happening in the first place by challenging the attitude and behaviours which foster it and intervening early where possible to prevent it;
- Provide adequate levels of support where violence occurs;
- Work in partnership to obtain the best outcomes for victims and their families;
- Take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice.

The action plan clearly sets out the government position that local provision of specialist domestic abuse services is a national priority and a shared responsibility across a number of agencies. Under the second guiding principle, the action plan states that the government will *“send a clear signal to local areas that the provision of support to victims of VAWG is a national priority by continued central funding to frontline services over the next four years”*; and *“at the local level, the most effective approach to tackling VAWG requires a clear commitment from a number of agencies including health, Police, housing, safeguarding and adult social services.”*

The action plan also makes reference to the implementation of the recommendations of the Munro review – see 7.3.

7.2 Department of Health Taskforce

The Department of Health Taskforce on the health aspects of violence against women and children, included a domestic violence sub-group which published recommendations in ‘Responding to violence against women and children – the role of the NHS 2010’ on how health services, and the NHS in particular, can improve the help given to female and child survivors of domestic violence.

The recommendations included the following:

Identification and management: Clinical teams need training and supervision to ensure they use safe enquiry to identify domestic violence, offering the correct services to their patients and making appropriate risk assessments and links or referrals to specialist domestic violence services for practical support, and ensuring safe discharge. There should be a rolling programme of training to provide for rapid turnover of staff.

Key services and successful pathways: Commission intervention programmes for women survivors and their children, and review links with existing services, differentiating services according to the woman’s own assessment of her needs and relevant risk requirements. Services may include refuge support services, independent domestic violence advisers (IDVAs), other outreach and floating support services for women who remain in or return to their own homes, and specialist support services for children and young people. Those who commission services should take account of the guidance on commissioning domestic violence services recommended below.

Integration of psychological support and treatment for survivors and their children into mainstream health services in primary and secondary care and specialist agencies, with domestic violence issues included within Improving Access to Psychological Therapies training and competencies.

Improving availability of and access to services: Provide national guidance on commissioning (for both the NHS and the third sector) of a specialist domestic violence service for women and children that can be accessed from primary care, women's health and emergency health settings. These services should be commissioned in partnership with the local authority and the Crime and Disorder Reduction Partnership (CDRP), subject to available resources.

Information sharing: Integrate child protection and partner domestic violence information sharing, so that there is a two-way flow of information between these two services. Include updated guidance for health professionals attending Multi Agency Risk Assessment Conferences (MARACs) about sharing information in relation to the victim(s), children and perpetrator(s), and information for health professionals about S-flagging to prevent casual access to survivors' personal details.

Workforce: Set up standardised training in domestic violence with identified funding and adequate professional supervision at the following levels:

- Undergraduate;
- Pre-registration;
- Postgraduate/post registration, incorporated into CPD for all clinicians and advanced training;
- Non-clinical staff in-service training.

Require that NHS employers/contractors have a domestic violence policy to assist and support staff who are experiencing domestic violence and to give guidance on the employment of perpetrators.

Systems and incentives: Provide national commissioning guidance based on national outcome based standards for all grades of clinicians in all settings and for specialist domestic violence leads, developing qualifications and new service standards where necessary. This will require common definitions for the collection of data where violence against women has been disclosed and will require all services to collect it.

7.3 Child Safeguarding – Munro Review

In June 2011, the Secretary of State for Education commissioned a review of child protection. The Munro Review of Children Protection looked at early intervention, transparency and accountability and the expertise of the social work profession to make recommendations for improving child protection. It sets out proposals for reform intended to create conditions to enable professionals to make best judgments about the help to give children, young people and families.

The recommendations under sharing responsibility for the provision of early help place a duty on local authorities and statutory partners to secure the sufficient provision of local early help services for children, young people and families. The arrangements setting out how they will do this should:

- specify the range of professional help available to local children, young people and families, through statutory, voluntary and community services, against the local profile of need set out in the local Joint Strategic Needs Analysis;
- specify how they will identify children who are suffering or who are likely to suffer significant harm, including the availability of social work expertise to all professionals working with children, young people and families who are not being supported by

children's social care services and specify the training available locally to support professionals working at the frontline of universal services;

- set out the local resourcing of the early help services for children, young people and families; and, most importantly;
- lead to the identification of the early help that is needed by a particular child and their family, and to the provision of an "early help offer" where their needs do not meet the criteria for receiving children's social care services.

7.4 120,000 'problem' families

The Prime Minister has stated his ambition to turn around the lives of the 120,000 'most troubled' families by the end of this parliament. The Government wants to see more local areas following a joined-up approach to supporting these families.

A troubled families team has been created at the Department of Communities and Local Government though an action plan has not yet been published.

7.5 Localism, the Big Society and the Public Sector Spending Review

The Coalition Government's Localism Bill proposes a shift of power from central government into the hands of individuals, communities and councils. Themes under the Big Society agenda include:

- encouraging the use of the voluntary sector to deliver high quality local services
- the use of community budgets to support joint working and shared approaches to complex social problems
- new funding models such as payment by results and social impact bonds
- new commissioning bodies such as Police and Crime Commissioners and Clinical Commissioning Groups

In 2010 the Chancellor announced the biggest UK spending cuts for decades. The Government have set a target of £81bn from public sector spending over four years including 7.1% less to local authorities. This means that as well as the pressure faced directly by Devon County Council to cut its own costs specialist domestic violence services are operating in an environment where many of the services with which it works in partnership to identify and support victims of domestic violence are also facing severe cuts to front line service provision.

7.6 Domestic Homicide Reviews

Domestic homicide reviews were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act 2004 and came into force on 13 April 2011. There is now an expectation for local areas to undertake a multi-agency review following a domestic violence homicide. A homicide review will allow local agencies to look openly and critically at both the individual and organisational practice and the context within which people were working to see whether the homicide indicates that changes could and should be made, including for example, whether sufficient priority and resource was allocated locally to meeting the needs of victims.

Chapter 8 Analysis of interventions and outcomes

The CAADA Insights outcomes measurement tool was used by front line practitioners at the three specialist domestic violence and abuse services funded by adva in the year to October 2011. This chapter reviews the data collected by the agencies and individual services in terms of:

- Profile of service users accessing the service or agency
- Interventions and support mobilised for service users
- Impact and service user outcomes

8.1 Agency overview – the picture within each agency

A portrait of each of the specialist domestic abuse services funded by adva as drawn from the Insights data is given below. Domestic Violence & Abuse Service (DV&AS), North Devon Women's Aid (NDWA) and Stop Abuse for Everyone (SAFE) all operate in different geographic locations and have their own model of operating. In each section, comparisons have been drawn between the agency and the other two adva-funded agencies to highlight similarities and differences.

The table below outlines the numbers of Intake, Exit and Criminal & Civil Justice (CCJ) forms received from the three adva-funded services in the 12 months to October 2011.

Table 5 Insights forms received from DV&AS, NDWA and SAFE

Agency	Intake	Exit	CCJ
Domestic Violence & Abuse Service	314	241	233
North Devon Women's Aid	329	230	128
Stop Abuse For Everyone	385	253	249

8.1.1 Domestic Violence & Abuse Service (DV&AS)

Domestic Violence and Abuse Service covers the South Hams, West Devon and Teignbridge area. This analysis is based on 314 Intake forms, 241 Exit forms and 233 Criminal and Civil Justice forms. The analysis below excludes the Helpline data which is treated separately.

Profile of service users

The majority of service users (54%) were between 21 and 40 years old and service users accessing DV&AS were slightly older than in the other two agencies, with 16% of service users aged over 50. 10% of services users were male which is more than double the average adva figure of 4% and much higher than we see in other specialist domestic abuse services. DV&AS supported the lowest proportion of BME services users – 4% were from a black or minority ethnic background – compared to a local BME population of 6%. 2% of clients supported were recorded as lesbian, gay or bisexual.

The proportion of services users with children was, at 64%, in line with the other adva-funded services. The children of the service users accessing DV&AS were slightly older with just over a quarter (27%) between 12 and 17 years old. This reflects the profile of the service users. There was current Children and Young People's Service involvement in 12% of families with children at the point of engagement, compared to 20% across adva.

Recorded prevalence of additional vulnerabilities was generally lower for service users at DV&AS than the other 2 adva-funded agencies apart from mental health problems. 32% of service users reported having issues with mental health, 3% reported misusing drugs and 8% as misusing alcohol. 22% of service users had or foresaw financial problems and 14% requiring benefits advice.

Table 6 Percentage of DV&AS service users reporting each vulnerability issue. N=314

Vulnerability	
Drugs Misuse	4%
Alcohol Misuse	7%
Mental Health Issues	32%
Threatened / Attempted Suicide	19%
Self Harm	14%
Financial Problems	23%
Requiring Benefits Advice	16%
Other Vulnerability/Disability	6%

Abuse Profile

A higher than average proportion of service users were experiencing abuse perpetrated by a family member (10%), and three-quarters (73%) were not living with the perpetrator compared to 66% across the adva-funded services.

Nearly half (47%) of DV&AS service users were high risk and which is in line with the other two agencies. Just over a third (37%) reached the MARAC threshold at the point of engagement, which is lower than the other two services and is reflected in the abuse profile. Service users may be assessed as high risk using the CAADA-DASH Risk Identification Checklist, and those at very high risk, either because of the number of risk identified or the caseworkers' professional judgement, will be referred to MARAC. DV&AS service users reported a similar prevalence of abuse as the other two agencies but with a lower proportion of severe abuse. More than half (59%) of service users were recorded as experiencing physical abuse (27% were experiencing severe physical abuse), 16% experienced sexual abuse (5% severe), 76% jealous and controlling behaviour (28% severe) and 55% harassment and stalking (15% severe). There were also a lower proportion of service users experiencing abuse that was escalating in frequency or severity.

Table 7 Percentage of DV&AS service users experiencing each abuse type. N=314

Abuse Type	Experiencing	High Severity
Physical Abuse	59%	27%
Sexual Abuse	16%	5%
Harassment/Stalking	55%	15%
Jealous & Controlling Behaviours	76%	28%

Referrals

The majority (41%) of DV&AS referrals came from the Police, 21% came from other specialist domestic and sexual violence services and 18% of self referrals. DV&AS had the highest volume of referrals from other specialist domestic and sexual violence services and directly from the MARAC (10%). Referrals from Health (3%) and CYPS (2%) were relatively low compared to the other two agencies.

Model of support

Service users at DV&AS had, at 1.3 months, the shortest case length and accessed the lowest average number of interventions (3.2 compared to 3.6 across adva), but received the most intense support – 64% had more than 5 contacts during their case.

DV&AS was the only agency to record that 100% of service users received support with safety planning. Two-thirds (66%) of service users received support with health and wellbeing advice and 38% with the MARAC process. The proportion of clients supported with the police (20%), housing (21%) and children (15%) were all lower at DV&AS than the other adva funded services.

Safety and wellbeing outcomes

Positive outcomes were reported for the majority of service users. At the point of exit, just over half (54%) of the DV&AS service users had experienced a complete cessation of all abuse types, compared to 61% at both NDWA and SAFE. Caseworker perceptions of risk reduction were also lower, with 64% perceiving a moderate or significant risk reduction compared to 84% and 73% at NDWA and SAFE, respectively. Conversely, service user reported outcomes were more positive than at the other agencies, with 81% feeling safer and 79% reporting an improvement in their quality of life.

Table 8 Percentage of DV&AS service users experiencing each outcome. N=241

Outcomes	
Complete cessation of all abuse types	54%
Caseworkers perceive moderate or significant reduction in risk	64%
Service user feel somewhat or much safer	81%
Little or much improvement in service users quality of life	79%
Service user somewhat or very confident to access support in the future	92%

Criminal & Civil Justice support and outcomes

Of the 241 service users exiting DV&AS, 46% made a report to the Police and 27% had charge brought. Of the 65 cases where a charge was brought, the Crown Prosecution Service (CPS) continued with 78%, lower than for NDWA (89%) and SAFE (87%) service users. The caseworker supported the service user in 71% of cases. Where the CPS proceeded with a case, 88% were heard at a SDVC, the service user attended court in 24% of cases and special measures were granted to 10% of service users.

Table 9 Criminal Justice Outcomes for DV&AS service users

Criminal Justice Process	
Report to police (<i>% of Exit Forms</i>)	46%
Charge made (<i>% of Exit Forms</i>)	27%
CPS proceeded with case (<i>% cases charged</i>)	85%
Caseworker supported in process (<i>% cases charged</i>)	75%
Case heard at Specialist Domestic Violence Court (SDVC)	88%
Special measures granted (<i>% cases proceeding to court</i>)	10%
Perpetrator pled guilty (<i>% cases proceeding to court</i>)	61%
Perpetrator found guilty (<i>% cases proceeding to court</i>)	16%

The most common charges were for common assault (49% of charges brought), criminal damage (18%) and harassment (11%). These were the most common charges across all three of the adva-funded services.

The majority (76%) of cases resulted in a guilty verdict – 61% of perpetrators pled and 19% were found guilty. The proportion of convictions was lower than both service users at NDWA (89%) and SAFE (81%).

The most common penalties imposed on perpetrators were restraining orders (38% of convictions) and fines (31%).

A total of 19 service users were supported with civil orders, and 89% of those qualified for Legal Aid. Just under half (47%) applied for a contact order, considerably higher than the proportions at NDWA (18%) and SAFE (25%). Contact orders were granted for 37% of service users.

Helpline

A total of 265 Intake forms were received from the DV&AS Helpline service, and 257 Exit forms.

Amongst the service users accessing the Helpline there were high proportions of mental health issues and suicide threats or attempts, while other vulnerabilities were in line with the adva average. The proportions of service users experiencing each abuse type were similar to other adva-funded services, but the abuse experienced was less severe and there was less escalation. The average length of the abusive relationship, at 4.5 years, was 6 months shorter than for Outreach services users, but was still longer than the adva average.

Support to service users was short and low intensity, with the majority of service users receiving fewer than 5 contacts. 95% of service user received support with safety planning, and 71% accessed health and well being advice.

After receiving support from the Helpline, 96% of service users felt confident to access support in the future.

8.1.2 North Devon Women’s Aid (NDWA)

North Devon Women’s Aid serves North Devon and Torridge. The analysis below is based on 329 Intake forms, 230 Exit forms and 128 Criminal and Civil Justice forms.

Profile of service users

The majority (62%) of NDWA service users were aged between 21 and 40. NDWA supported the fewest male clients (2%), 6% of service users at NDWA were from a black or minority ethnic background and 1% were lesbian, gay or bisexual.

Nearly three-quarters (70%) of service users had children – the highest proportion of the three agencies – and 5% were pregnant. There was involvement from CYPS in 18% of cases at the point the service user engaged with NDWA.

Table 10 Percentage of NDWA service users reporting each vulnerability issue. N=329

Vulnerability	
Drugs Misuse	6%
Alcohol Misuse	12%
Mental Health Issues	27%
Threatened / Attempted Suicide	20%
Self Harm	24%
Financial Problems	33%
Requiring Benefits Advice	22%
Other Vulnerability/Disability	2%

Additional vulnerabilities reported by NDWA service users were in between those reported at DV&AS and SAFE with the exception of alcohol misuse, which had the highest reporting rates at NDWA (12%). Mental health issues were recorded for 27% of service users, drugs misuse for 6%, and financial difficulties for 33%.

Abuse profile

The majority (88%) of service users were being abused by a current or ex-intimate partner and 33% were living with the perpetrator. The abuser was another family member in 6% of cases and 10% of service users were being abused by multiple perpetrators.

Just under half (46%) of NDWA service users were high risk and 42% reached the MARAC threshold, exactly the same as the average adva figure. 56% of service users were experiencing physical abuse at the point of engagement and 20% sexual abuse. NDWA recorded slightly lower levels of harassment and stalking (53%) and higher levels of jealous and controlling behaviours than DV&AS and SAFE (83%). The severity of abuse was more similar to that experienced by SAFE service users than DV&AS, with 36% of service users experiencing severe physical abuse, 9% severe sexual abuse, 31% severe harassment and stalking and 51% jealous and controlling

behaviour. The escalation of severity and frequency of abuse was the same or slightly higher than reported at SAFE and much higher than reported at DV&AS.

Table 11 Percentage of NDWA service users experiencing each abuse type. N=329

Abuse Type	Experiencing	High Severity
Physical Abuse	56%	36%
Sexual Abuse	20%	9%
Harassment/ Stalking	53%	31%
Jealous & Controlling Behaviours	83%	51%

Referrals

The largest proportion (47%) of referrals to North Devon Women’s Aid came from the Police, 21% of service users were referred from other specialist domestic or sexual violence services and 18% were self referrals. NDWA received the highest number of referrals from the Police, Health and ‘Other’ agencies, slightly lower referrals from Housing and was the only agency to record no referrals directly from the MARAC.

Model of support

Service users at NDWA accessed the most interventions of the three agencies, accessing an average of 4 interventions during the period of support. The most common interventions were safety planning (91% of service users accessed), health and wellbeing support (78%) and liaison with the Police (51%). A greater proportion of service users were supported with MARAC, the Police and the criminal court process at NDWA than the other agencies. NDWA had the lowest proportion of service users accessing support with civil orders.

Despite having the highest average number of interventions, service users at NDWA had the least intensive support, in terms of number of contacts with their caseworkers, with nearly half (49%) receiving fewer than 5 contacts during their case.

Safety and wellbeing outcomes

At the point of exit, 61% of service users had experienced a complete cessation of all abuse types, in line with the average figure for adva-funded services. There were also considerable reductions in the severity of abuse, with just 6% of service users experiencing high severity abuse at exit compared to 70% at intake.

Table 12 Percentage of NDWA service users experiencing each outcome. N=230

Outcomes	
Complete cessation of all abuse types	61%
Caseworkers perceive moderate or significant reduction in risk	84%
Service user feel somewhat or much safer	77%
Little or much improvement in service users quality of life	76%
Service user somewhat or very confident to access support in the future	82%

Following intervention, caseworkers at NDWA perceived a moderate or significant reduction in risk for 84% of service users, the highest of the three agencies. A similar proportion of service users (82%) were confident to access support in the future, and around three-quarters felt safer (77%) and reported an improvement in their quality of life (76%).

Criminal & Civil Justice support and outcomes

Of the 230 service users exiting NDWA, 49% made a report to the Police and 32% had charge brought against the perpetrator. Of the 73 cases where a charge was brought, the CPS continued with 89%, in line with SAFE service users (87%). The caseworker supported the service user in 85% of cases. Nearly all (97%) of the cases proceeding to court were heard at a SDVC. The service user attended court in 48% of cases and special measures were granted to 20% of service users.

The most common charges were for common assault (51% of charges brought), harassment (27%) and criminal damage (21%).

The majority (89%) of cases resulted in a guilty verdict – 74% of perpetrators plead and 15% were found guilty. The proportion of convictions was higher than for DV&AS and SAFE service users. The proportion of perpetrators pleading guilty (as opposed to being found guilty) was, at 74%, also higher than for DV&AS and SAFE.

The most common penalties imposed on perpetrators were restraining orders (59% of convictions) and community sentences (29%).

A total of 17 service users were supported with civil orders, and 82% of those qualified for Legal Aid. More than three-quarters (76%) of service users applied for non-molestation orders and these were granted for 71%.

Table 13 Criminal Justice Outcomes for NDWA service users

Criminal Justice Process	
Report to police (<i>% of Exit Forms</i>)	49%
Charge made (<i>% of Exit Forms</i>)	32%
CPS proceeded with case (<i>% cases charged</i>)	89%
Caseworker supported in process (<i>% cases charged</i>)	85%
Case heard at Specialist Domestic Violence Court (SDVC)	97%
Special measures granted (<i>% cases proceeding to court</i>)	20%
Perpetrator pled guilty (<i>% cases proceeding to court</i>)	74%
Perpetrator found guilty (<i>% cases proceeding to court</i>)	15%

8.1.3 Stop Abuse for Everyone – SAFE

Stop Abuse for Everyone covers Exeter, East and Mid Devon. This analysis is based on 385 Intake forms, 253 Exit forms and 249 Criminal and Civil Justice forms.

Profile of service users

The majority (57%) of service users at SAFE were aged between 21 and 40. 3% of clients supported by SAFE were male and nearly one in ten (9%) service users accessing SAFE were from black or minority ethnic backgrounds. This is higher than the other agencies, but in line with the higher proportion of BME females Exeter and East Devon.

Two-thirds (65%) of service users had children, in line with the other agencies. There was current Children and Young People Services involvement with 31% of families with children at the point of engagement with SAFE, much higher than at DV&AS and NDWA. SAFE also had the highest proportion of pregnant service users – 7%.

Table 14 Percentage of SAFE service users reporting each vulnerability issue. N=385

Vulnerability	
Drugs Misuse	9%
Alcohol Misuse	12%
Mental Health Issues	34%
Threatened / Attempted Suicide	25%
Self Harm	23%
Financial Problems	39%
Requiring Benefits Advice	30%
Other Vulnerability/Disability	7%

A higher proportion of service users accessing SAFE were recorded as having additional vulnerability issues. 9% were misusing drugs, 11% misusing alcohol, 35% were experiencing mental health issues and 41% had or foresaw financial problems.

Abuse profile

92% of service users were being abused by a current or ex intimate partner, and SAFE recorded the fewest number of service users being abused by another family member (5%) but the highest number of service users with multiple perpetrators (15%). SAFE recorded a slightly higher proportion of service users not living with the perpetrator – 34%.

In line with the overall adva figures, 48% of service users were high risk and SAFE had the highest proportion of service users who reached the MARAC threshold – 47%. The prevalence and severity of abuse was markedly higher at SAFE with 58% of service users experiencing physical abuse (37% were experiencing severe physical abuse), 24% of service users experiencing sexual abuse (14% severe), 59% experiencing harassment and stalking (39% severe) and 80% experiencing jealous and controlling behaviour (54% severe). In terms of escalation in severity and frequency, similar proportions of service users were experiencing escalation as a NDWA, but more than at DV&AS.

Table 15 Percentage of SAFE service users experiencing each abuse type. N=385

Abuse Type	Experiencing	High Severity
Physical Abuse	58%	37%
Sexual Abuse	24%	14%
Harassment/Stalking	59%	39%
Jealous & Controlling Behaviours	80%	54%

Referrals

The highest proportion (39%) of referrals was from the Police, 21% were self referrals and 11% from CYPS. Of the three agencies, SAFE received the highest proportion of self referrals and referrals from CYPS, and the lowest proportion of Police referrals.

Model of support

Service users at SAFE had, at 2.3 months, the longest case length of the three agencies. 61% of service users received 5 or more contacts with their caseworker and service users accessed an average of 3.7 interventions.

Only 79% of service users were recorded as receiving support with safety planning, which is surprising given the severity of abuse recorded. The other two most common areas of support were health and wellbeing (62%) and support with the Police (45%). A higher proportion of service users at SAFE received support with probation, civil orders, housing, financial benefits and children than in the other two agencies though a lower proportion were recorded as being supported with safety plans and MARAC.

Safety and wellbeing outcomes

Following intervention, 62% of service users at SAFE experienced a complete cessation of all abuse types which was slightly higher than the other two agencies. There were also large reductions in prevalence of physical abuse and sexual abuse, with fell by 85% and 91% respectively.

At exit, caseworkers perceived a moderate or significant reduction in risk for 73% of service users, while around two-thirds of service users themselves felt safer (67%) and reported an improvement in their quality of life (63%).

Table 16 Percentage of MARAC IDVA service users experiencing each outcome. N=253

Outcomes	
Complete cessation of all abuse types	61%

Caseworkers perceive moderate or significant reduction in risk	73%
Service user feel somewhat or much safer	67%
Little or much improvement in service users quality of life	63%
Service user somewhat or very confident to access support in the future	74%

Criminal & Civil Justice support and outcomes

Of the 253 service users exiting SAFE, 56% made a report to the Police, higher than the proportions of DV&AS service users (46%) and NDWA service users (49%). Just over a quarter (27%) of service users had a charge brought against the perpetrator, in line with the other adva-funded services. Of the 68 cases where a charge was brought, the CPS continued with 87% and 69% of service users were supported by a caseworker. 90% of cases were heard at an SDVC, the service user attended court in 41% of cases and 19% of service users were granted special measures.

In line with the other adva-funded services, the most common charges were for common assault (54% of charges brought), criminal damage (22%) and harassment (13%).

Table 17 Criminal Justice Outcomes for SAFE service users

Criminal Justice Process	
Report to police (<i>% of Exit Forms</i>)	56%
Charge made (<i>% of Exit Forms</i>)	27%
CPS proceeded with case (<i>% cases charged</i>)	87%
Caseworker supported in process (<i>% cases charged</i>)	69%
Case heard at Specialist Domestic Violence Court (SDVC)	90%
Special measures granted (<i>% cases proceeding to court</i>)	19%
Perpetrator pled guilty (<i>% cases proceeding to court</i>)	68%
Perpetrator found guilty (<i>% cases proceeding to court</i>)	14%

The majority (89%) of cases resulted in a conviction – 74% of perpetrators pled and 15% were found guilty. The proportion of guilty verdicts was higher than for DV&AS and SAFE service users. The proportion of perpetrators pleading guilty (as opposed to being found guilty) was, at 74%, also higher than for DV&AS and SAFE.

The most common penalty received by perpetrators was a restraining order imposed (54% of convictions) and 33% of penalties were recorded as 'Other'.

A total of 32 service users were supported with civil orders, and 72% of those qualified for Legal Aid. The most common order applied for was a non-molestation order (41% of those supported) and these were granted for 38% of service users supported.

8.1.4 Summary of the agency view

Domestic Violence and Abuse Service

DV&AS supported a higher proportion of service users aged over 50, a much higher proportion of male clients and a lower proportion of service users from BME backgrounds. The levels of risk, severe abuse and additional vulnerability were lower than at NDWA and SAFE. There were higher proportions of referrals directly from the MARAC or from other specialist domestic and sexual violence agencies and lower proportions from Health and CYPS. DV&AS has a slightly shorter case length with fewer interventions but more contact with the service user in that time. They were the only agency to record that 100% of service users received help with a safety plan. A lower proportion of service users received support with the police, housing and children. Outcomes assessed by the practitioners were less positive than at the other two agencies but outcomes reported by the service users were more positive.

North Devon Women's Aid

NDWA supported the lowest proportion of male clients and the highest proportion of service users with children. Levels of risk, abuse and additional vulnerability were generally somewhere in between DV&AS and SAFE. There were higher proportions of referrals from the Police, Health or 'Other' agencies and lower proportions directly from the MARAC or from housing. Service users of NDWA received the highest number of interventions and higher proportions were supported with MARAC, the Police and the criminal court process. Lower proportions were supported with civil orders. Outcomes assessed by the practitioners were more positive than DV&AS and slightly less positive than SAFE. Conversely, outcomes reported by the service users were slightly less positive than at DV&AS and slightly more positive than SAFE.

Stop Abuse For Everyone

SAFE supported the highest proportion of service users from BME backgrounds and the highest proportion of pregnant service users. Levels of risk, abuse, additional vulnerability and abuse by another family member were higher than at the other two agencies. There were higher proportions of self-referrals and from CYPS and fewer came directly from the Police or MARAC. Service users of SAFE had the longest case length and accessed more support with probation, civil orders, housing, financial benefits and children and less support with Safety Plans or the MARAC process. Outcomes assessed by the practitioners were more positive or in line with the other two agencies whilst service user reported outcomes were slightly less positive.

8.2 Service-level overview – the picture within each service

This section provides an analysis of the following adva-funded services:

- MARAC IDVA
- SDVC IDVA
- Male IDVA
- Outreach (excluding Helpline)
- Refuge
- Women's Safety Worker
- Young Person's
- Helpline

Comparisons have been drawn against Insights data collected across England and Wales (the national Insights average) for each of the services and the other adva-funded services. The full data reports for each of the adva-funded services can be found in the appendices of this report.

The table below outlines the numbers of Intake, Exit and Criminal & Civil Justice (CCJ) forms received from the adva-funded specialist services in the 12 months to October 2011.

Table 18 Insights forms received from specialist services

Specialist Service	Intake	Exit	CCJ
MARAC IDVA	352	251	234
SDVC IDVA	208	166	160
Male IDVA	40	21	18
Outreach	462	287	213
Refuge	83	66	40
Women's Safety Worker	13	3	1
Young Person's Worker	33	16	14
Helpline	265	257	253

8.2.1 MARAC IDVA

Independent Domestic Violence Advisors (IDVAs) support clients who have been risk assessed as being at high risk of harm. IDVAs carry out crisis intervention work and are able to offer clients a

holistic range of support. Within Devon, the MARAC IDVAs focus on the highest risk cases, specifically those who are supported at MARAC.

A large volume of data was submitted by the MARAC IDVA services – 381 intake forms and 273 exit forms. Given that the number of full-time equivalent (FTE) MARAC IDVAs was 4.5, this equates to 85 engaged service users per FTE per year, or 7 per month¹. The data collected by the MARAC IDVAs has been compared below to the aggregated Insights data from IDVA service across the country. Comparisons have also been drawn against the Insights data from the SDVC IDVA and Outreach services funded by the adva partnership.

Profile of service users

MARAC IDVA service users were relatively young, with the largest proportion (34%) of service users aged between 21 and 30. The vast majority of clients (95%) were female; in line with both the Insights average for IDVA services and the adva-funded Outreach service, but a higher proportion than the SDVC IDVA service which supported more men.

2% of service users were recorded as lesbian, gay or bisexual. Nearly one in ten clients (9%) were from black or minority ethnic communities, which is slightly higher than the local population -7%. This is a broader reach than both the adva-funded Outreach and SDVC IDVA services. The proportions of services users with insecure immigration status (3%) and related needs – 2% needed an interpreter, 2% had no recourse to public funds and 2% needed to apply for indefinite leave to remain – were slightly higher than the Insights average for IDVA services.

The percentage of service users with children was 65%, very similar to the other adva-funded services and the national Insights average, but the percentage of cases statutory CYPs involvement at the point of engagement was the higher than SDVC IDVA and Outreach at 28%. CYPs involvement refers to current statutory Social Services involvement with the family at the point of intake. This is perhaps a reflection of the very high risk status of MARAC IDVA service users. The children of MARAC IDVA service users were generally younger than in the Outreach service users, with 43% aged 4 or under. This reflects the age of the service users themselves.

Table 19 Percentage of MARAC IDVA service users reporting each vulnerability issue. N=352

Vulnerability	
Drugs Misuse	9%
Alcohol Misuse	13%
Mental Health Issues	30%
Threatened / Attempted Suicide	27%
Self Harm	28%
Financial Problems	38%
Requiring Benefits Advice	30%
Other Vulnerability/Disability	7%

MARAC IDVA service users were also recorded as a very vulnerable service user group. Roughly one in ten service users reported misusing drugs (9%) or alcohol (13%), and just under a third (30%) had mental health issues. 38% had or foresaw financial problems and 7% recorded an additional vulnerability due to a disability. All vulnerabilities were more prevalent in the SDVC IDVA and Outreach services, apart from mental health issues, which had a greater prevalence amongst those accessing the Outreach services.

¹ Approximate caseloads are based on forms received and does not reflect all of the work undertaken by caseworkers i.e. with those service users who not engage with the service or do not consent to having their information used for monitoring and evaluation.

Abuse profile

The majority (92%) of service users accessing the MARAC IDVA were experiencing abuse perpetrated by a current or ex-intimate partner. This is in line with the Insights average, and the adva-funded SDVC IDVA and Outreach services. MARAC IDVA service users had been experiencing abuse for an average of 3 years prior to intake, exactly the same as the Insights average. The average length of abuse was 1 year longer than the SDVC IDVA service and 2 years shorter than the Outreach service.

Clients of the MARAC IDVA service were experiencing high levels of abuse which was frequently severe and escalating in nature. 74% of service users were experiencing physical abuse (55% severe), 28% were experience sexual abuse (16% severe), 62% were experiencing harassment and stalking (43% severe) and 87% were experiencing jealous and controlling behaviours (64% severe). The prevalence of abuse is in line with the Insights average for IDVA services and the prevalence of severe abuse is higher than the average. The prevalence and severity of abuse is generally higher than both the SDVC IDVA and Outreach services. Physical abuse was more prevalent and severe for SDVC IDVA service users. There were also higher than average proportions of service users experiencing abuse that was high and escalating in frequency or severity prior to intake (68% compared to 58%), although this was the same proportion of SDVC IDVA service users. The abuse profile of MARAC IDVA service users is reflected in their risk level – 98% were high risk and 97% reached the MARAC threshold. This reflects the targeted nature of the MARAC IDVA role.

Table 20 Percentage of MARAC IDVA service users experiencing each abuse type. N=352

Abuse Type	Experiencing	High Severity
Physical Abuse	74%	55%
Sexual Abuse	28%	16%
Harassment/Stalking	62%	43%
Jealous & Controlling Behaviours	87%	64%

Referrals

The referral routes into the MARAC IDVA service are typical for a high-risk focused IDVA service, with the majority of referrals coming from the Police (55%), a small number of self referrals (4%) and referrals from other agencies. In comparison, the proportion of Police referrals to the SDVC IDVA service was 99%, Outreach service was 21% and the Insights average 48%. The next most common referral routes into the MARAC IDVA service were from other domestic or sexual violence services (16%) and the MARAC itself (14%).

Model of support

The MARAC IDVAs worked with service users for an average of 2.2 months, in line with the Insights average, but slightly longer than the average SDVC IDVA and Outreach case lengths of 1.9 months and 1.6 months, respectively. During the case, MARAC IDVAs provided intensive support both in terms of frequency of contact and number of interventions. More than a quarter (28%) of service users received 10 or more contacts, in line with the Insights average, but higher than both the SDVC IDVA and Outreach services. MARAC IDVA service users accessed an average of 4.7 interventions, higher than the Insights average of 3.6 and the SDVC IDVA and Outreach figures of 3. Every MARAC IDVA service user accessed safety planning and 98% were supported with the MARAC process. Just under a two-thirds (65%) were support with health and wellbeing and 60% were supported with the Police. This reflects the nature of the MARAC IDVA role – providing intensive support focused on risk and safety during a period of crisis and high risk.

Safety and wellbeing outcomes

On leaving the service, the majority (84%) of service users were not living with the perpetrator and of those, there was ongoing contact for less than half (46%). Two-thirds (67%) of this contact was around children. This is typical for an IDVA service.

Following support from the MARAC IDVA service, more than half (58%) of service users had experienced a complete cessation of all abuse types – exactly the same as the Insights average. The proportion experiencing a cessation of abuse was higher than in the Outreach service (47%) but considerably lower than the SDVC IDVA service (80%). There were significant reductions in physical abuse (88%) and sexual abuse (85%) which is typical for an IDVA service. Roughly a quarter of service users were still experiencing harassment and stalking or jealous and controlling behaviours, similar to the Insights average. The proportion of service users reporting more than one type of severe abuse reduced from 60% to 6%.

At the point of exit, caseworkers perceived a moderate or significant reduction in risk for 78% of service users, higher than the Insights average and the Outreach service, but in line with the SDVC IDVA service. Caseworker perceptions were in line with service user reported outcomes: 78% felt somewhat or much safer, 77% reported that their quality of life had improved and 86% were confident to access support in the future. These service user reported outcomes were higher than the Insights average and the SDVC IDVA, but in line with the Outreach service.

Table 21 Percentage of MARAC IDVA service users experiencing each outcome. N=251

Outcomes	
Complete cessation of all abuse types	58%
Caseworkers perceive moderate or significant reduction in risk	78%
Service user feel somewhat or much safer	78%
Little or much improvement in service users quality of life	77%
Service user somewhat or very confident to access support in the future	86%

Criminal & Civil Justice Support and Outcomes

Of the 251 service users exiting the MARAC IDVA service, 76% made a report to the Police and 31% resulted in a charge. Both the proportion of services users reporting to the Police and the proportion of reports leading to a charge were lower than the SDVC IDVA service, but higher than the Insights average for IDVA services. Of the 78 cases where a charge was brought, the Crown Prosecution Service (CPS) continued with 88% and the caseworker supported the service user in 73% of cases. Where the CPS proceeded with a case, 88% were heard at a SDVC, the service user attended court in 39% of cases and special measures were granted to 20% of service users.

Table 22 Criminal Justice Outcomes for MARAC IDVA service users

Criminal Justice Process	
Report to police (<i>% of Exit Forms</i>)	76%
Charge made (<i>% of Exit Forms</i>)	31%
CPS proceeded with case (<i>% cases charged</i>)	88%
Caseworker supported in process (<i>% cases charged</i>)	73%
Case heard at Specialist Domestic Violence Court (SDVC)	88%
Special measures granted (<i>% cases proceeding to court</i>)	20%
Perpetrator pled guilty (<i>% cases proceeding to court</i>)	61%
Perpetrator found guilty (<i>% cases proceeding to court</i>)	19%

The most common charges were for common assault (50% of charges brought), criminal damage (24%) and harassment (21%).

The majority (80%) of cases resulted in a conviction – 61% of perpetrators pled and 19% were found guilty. The proportion of guilty verdicts was slightly lower than for the SDVC IDVA service (86%), but in line with the national Insights average of 78%.

More than half of the convictions led to a restraining order being imposed (55%) and just over a quarter led to a community sentence (27%). 24% of perpetrators were given a fine and 18% were ordered to attend a Perpetrator Programme (IDAP or CDVP).

18% of service users leaving the MARAC IDVA service were supported with civil orders, slightly above the Insights average of 14% and considerably higher than the 1% of SDVC IDVA service users. Of those supported, 80% qualified for Legal Aid. The most common order applied for was a non-molestation order, with 59% of those supported applied. Non-molestation orders were granted in 52% of cases.

8.2.2 SDVC IDVA

IDVAs support clients who have been risk assessed as being at high risk of harm. IDVAs carry out crisis intervention work and are able to offer clients a holistic range of support. Within Devon, the SDVC IDVAs focus on service users that have been referred by the Police and who have cases being heard at a Specialist Domestic Violence Court.

During the data collection period, 208 Intake forms and 166 Exit forms were submitted by SDVC IDVAs. Given that the number of full-time equivalent (FTE) SDVC IDVAs was 3, this equates to 69 engaged service users per FTE per year, or 6 per month. Comparisons have been drawn against the aggregated Insights data from IDVA services and Insights data from the adva-funded MARAC IDVA and Outreach services.

Profile of service users

SDVC IDVA service users were generally younger than those accessing Outreach services, although slightly older than MARAC IDVA service users. No lesbian, gay or bisexual service users were supported and only 5% of service users were from black and minority ethnic communities. This is slightly lower than the local BME population and lower than supported by the MARAC IDVAs.

The proportion of SDVC IDVA service users with children was 62%, in line with the MARAC IDVA service and the Insights average, but considerably lower than the Outreach service (72%). CYPS involvement at the point of engagement was, at 15%, lower than the Outreach and MARAC IDVA services and Insights average for IDVA services.

In stark comparison to the very vulnerable profile of MARAC IDVA service users, SDVC IDVA service users under-indexed compared to the Insights average on all recorded vulnerabilities. One in ten service users reported alcohol misuse, 5% reported misusing drugs and 13% had threatened or attempted suicide. Rates of mental health issues (16%), self harm (8%) and financial problems (16%) were considerably lower than the Insights average, the MARAC IDVA service and the Outreach service.

Table 23 Percentage of SDVC IDVA service users reporting each vulnerability issue. N=208

Vulnerability	
Drugs Misuse	5%
Alcohol Misuse	10%
Mental Health Issues	16%
Threatened / Attempted Suicide	13%
Self Harm	8%
Financial Problems	16%
Requiring Benefits Advice	12%
Other Vulnerability/Disability	5%

This is worthy of further investigation with criminal justice partners. It may be that service users involved in court processes are reluctant to report mental health issues and other vulnerabilities such as drug and alcohol use; or there may not be equality of access to redress for more vulnerable service user groups for reasons yet to be determined.

Abuse profile

The profile of recorded perpetrators was similar to the MARAC IDVA, Outreach service and Insights average with the majority (91%) of perpetrators recorded as current intimate or ex-intimate partners.

62% of service users were high risk, slightly below the Insights average for IDVA services and considerably lower than the adva-funded MARAC IDVA service. 58% of service users met the MARAC threshold. More physical abuse was recorded for this group of service users than at any other service – 78% reported experiencing physical abuse and 62% experiencing severe physical abuse. 12% of service users were experiencing sexual abuse (9% severe), 47% were experiencing harassment and stalking (34% severe), and 73% were experiencing jealous and controlling behaviours (56% severe). With the exception of physical abuse the prevalence of abuse was lower than both the MARAC IDVA and Outreach services though the severity of abuse was higher than the Outreach service.

Table 24 Percentage of SDVC IDVA service users experiencing each abuse type. N=208

Abuse Type	Experiencing	High Severity
Physical Abuse	78%	62%
Sexual Abuse	12%	9%
Harassment/Stalking	47%	34%
Jealous & Controlling Behaviours	73%	56%

The average reported length of abusive relationship was two years – the shortest length across all adult services, 1 year shorter than the Insights average and MARAC IDVA service, and 3 years shorter than the Outreach service.

Referrals

Almost all (99%) of referrals to the service came from the Police, higher than the Insights average for IDVA services and the highest of all the adva-funded services. This reflects the criminal justice focus of the service.

Model of support

The average case length was 1.9 months – shorter than for MARAC IDVA service users and the Insights average but longer than for Outreach service users.

The support provided was also slightly less intensive than the MARAC IDVA service and Insights average, with 20% of service users receiving 10 or more contacts compared to 28% of MARAC IDVA service users and the Insights average of 25%. SDVC IDVA service users accessed an average of 3 interventions, compared to 4.7 for MARAC IDVA service users and the Insights average of 3.6. safety planning and support with civil court procedures was accessed by a lower proportion of SDVC IDVA service users (70% and 2%, respectively) than MARAC IDVA service users, but the percentage of service users supported with criminal court proceedings (98%) was higher than in any other service.

Safety and wellbeing outcomes

80% of service users reported a complete cessation in all abuse types. This was considerably higher than the MARAC IDVA and Outreach services and the Insights average for IDVA services. The proportion of service users reporting multiple types of severe abuse reduced from 57% to 5%.

Table 25 Percentage of MARAC IDVA service users experiencing each outcome. N=166

Outcomes	
Complete cessation of all abuse types	80%
Caseworkers perceive moderate or significant reduction in risk	77%
Service user feel somewhat or much safer	65%
Little or much improvement in service users quality of life	62%
Service user somewhat or very confident to access support in the future	76%

Practitioners recorded a reduction in risk for 77% service users which is in line with the MARAC IDVA service and the Insights average for IDVA services, and higher than for Outreach services. Service user reported outcomes for SDVC IDVA service users were lower than those reported by MARAC IDVA service users, with 65% reporting feeling somewhat or much safer, 62% reporting a much or little improved quality of life, 70% reporting feeling not at all or a little frightened, but 76% reporting feeling very confident or confident about accessing services. Service user outcomes were in line with the Insights average.

Criminal & Civil Justice Support and Outcomes

Table 26 Criminal Justice Outcomes for SDVC IDVA service users

Criminal Justice Process	
Report to police (<i>% of Exit Forms</i>)	96%
Charge made (<i>% of Exit Forms</i>)	95%
CPS proceeded with case (<i>% cases charged</i>)	82%
Caseworker supported in process (<i>% cases charged</i>)	80%
Case heard at Specialist Domestic Violence Court (SDVC)	99%
Special measures granted (<i>% cases proceeding to court</i>)	16%
Perpetrator pled guilty (<i>% cases proceeding to court</i>)	78%
Perpetrator found guilty (<i>% cases proceeding to court</i>)	8%

Of the 208 service users exiting the SDVC IDVA service, 96% made a report to the Police and 95% resulted in a charge, considerably higher than the both the Insights average for IDVA services and the MARAC IDVA service. Of the 158 cases where a charge was brought, the CPS continued with 82%, slightly lower than for the MARAC IDVA service (88%), but in line with the Insights average of 84%. The caseworker supported the service user in 80% of cases charged. Where the CPS proceeded with a case, 99% were heard at a SDVC, the service user attended court in 37% of cases and special measures were granted to 16% of service users.

In line with the MARAC IDVA service and the Insights average, the most common charges were for common assault (52% of charges brought), criminal damage (22%) and harassment (16%).

The majority (86%) of cases resulted in a conviction. The total proportion of guilty verdicts was in line with the Insights average and the MARAC IDVA service, but the proportion of perpetrators pleading guilty (78%) was higher than for the MARAC IDVA service (61%) and the Insights average (62%). 8% of perpetrators were found guilty.

In line with the MARAC IDVA service, roughly half of convictions led to a restraining order being imposed. Just under a third of perpetrators were given community sentences and 22% were fined. Suspended or custodial sentences were given to 33% of perpetrators, compared to 25% for the MARAC IDVA service.

Two service users accessed support with Civil Orders.

8.2.3 Male IDVA

The Male IDVA service accepts referrals for male clients only. Due to the low level of referrals the Male IDVAs had capacity to support clients of all risk levels.

A smaller volume of data was submitted by Male IDVAs – 40 Intake forms and 21 Exit forms. This was because the roles were part-time and only funded for 6 months of the time period under review. Given that the number of full-time equivalent (FTE) Male IDVAs during this time was 1.5, this equates to an annualised figure of 53 engaged service users per FTE per year, or 4 per month. Output and outcome data has been included in the outline below but results should be interpreted with caution given the small sample size. Comparisons have been drawn against the aggregated Insights data from IDVA services and Insights data from the adva-funded IDVA and Outreach services.

Profile of service users

All service users were male. Service users were older than average with 30% over 50 and relatively few in the 20 – 30 age band (15%). Two service users were under 18 years old. A seemingly large proportion of service users supported were recorded as gay or bisexual (5%) – although due to the small number of forms submitted, this relates to only two service users. 5% of service users were recorded as being from a black and minority ethnic community, slightly lower than the local BME population, but again this relates to two service users.

Just 40% of male IDVA service users had children, by far the lowest across all services where the average is two-thirds. There was current CYPS involvement at the point of engagement for one service user.

Male IDVA service users also had a significantly less extreme vulnerability profile than the IDVA and Outreach service users. No service users were recorded as misusing drugs, 8% had issues with alcohol, 23% had mental health issues and 23% had financial difficulties. The proportions of service users who had threatened or attempted suicide (13%) or self-harmed (8%) were considerably lower than the MARAC IDVA service users and Outreach service users, but were the same as those accessing the SDVC IDVA service.

Table 27 Percentage of Male IDVA service users reporting each vulnerability issue. N=40

Vulnerability	
Drugs Misuse	0%
Alcohol Misuse	8%
Mental Health Issues	28%
Threatened / Attempted Suicide	13%
Self Harm	8%
Financial Problems	25%
Requiring Benefits Advice	18%
Other Vulnerability/Disability	0%

Abuse profile

Male IDVA service users also reported the highest percentage of abuse from adult family members at 20% - this figure was 5% for the Outreach, MARAC IDVA and SDVC IDVA services. Around a third (30%) of those supported was high risk, and 25% met the MARAC threshold.

Table 28 Percentage of Male IDVA service users experiencing each abuse type. N=40

Abuse Type	Experiencing	High Severity
Physical Abuse	55%	20%
Sexual Abuse	3%	0%
Harassment/Stalking	38%	10%
Jealous & Controlling Behaviours	53%	13%

The average length of abusive relationship was 3 years, in line with the MARAC IDVA service and Insights average, and 2 years shorter than the Outreach service. Male IDVA service users reported a lower prevalence of abuse and much less severe abuse than other adva-funded services. 55% of service users were experiencing physical abuse (20% severe), 3% reported

sexual abuse (0% severe), 38% were experiencing harassment and stalking (10% severe) and 53% were experiencing jealous and controlling behaviours (13% severe).

Referrals

The percentage of Police referrals was, at 60%, higher than all other services apart from SDVC IDVA. 13% of referrals were self referrals, 5% came direct from the MARAC and there were a small number of referrals from other agencies.

Model of support

Male IDVA cases were the shortest of all adva-funded services, at 2 weeks. They were also the least intensive support, with only 5% of service users receiving 10 or more contacts. However, during this short, low intensive case service users accessed an average of 3.1 interventions, in line with Outreach service users and SDVC IDVA service users. The most accessed interventions were safety planning (95%), support with health and wellbeing (90%) and Housing (33%).

Safety and wellbeing outcomes

Table 29 Percentage of MARAC IDVA service users experiencing each outcome. N=21

Outcomes	
Complete cessation of all abuse types	48%
Caseworkers perceive moderate or significant reduction in risk	71%
Service user feel somewhat or much safer	90%
Little or much improvement in service users quality of life	86%
Service user somewhat or very confident to access support in the future	95%

The percentage of service users reporting a total cessation of abuse at exit was 48% - similar to that reported by Outreach service users (47%) but lower than the IDVA services and Insights average. Caseworkers perceived a moderate or significant reduction in risk for 71% of service users.

Male IDVA service users reported the most positive service user outcomes of any service, with 90% reporting feeling somewhat or much safer, 86% reporting a much or little improved quality of life, 86% reporting feeling not at all or a little frightened, and 95% reporting feeling very confident or confident about accessing services.. However, the small volume of exit data submitted means that more data would be needed to draw concrete conclusions about the impact of the service. This is based on a small sample and should be treated as indicative only.

Criminal & Civil Justice Support and Outcomes

Criminal and Civil Justice forms were received for 18 Male IDVA service users, and only 4 of these accessed support with the Criminal Justice process. No service users accessed support with Civil Orders.

8.2.4 Outreach

Outreach workers focus on clients who have been risk assessed as not being at the highest risk of harm and work with clients to improve their safety and wellbeing.

The largest volume of data submitted was from Outreach workers – 505 intake forms and 311 exit forms. Given that the number of full-time equivalent (FTE) Outreach workers was 8.6, this equates to 54 engaged service users per FTE per year, or 4 per month. Comparisons have been drawn against the aggregated Insights data from Outreach services and Insights data from adva-funded MARAC and SDVC IDVA services.

Profile of service users

Outreach service users were older on average than the IDVA service users – the largest proportion of service users supported by Outreach were aged between 31 and 40. 2% of service

users were lesbian, gay or bisexual and 4% were from black or minority ethnic communities, which is lower than within the local population. Only 2% of service users were male.

The percentage of Outreach service users with children was, at 72%, in line with the Insights average but higher than the proportion of MARAC and SDVC IDVA service users. There was current CYPS involvement in 20% of families at the point of engagement with the service, again in line with the Insights average.

Outreach service users were a vulnerable group though the prevalence of vulnerability issues was generally lower than that of IDVA service users with the exception of mental health issues where there was the highest reported rates (37%, compared to an average across all adva services of 31%). 10% of service users misused alcohol and 5% misused drugs. More than one in five (22%) had threatened or attempted suicide and the same proportion had self harmed, while 29% had financial problems. All reported vulnerabilities were in line with the Insights average.

Table 30 Percentage of Outreach service users reporting each vulnerability issue. N=462

Vulnerability	
Drugs Misuse	5%
Alcohol Misuse	10%
Mental Health Issues	37%
Threatened / Attempted Suicide	22%
Self Harm	22%
Financial Problems	29%
Requiring Benefits Advice	17%
Other Vulnerability/Disability	4%

Abuse profile

In keeping with the target user group, 16% of Outreach service users were recorded as high risk and 9% met the MARAC threshold at the point of engagement. Significant variation in risk level was noted between the different agencies – at DV&AS, 27% of Outreach service users were high risk, at NDWA, 5% and at SAFE, 16%. Abuse was less prevalent and less severe than the IDVA service users though still material and one in four service users reported more than one form of severe abuse. 41% of service users were experiencing physical abuse (16% severe), 18% were experiencing sexual abuse (7% severe), 58% were experiencing harassment and stalking (21% severe) and 79% were experiencing jealous and controlling behaviours (32% severe). There were lower proportions of abuse that was escalating in frequency or severity than for the IDVA services. The abuse profile is generally in line with the Insights average for Outreach services.

Table 31 Percentage of Outreach service users experiencing each abuse type. N=462

Abuse Type	Experiencing	High Severity
Physical Abuse	41%	16%
Sexual Abuse	18%	7%
Harassment/Stalking	58%	21%
Jealous & Controlling Behaviours	79%	32%

The average reported length of abusive relationship was 5 years – the longest of all the adva-funded services, but the same as the Insights average. In the majority of cases, the abuse was being perpetrated by a current or ex-intimate partner.

Referrals

Outreach services receive referrals from a much broader range of agencies than the IDVA services. The largest proportion were self referrals (35%) with a range of other agencies

referring in, including the Police (20%), CYPS (10%), other specialist domestic or sexual violence services (13%) and Health (12%). This is in line with the Insights average for Outreach services.

Model of support

The average case length was 1.6 months – shorter than the MARAC and SDVC IDVA case lengths in the adva services, but the same as the Insights average. Just under 1 in 5 service users (19%) received 10 or more contacts and the average number of interventions accessed was 3 – both in line with the Insights average and the SDVC IDVA service. The interventions most commonly accessed by service users were safety planning (91%), health and wellbeing support (78%), support with housing and support with children (both 29%).

Safety and wellbeing outcomes

The percentage of service users reporting total cessation of abuse at exit was, at 47%, considerably lower than the MARAC and SDVC IDVA services, but in line with the Insights average for Outreach services. In terms of the service user reported outcomes, however, those reported by Outreach service users were very positive, with 77% reporting feeling somewhat or much safer, 75% reporting a much or little improvement in their quality of life, 78% reporting feeling not at all or a little frightened, and 87% reporting feeling very confident or confident about accessing services.

Table 32 Percentage of Outreach service users experiencing each outcome. N=287

Outcomes	
Complete cessation of all abuse types	47%
Caseworkers perceive moderate or significant reduction in risk	67%
Service user feel somewhat or much safer	77%
Little or much improvement in service users quality of life	75%
Service user somewhat or very confident to access support in the future	87%

Criminal & Civil Justice support and outcomes

Of the 287 service users exiting the Outreach service, 18% made a report to the Police and a charge was brought in 4% of cases. As the CPS proceeded with just 10 of these cases, there is insufficient data to allow analysis of Criminal Justice outcomes.

Of the service users leaving the service, 7% (21 service users) were supported with Civil Orders, and 86% of these qualified for legal aid. The most common order applied for was a contact order, with 71% applying and 62% being granted.

8.2.5 Women’s Safety Worker

Women's Safety Workers support the partners of men going through the REPAIR perpetrator programme.

The data below relates to only 13 clients. Comparisons have been drawn against the aggregated Insights data from WSW services and the aggregated Insights data from all adva-funded services. Due to the small volume of data submitted for the Women’s Safety Worker role, exit data has been excluded from this overview, and findings related to intake data should be interpreted with caution.

Profile of service users

Women’s Safety Workers support a relatively narrow group. 100% of service users were women and they were a comparatively young group with 46% of service users falling into the 21 and 30 age bracket. This in line with the Insights average, but much younger compared to the other adult adva-funded services where there are 26% in this age group. No lesbian, gay or bisexual women or women from black and minority ethnic communities were supported.

Nearly all (92%) of the Women Safety Worker service users had children, which is higher than the Insights average of 77% and other adva-funded services. CYPS involvement at the point of engagement with the service was 17%, compared to the Insights average of 42% and the CYPS involvement across all adva-funded services of 20%.

Table 33 Percentage of WSW service users reporting each vulnerability issue. N=13

Vulnerability	
Drugs Misuse	8%
Alcohol Misuse	8%
Mental Health Issues	15%
Threatened / Attempted Suicide	0%
Self Harm	8%
Financial Problems	23%
Requiring Benefits Advice	0%
Other Vulnerability/Disability	8%

Recorded vulnerabilities were lower than other services and the Insights average, with only financial problems and mental health issues being recorded for more than one service users. This was generally lower than the Insights average.

Abuse profile

All perpetrators were reported as intimate or ex-intimate partners which reflects the focus of Women’s Safety Workers on the partners of men on the REPAIR programme.

Women’s Safety Workers supported the lowest risk group with no high risk clients and none meeting the MARAC threshold. Physical and sexual abuse was reported by considerably lower proportions of service users (38% and 8%, respectively) than to the other adva-funded services and the Insights average. Just under half (46%) of service reported experiencing harassment and stalking, slightly below the Insights and adva figures, while the proportion reporting jealous and controlling behaviours (77%) was in line.

Table 34 Percentage of WSW service users experiencing each abuse type. N=13

Abuse Type	Experiencing	High Severity
Physical Abuse	38%	8%
Sexual Abuse	8%	0%
Harassment/Stalking	46%	0%
Jealous & Controlling Behaviours	77%	0%

The average reported length of abusive relationship was the longest across all face-to-face provision in Devon, at 4.5 years, although this was 6 months shorter than the Insights average for Women’s Safety Worker services.

The profile of those accessing the Women’s Safety Worker service may differ from other groups because of the way they engage with the service. Women are proactively contacted by the service if their partners are participating in the REPAIR perpetrator programme, and have not been referred or sought help themselves.

Referrals

Referral routes to the Women’s Safety Worker service are restricted and the data reflects this. 23% of referrals came from specialist domestic or sexual violence services and 77% were recorded as ‘Other’, which is likely to refer to ‘Voluntary Perpetrator Programme’. This follows the same pattern as the Insights average.

Model of support, Safety and wellbeing outcomes and Criminal & Civil Justice Support and Outcomes

There was insufficient data to carry out a meaningful analysis of the model of support or outcomes achieved.

8.2.6 Refugee Worker (NDWA and SAFE only)

Refuges offer safe, emergency accommodation for women fleeing domestic abuse. Refuge workers provide practical support such as housing benefits, emotional support and help with safety planning.

Relatively small volumes of Insights data were submitted by Refuge workers at NDWA and SAFE. The data below is from 83 Intake forms and 66 Exit forms. Given that the number of full-time equivalent (FTE) Refuge workers was 2, this equates to 42 engaged service users per FTE per year, or 3 per month. Comparisons have been drawn against the aggregated Insights data from other refuge services and the aggregated Insights data from all adva-funded services.

Profile of service users

All service users were women and refuge service users were relatively young compared to the other adva services with 37% of service users accessing the refuges falling into the 21 to 30 age bracket. The age profile is, however, in line with the Insights average. Refuge workers also supported the highest percentage of service users from black and minority ethnic communities – 16%. No service users were recorded as lesbian, gay or bisexual. This information was missing for 23% of service users.

The percentage of refuge service users with children was, at 67%, in line with the average for adva-funded services of 65% but slightly lower than the Insights average for refuge service users of 77%. There was current CYPS involvement in a quarter of the families with children.

Table 35 Percentage of Refuge service users reporting each vulnerability issue. N=83

Vulnerability	
Drugs Misuse	12%
Alcohol Misuse	5%
Mental Health Issues	33%
Threatened / Attempted Suicide	23%
Self Harm	19%
Financial Problems	72%
Requiring Benefits Advice	66%
Other Vulnerability/Disability	4%

Refuge service users have particularly complex needs. 5% of service users were recorded as having issues with alcohol and 12% with drugs misuse which is twice that of the adva average and higher than the Insights average for refuge services of 8%. The proportion of service users reporting mental health issues (33%), suicide threats or attempts (23%) and self harm (19%) was in line with the Insights average and the figure from all adva-funded services. There were exceptionally high rates of financial problems recorded (72%) and requirement of benefits advice (66%). This is most likely linked to women's circumstances while in the refuge – either being unable to work, having to abandon work to receive housing benefit to pay for the refuge, or paying for the refuge themselves – but is still considerably higher than the Insights averages of 51% and 46% respectively.

Abuse profile

The risk profile of refuge service users sits between Outreach and the IDVA services with 47% of the service users recorded as high risk and 36% meeting the MARAC threshold. This is a slightly

lower risk profile than the Insights average where over half (56%) of users were recorded as high risk.

Table 36 Percentage of Refuge service users experiencing each abuse type. N=83

Abuse Type	Experiencing	High Severity
Physical Abuse	66%	28%
Sexual Abuse	31%	11%
Harassment/Stalking	59%	34%
Jealous & Controlling Behaviours	87%	55%

Refuge service users were experiencing high levels of abuse. 66% were experiencing physical abuse (28% severe), 31% experiencing sexual abuse (11% severe), 59% experiencing harassment and stalking (24% severe) and 87% experiencing jealous and controlling behaviours. Sexual abuse and jealous and controlling behaviours were very high relative to other adva-funded services, though in line with the Insights average for Refuge services.

The average reported length of abusive relationship was 3.3 years, slightly longer than the Insights average of 3 years, but shorter than the adva services average. Almost all (98%) perpetrators were recorded as current or ex-intimate partners.

Referrals

Referral routes into the service reflect the nature of provision – around a third (29%) of all referrals were self referrals, and roughly another third (35%) were from other domestic or sexual violence services, in line with the Insights average. The average proportions of referrals from these routes for adva-funded services are 23% and 12%, respectively.

Model of support

The average case length was 0.6 months, exactly the same as the Insights average but considerably shorter than the adva average.

The work delivered in Refuge was also the most intensive, with 55% of service users receiving more than 10 contacts, compared to 25% on average. This figure is, however, slightly below the Insights average of 68%. Refuge service users accessed an average of 3.9 interventions, in the middle of the Insights average (4.2) and the average number for all adva service users (3.6). The most frequently accessed interventions were safety planning (85%), financial benefits (76%) and health and wellbeing advice (70%) and housing (59%). Support with housing and financial benefits was particularly high compared to other adva-funded services.

Safety and wellbeing outcomes

The reported cessation of abuse at exit from the refuge was 71%, higher than other adva-funded services and in line with other refuge services. The high level of cessation of abuse may be due to the fact that service users have are physically removed from the perpetrator. Caseworkers perceived a moderate or significant risk reduction for 75% of service users. Service user reported outcomes, however, were slightly lower than caseworker perceptions, the all adva figures and the Insights averages: 64% of service users reporting feeling somewhat or much safer, 58% reporting a much or a little improved quality of life, 56% reporting feeling not at all or a little frightened, and 61% reporting feeling confident or very confident about accessing services.

Table 37 Percentage of Refuge service users experiencing each outcome. N=66

Outcomes	
Complete cessation of all abuse types	71%
Caseworkers perceive moderate or significant reduction in risk	71%
Service user feel somewhat or much safer	64%

Little or much improvement in service users quality of life	58%
Service user somewhat or very confident to access support in the future	61%

Criminal & Civil Justice Outcomes

There were 40 CCJ forms received for those exiting the refuge service, and 15 service users made a report to the Police. As the CPS proceeded with just 4 of these cases, there is insufficient data to allow analysis of Criminal Justice outcomes.

As only 5 service users accessed support with civil orders, there is insufficient data to allow analysis of Civil Justice outcomes.

8.2.7 Young People’s Worker (SAFE only)

The Young People’s Worker service supports young people with a range of issues, including current or historic exposure to domestic abuse directed at a parent or caregiver, aggressive behaviour to partners or parents, and current or historic domestic abuse in the young person’s own relationship. Young people aged between 14 and 25 years old can access the service. The data analysed below does not relate to the children and young people supported by the specialist Children and Young People’s workers based at each of the three adva-funded services (see Chapter 11).

Relatively small volumes of Insights data were submitted over the period reviewed (33 intake forms and 16 exit forms), meaning that it is difficult to put together a concrete profile of the service itself. Given that the number of full-time equivalent (FTE) YP workers was 1, this equates to 33 engaged service users per FTE per year, or 3 per month. Comparisons have been drawn against the aggregated Insights data from Young People’s services and the aggregated Insights data from all adva-funded services.

Profile of service users

The Young People’s Worker service supports a very focused group of women and girls under 25 with no service users from black and minority ethnic groups. No service users were lesbian, gay or bisexual.

64% of service users had children which is in line with the average across adva-funded services but slightly lower than the Insights average of 72%. CYPS involvement with the family at the point of engagement was recorded for 52%, far exceeding the adva average of 20%, but in line the Insights average of 59%.

Table 38 Percentage of YP Worker service users reporting each vulnerability issue. N=33

Vulnerability	
Drugs Misuse	6%
Alcohol Misuse	15%
Mental Health Issues	15%
Threatened / Attempted Suicide	12%
Self Harm	24%
Financial Problems	18%
Requiring Benefits Advice	6%
Other Vulnerability/Disability	3%

Young People’s Worker service users had the highest recorded levels of alcohol misuse which was 15% compared to the average across all adva services of 10% and the Insights average of 8%. Relatively few (15%) of service users were recorded as having mental health issues, however almost one in four service users (24%) reported self harming and 12% reported threatened or attempted suicide. 18% of service users were experiencing financial problems and 3% reported vulnerabilities relating to a disability. With the exception of the issues with alcohol

the prevalence of vulnerability issues was lower than the average for adva-funded services but in line with the Insights average.

Abuse profile

The percentage of adult family member perpetrators was 9%, slightly higher than for other adva services average (6%), but in line with the national Insights average of 8%. The remaining 91% of perpetrators were current or ex-intimate partners.

The average length of abusive relationship was 2 years, which is 6 months shorter than the Insights average for Young People’s services and 1.5 years shorter than the average length of abuse for all adva services.

67% of service users accessing the Young People’s service were not high risk which is higher than the Insights average of 43%, though one third met the MARAC threshold.

Table 39 Percentage of YP Worker service users experiencing each abuse type. N=33

Abuse Type	Experiencing	High Severity
Physical Abuse	55%	21%
Sexual Abuse	18%	6%
Harassment/Stalking	58%	30%
Jealous & Controlling Behaviours	82%	48%

The proportion of service users experiencing each abuse type was in line with other adva services and other Young People’s services. 55% of service users were experiencing physical abuse (21% severe), 18% were experiencing sexual abuse (6% severe), 58% were experiencing harassment and stalking (30% severe), 82% were experiencing jealous and controlling behaviours (48% severe) which is particularly high.

Referrals

The service had a relatively wide range of referring agencies, including, the largest proportion of CYPS referrals for any adva service (24% compared to 7% on average across adva). Other key referral routes were the Police (24%), other specialist domestic or sexual violence services (15%), health (15%) and self-referrals (15%), demonstrating awareness of the service within a range of different agencies. The pattern of primary referral routes in similar to the Insights average for Young People services.

Model of support

Young People’s Worker service users were supported for an average of 3 months – longer than the adva average (1.8 months). However, the support provided appeared less intensive, with 69% of all service users receiving fewer than 5 contacts. During the case, service users accessed an average of 3.2 interventions, compared to 3.9 across the adva services. The most frequently accessed interventions were around safety planning (100%), health and wellbeing support (69%), liaison and support with the Police (44%) and support with the MARAC (31%).

Health & Wellbeing Outcomes

A complete cessation of abuse at exit was recorded for 38% of Young People Worker service users, which is lower than the adva average of 59% but slightly above the Insights average of 35%. Service user reported outcomes also appeared to be low compared to the adva average – 56% of service users reported feeling somewhat or much safer, a much or a little improved quality of life, and feeling not at all or a little frightened – but more positive than the Insights averages of 48%, 45% and 49%, respectively. 63% reported feeling confident or very confident to access services. Very few exit forms were submitted so this data should be treated as indicative only.

Table 40 Percentage of YP Worker service users experiencing each outcome. N=16

Outcomes	

Complete cessation of all abuse types	38%
Caseworkers perceive moderate or significant reduction in risk	75%
Service user feel somewhat or much safer	56%
Little or much improvement in service users quality of life	56%
Service user somewhat or very confident to access support in the future	63%

Criminal & Civil Justice support and outcomes

There were 14 CCJ forms received for those exiting the refuge service, and just 5 service users made a report to the Police. As such, there is insufficient data to allow analysis of Criminal Justice outcomes.

Similarly, only 4 service users accessed support with civil orders. There is insufficient data to allow analysis of Civil Justice outcomes.

8.2.8 Helpline (DV&AS only)

The DV&AS Helpline is staffed by the Outreach team. Callers can expect emotional and practical support from Helpline workers. The Helpline is also available to professionals but Insights data only monitors work done with clients.

A large volume of data was submitted from the DV&AS Helpline – 300 Intake forms and 265 Exit forms. As there are currently no other Helpline services collecting Insights data, comparisons have been drawn against the adva average and the Outreach service.

Profile of service users

The largest proportion of referrals into the service was self referrals, at 53%. This indicates the broad accessibility of the Helpline service, although a wide range of agencies also referred in, including Police (23%), health (6%), specialist domestic and sexual violence services (6%) and CYPS (5%). This suggests local partner agencies are aware of the Helpline and are signposting service users appropriately.

In many ways, the profile of service users accessing the Helpline was similar to Outreach service users. Service users were slightly older than IDVA service users, with the largest proportion of service users aged between 31 and 40 (32%).

The vulnerability profile for Helpline service users was also similar to Outreach, with slightly more service users reporting mental health issues than across other adva services (34% compared to 31%). The rate of threatened or attempted suicide was also particularly high, at 26% compared to 21% across all adva services. The proportions of clients misusing drugs (4%) or alcohol (9%) and the proportion self harming (19%) were in line with the adva average, while the amount with financial problems (25%) and requiring benefits advice (13%) was lower.

Table 41 Percentage of Helpline service users reporting each vulnerability issue. N=265

Vulnerability	
Drugs Misuse	4%
Alcohol Misuse	9%
Mental Health Issues	34%
Threatened / Attempted Suicide	26%
Self Harm	19%
Financial Problems	25%
Requiring Benefits Advice	13%
Other Vulnerability/Disability	3%

Abuse profile

Helpline callers reported a broad range of perpetrators, similar to mainstream Outreach services, with 4% of perpetrators identified as minor family members, and 6% identified as adult family members.

The average length of abusive relationship was 4.5 years, six months shorter than the Outreach service, and six months longer than the adva average. The percentage of high risk service users was relatively high compared to those supported by Outreach – at 25% compared to 16% - and 14% of callers met the MARAC threshold. The proportion of high risk service users is lower than the adva average and the abuse profile reflects this: the prevalence of each abuse type was in line with the average, but it was less severe and there was less escalation. Just under half (48%) were experiencing physical abuse, 20% sexual abuse, 50% harassment and stalking, and 78% jealous and controlling behaviours. Just under a quarter (24%) were experiencing abuse that was high and escalating prior to intake, compared to 42% across the adva services.

Table 42 Percentage of Helpline service users experiencing each abuse type. N=265

Abuse Type	Experiencing	High Severity
Physical Abuse	48%	18%
Sexual Abuse	20%	5%
Harassment/Stalking	50%	14%
Jealous & Controlling Behaviours	78%	26%

Model of support

The majority (91%) of service users had fewer than 5 contacts with the Helpline service and the average number of interventions was 2.2, compared to 3.6 across adva. The average case length was 1 day.

Health & Wellbeing Outcomes

Despite the lower intensity of support, 40% of service users reported a complete cessation of all abuse types and more than half (51%) felt safer. Nearly all (96%) callers reported feeling confident or very confident in accessing support, which suggests that the Helpline is efficient in referring and signposting callers on to face to face support services.

Table 43 Percentage of Helpline service users experiencing each outcome. N=257

Outcomes	
Complete cessation of all abuse types	40%
Caseworkers perceive moderate or significant reduction in risk	34%
Service user feel somewhat or much safer	51%
Little or much improvement in service users quality of life	47%
Service user somewhat or very confident to access support in the future	96%

Criminal & Civil Justice support and outcomes

A report to the Police was made by 56 Helpline service users, roughly 1 in 5 of those exiting the service. A charge was made in just 2% of cases and thus there is insufficient data to allow analysis of Criminal Justice Outcomes.

Similarly, only 4 service users accessed support with civil orders. There is insufficient data to allow analysis of Civil Justice Outcomes.

8.2.9 Summary of service level comparison

The service level view demonstrates how the adva-funded services are targeted towards and reach different service user groups.

MARAC IDVA

The MARAC IDVA team support the highest risk service user group with almost all clients reaching the MARAC threshold. Service users are slightly younger than SDVC IDVA and Outreach service users. The service supports the highest proportion of pregnant service users and the second highest proportion of clients from black and minority ethnic communities, after refuge. The proportion of clients with children is in line with other services, but there was a higher proportion of CYPS involvement with the family at the point of engagement. MARAC IDVA services users have particularly complex needs and reported vulnerability issues were much higher than clients of other adva-funded services, though in line with what we see in IDVA services elsewhere. Prevalence and severity of abuse was higher than for all other services except the SDVC IDVA service, where higher proportions of service users were experiencing severe physical abuse. There are higher proportions of escalation in severity and frequency, and multiple types of severe abuse.

Referrals are predominantly from the Police, the MARAC or are self referrals.

MARAC IDVAs support their clients for longer with more contacts and more interventions. MARAC IDVA service users accessed more support with safety planning and MARAC than other adva service users.

Cessation of abuse was in line with what we see in IDVA services elsewhere; lower than for the users of the SDVC service and higher than for other adva-funded services. Risk reduction was higher than for Outreach and in line with the SDVC IDVA service. Client reported outcomes were in line with the Outreach service and more positive than the SDVC IDVA service.

SDVC IDVA

The SDVC IDVA team support predominately but not only high risk clients. Higher proportions of service users were experiencing severe physical abuse that was escalating in frequency and severity than any other service user group. SDVC IDVAs support a less diverse group than MARAC IDVAs with a lower proportion of clients from black and minority ethnic backgrounds and no lesbian, gay or bisexual service users. The proportion of clients with children is line with other services, but lower proportions of service users had current CYPS involvement with the family at the point of engagement than the MARAC IDVA service. Reported vulnerability issues were markedly lower than clients of other adva-funded services and than in IDVA services elsewhere.

All referrals come from the Police reflecting the criminal justice focus of the service.

Case length and intensity of support is in between the MARAC IDVA and Outreach services and clients received a narrower range of interventions particularly than MARAC IDVA service users. Almost all clients received support with the criminal court process and most were supported with the police. Fewer clients were supported with safety planning than in the Outreach service, which is not what we might expect.

Cessation of abuse was markedly higher than for any other service inside or outside Devon. Risk reduction was higher than for Outreach and in line with the MARAC IDVA service. The proportions of service users reporting positive outcomes, such as feeling safer and less frightened, were lower than for the Outreach and MARAC IDVA services.

Male IDVA service

This service only supports male clients and only a small number of cases were analysed. Service users were in general older, lower risk, reporting lower levels of abuse and vulnerability. There were higher proportions of service users being abused by a family member and lower proportions with children than the other IDVA services. This service supported the highest proportion of gay or bisexual service users, though this is based on a small sample.

The majority of referrals were from the Police.

The Male IDVA service had the shortest case length with the fewest number of contacts and interventions. Almost all service users were however supported with safety planning and health and wellbeing advice.

Cessation of abuse was in line with the Outreach service but much lower than the other two IDVA services, however Male IDVA service users reported the most positive outcomes.

Outreach service

The Outreach teams support predominately non-high risk clients. The prevalence and severity of abuse is lower for this group as are vulnerability issues, though they are still material with just under half of clients experiencing one form of abuse which is severe and one in seven clients being judged as high risk. Clients were slightly older than in the MARAC and SDVIC IDVA services and Outreach services supported the lowest proportion of clients from black and minority ethnic communities. The proportion of clients with children is slightly higher than the MARAC and SDVIC IDVA services and the proportion of clients with CYPs involvement at the point of engagement is in line with the SDVIC service but lower than the MARAC IDVA service.

The Outreach services have the broadest reach with the most self referrals and the least number of Police referrals.

Case length is shorter than the MARAC and SDVIC IDVA services but in line with what we see at Outreach services elsewhere. Despite the shorter case length clients received three interventions on average which is fewer than MARAC IDVA service users but in line with the SDVIC IDVA service and what we see elsewhere. Safety planning and support with health and well being were the most accessed forms of support.

Cessation of abuse was lower than for the IDVA services but in line with Outreach services elsewhere. Risk reduction was lower than for the IDVA services though this is from less high risk circumstances at intake. Client reported outcomes were in line with the MARAC IDVA service and more positive than the SDVIC service.

Women's Safety Worker

The Women's Safety Worker service supports a particularly focused group. All clients of this service are female and nearly half were in the 21 to 30 age bracket which is in line with Women's Safety Worker services but younger than the average service user of adva-funded services. All service users were recorded as not high risk and a relatively low proportion were recorded as having additional vulnerabilities. No service users were recorded as being from a black and minority ethnic community or as being lesbian or bisexual. Nearly all the service users had children but CYPs involvement at the point of engagement was lower than average.

Referrals are restricted as the Women's Safety Worker service is attached to the REPAIR perpetrator programme. The service only received self referrals and referrals from the probation service.

There was insufficient data to carry out analysis on interventions and outcomes.

Refuge Workers (SAFE and NDWA only)

All refuge service users are female and almost half are high risk with around a third reaching the MARAC threshold. Refuge service users have relatively high prevalence of abuse, in particular sexual violence, with the prevalence of severe abuse closely matching the SDVIC IDVA service user group. Clients were younger than other adva-funded services and this is a pattern we see in other Refuge services. The refuge services supported the highest level of clients from black and minority ethnic communities. No clients were recorded as being lesbian, gay or bisexual. The proportion of clients with children is in line with other adva-funded services though lower than other Refuge services. CYPs involvement with the family the point of engagement is in line with the SDVIC service is slightly lower than in other adva-funded services and refuge services

elsewhere. Refuge workers supported the highest proportion of pregnant women, along with the MARAC IDVA service.

Referrals are primarily self referrals or referrals from other specialist domestic or sexual violence service.

Case length was relatively short but with intensive contact during this time period. Despite the shorter case length clients received four interventions which, is broadly in line with what we see elsewhere. The most frequently accessed interventions were safety planning and support around financial benefits, health and wellbeing and housing.

Cessation of abuse was very high second only to the SDVC IDVA service and this is consistent with the Insights average for Refuges. Risk reduction was lower than for the IDVA services. Client reported outcomes were less positive than those reported by practitioners, for the adva-funded services and the Insights average.

Young People's Worker (SAFE)

The Young People's Worker service also supports a particularly focused group. All service users are under 25 and female. No service users from black and minority ethnic communities and no lesbian, gay or bisexual service users were recorded. The proportion with children was in line with the average for adva-funded service but there were particularly high levels of engagement from CYPS. The proportion of pregnant service users was higher than in services for adults.

The majority of service users were non-high risk and the abuse profile is in line with the Outreach service and the Insights average, with the exception of a higher prevalence of jealous and controlling behaviour than average. Reported vulnerability issues were relatively low compared to other service users with the exception of alcohol misuse which was exceptionally high. Case length was longer than for the adult services but with less intensive support. Clients received an average of 3 interventions with the most frequently accessed interventions being safety planning, health and wellbeing support and support with the Police.

Cessation of abuse is lower than for adult services but slightly higher than the Insights average. Outcomes reported by service users were also lower than for the adult services but again slightly higher than the Insights average, though this is based on a very small sample base.

Helpline (DV&AS)

The profile of service users accessing the Helpline was similar to the profile of Outreach service users. There were high proportions of mental health issues and suicide threats or attempts, while other vulnerabilities were in line with the adva average. The proportions of service users experiencing each abuse type were similar, but the abuse experienced was less severe and there was less escalation than for other adva services. The average length of the abusive relationship, at 4.5 years, was 6 months shorter than for Outreach services users, but was still longer than the adva average.

Support to service users was short and low intensity, with the majority of service users receiving fewer than 5 contacts. Helpline service users had the shortest case length (1 day).

After receiving support from the Helpline, 96% of service users felt confident to access support in the future, the highest of all adva-funded services.

Chapter 9 Increase the safety of those affected by domestic violence and abuse

This chapter analyses the extent to which adva-funded services are meeting the stated objective of increasing the safety of those affected by domestic violence and abuse. The analysis is based on data collected by caseworkers using the CAADA Insights Outcome Measurement Tool, and relates to 1,181 service users engaging with the services in the 12 months to October 2011. Outcomes and outputs are analysed using the data relating to 724 service users exiting the adva-funded services during the same time period. Qualitative findings are from semi-structured interviews with 46 service users.

9.1 Key Findings

Service user data from the Modus case management system indicates that the specialist services funded by adva are in contact with approximately 2,800 victims of domestic abuse each year. The British Crime Survey estimates that 7% of women and 5% of men have been victims of domestic abuse in the past year. Given Devon's population, this equates to 14,000 women and 8,000 men experiencing domestic abuse in the county in the past year. The data therefore suggests that at current resourcing levels adva-funded services only have the capacity to reach 13% of potential victims of domestic abuse. The British Crime Survey captures all kinds of abuse from the least to the most severe and not all victims of domestic abuse will require specialist support of the nature provided by adva-funded services. However, the data highlights the scale of the problem and the importance of a risk led approach to ensure that when there are insufficient resources to meet the needs of all victims that priority is given to those most at risk of harm.

Risk and abuse profile

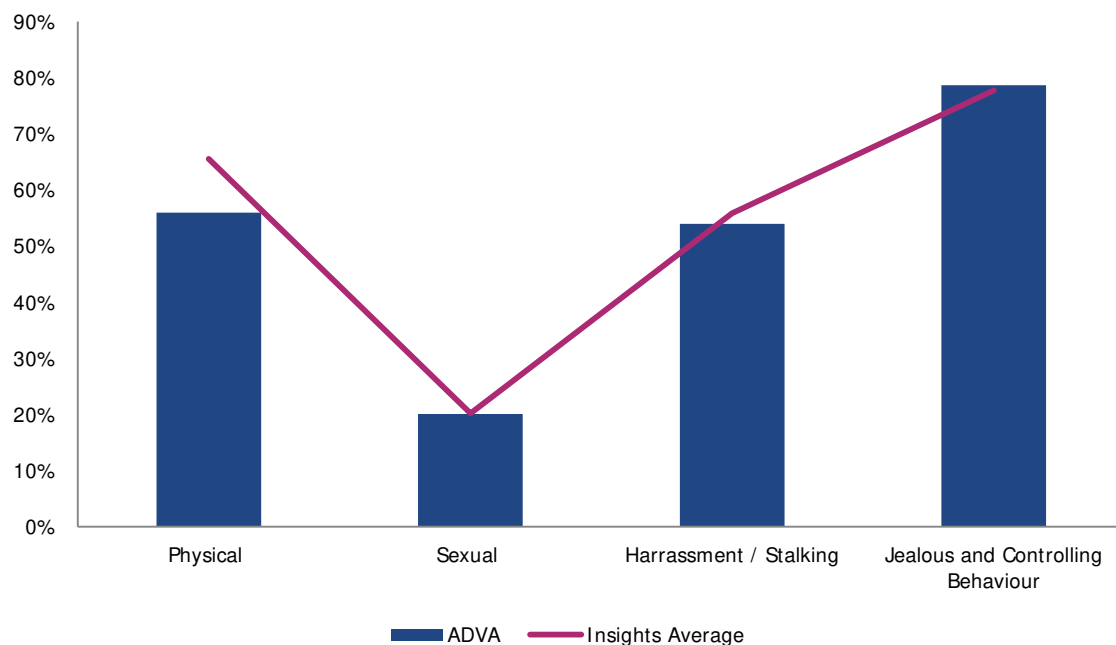


Figure 4 Abuse experienced by service users compared to the national Insights average

Adva-funded services are clearly supporting the 'target' group of those affected by domestic abuse. Just under half (43%) were recorded as high risk, and 37% reached the MARAC threshold- which denotes the highest risk abuse. Nearly three-quarters of service users (72%) were experiencing multiple types of abuse and more than half (52%) were experiencing

escalation in the frequency or severity of the abuse at the point of engagement. More than half (54%) of service users were experiencing at least one form of severe abuse.

The vast majority of service users (91%) were experiencing abuse perpetrated by a current or ex-intimate partner. Just fewer than one in ten (8%) were experiencing abuse perpetrated by a family member, and there were multiple perpetrators in 10% of cases. Two-thirds (66%) of victims were not living with the perpetrator at the point of engagement.

Adva-funded services offer a risk led service across a range of risks. The MARAC IDVA, SDVC IDVA and refuge services mostly supported high risk victims of domestic abuse. The Outreach (including Helpline), Male IDVA and Young People's services supported mainly non-high risk victims. Only the Women's Safety Worker service reported no high risk victims of domestic abuse.

Recognition/awareness of abuse

Prior to engagement with the adva-funded service, service users had been in the abusive relationships for an average of 4 years. High risk service users had reported a shorter abusive relationship than lower risk service users. This is a similar pattern to other services using Insights.

The majority of participants in the service user consultation said that the main reason that they did not do anything about their abusive relationships and related issues prior to engaging with a specialist service was that they did not recognise them as domestic abuse. This meant that individuals experiencing domestic violence or abuse remained in unsafe situations because they did not know how to act or where to go to get support, unless they were ill, injured or under severe threat.

"When you make the first call, it is like all the abuse you have experienced is in compartments, because they happened separately and you blocked them out. When I talked about what had happened to me, how I had lived, I was shocked myself as all those compartments came together to form a very long chain of abuse." DV&AS Service User

Participants in the service user consultation talked about the amount of courage and desperation it took to do something about what was happening to them, because they felt shame or fear. Some participants were referred, others self referred, but all said that they remembered the first time they called the service as being particularly memorable and important in terms of beginning their journey of change and recovery.

"The phone access is so important. It takes time support and a feeling of safety before a woman is able to speak. If you are the first person they feel safe to speak to there is a huge responsibility in that." DV&AS Service User

Children

Nearly two-thirds (69%) of service users had children and there were a total of 1,624 children living in households where abuse was taking place. There was an average of 2 children per service user and three-quarters of children (76%) were of primary school age – 11 or under. Over a third (36%) of children were aged 4 or under. Given that the average length of abuse relationship was 4 years, this indicates that many of these children will have been living with abuse for most or all of their lives. 6% of service users were pregnant and the highest proportions of pregnant service users were those accessing the MARAC IDVA and refuge services.

The proportion of clients with children is reasonably consistent across the services, though a higher proportion of service users accessing the Women's Safety Worker and Outreach services had children. The Male IDVA service had the lowest proportion of service users with children.

CYPS were already involved with the family at the point of engagement in 20% of cases. The MARAC IDVA and Young People services had the highest proportion of service users who were engaged with CYPS at the point of engagement.

Complex families

Adva-funded services are supporting families with complex needs. Service users presented with a range of additional complex needs and vulnerabilities. Mental health issues were reported by 28% of service users, 20% had threatened or attempted suicide and 17% had self-harmed. More than a quarter of service users (26%) had or foresaw financial problems, and 18% required benefits advice. Substance abuse was a problem for number of service users, with 7% reporting drug misuse while just over one in ten (11%) misused alcohol. 5% of services users were recorded as experiencing physical or other disabilities which increased their vulnerability.

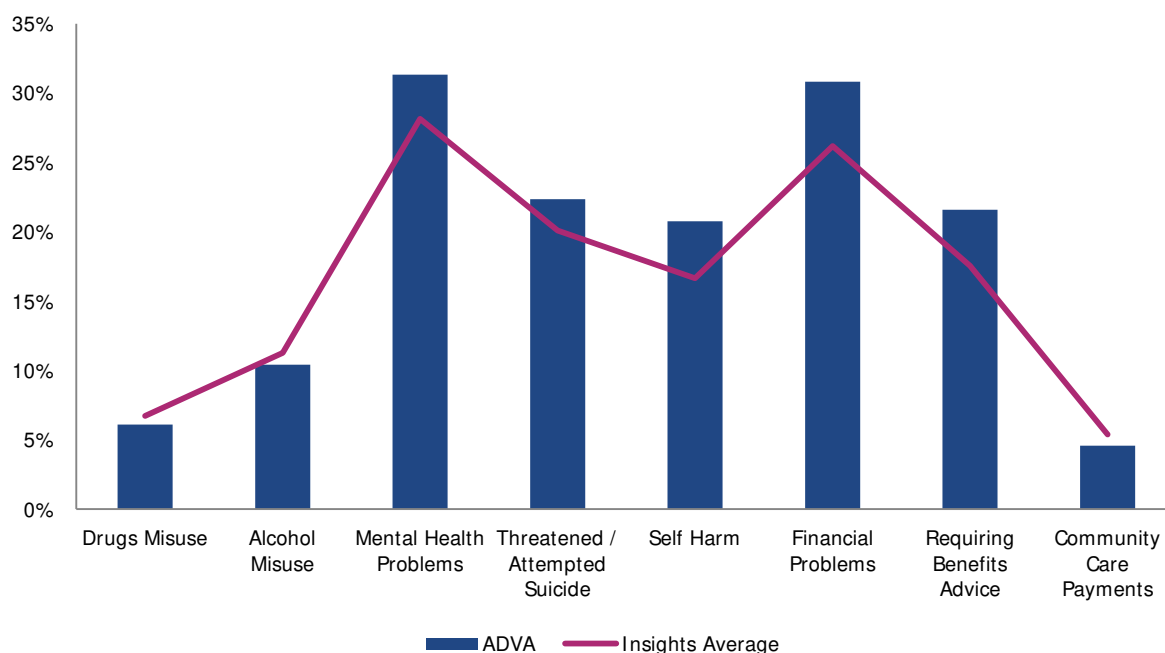


Figure 5 Percentage of service users reported additional needs and vulnerabilities

All of the adva-funded services supported clients with additional vulnerabilities and complex needs, but there were material differences in the vulnerabilities recorded for each service users group.

MARAC IDVA and refuges supported a high risk group, and these service users also had a high proportion of additional vulnerabilities. Service users accessing the SDVC IDVA service were also high risk, but there was a lower prevalence of vulnerability issues for this group. This may suggest that there are additional barriers to accessing the SDVC IDVA service for those with particularly complex needs.

Considerably lower proportions of those accessing the Women’s Safety Worker and Young People’s services reported additional vulnerability issues and this group was also lower risk. Outreach service users, also a low risk group, had the highest reported levels of additional vulnerabilities, and mental health issues were particularly prevalent.

Equality and diversity

The data shows that whilst overall adva-funded services are supporting service users from a diverse range of communities there are significant differences in service user diversity profile between the services.

The vast majority of service users were female: 51 males (4%) accessed the adva-funded services in the year to October 2011. This is a common pattern nationally.

The majority of service users were between 21 and 40 years old. A higher than average proportion of service users were aged over 50 – 12% compared to 8% across other agencies using Insights – which reflects the demographic profile of Devon. The Young People, MARAC IDVA and refuge services supported a higher proportion of younger service users, while Outreach and the Male IDVA services supported older service users.

The proportion of service users from black and minority ethnic backgrounds is, at 6%, in line with BME population of Devon (7%). Refuge and the MARAC IDVA services reached the highest proportion of service users from a BME background. Neither Women’s Safety Worker nor the Young People’s services recorded any clients from a BME background.

A small number of service users (1%) were recorded as lesbian, gay or bisexual which is line with the ONS Household Survey national average figure of 1.4% and the Insights average. No lesbian, gay, or bisexual service users accessed the SDVC IDVA, Woman’s Safety Worker or Young People’s services.

Referrals

The adva-funded services are an established part of a multi-agency response to domestic violence in Devon. The most common primary referral route into the services is the Police, with 39% of services users being referred by the Police. 23% of service users were self referrals. Just over one in ten service users (12%) were referred from other domestic violence or sexual violence services, 7% were referred from Health services and the same proportion were referred by Children and Young People’s services. There were smaller numbers of referrals from the MARAC, Housing and other specialist services.

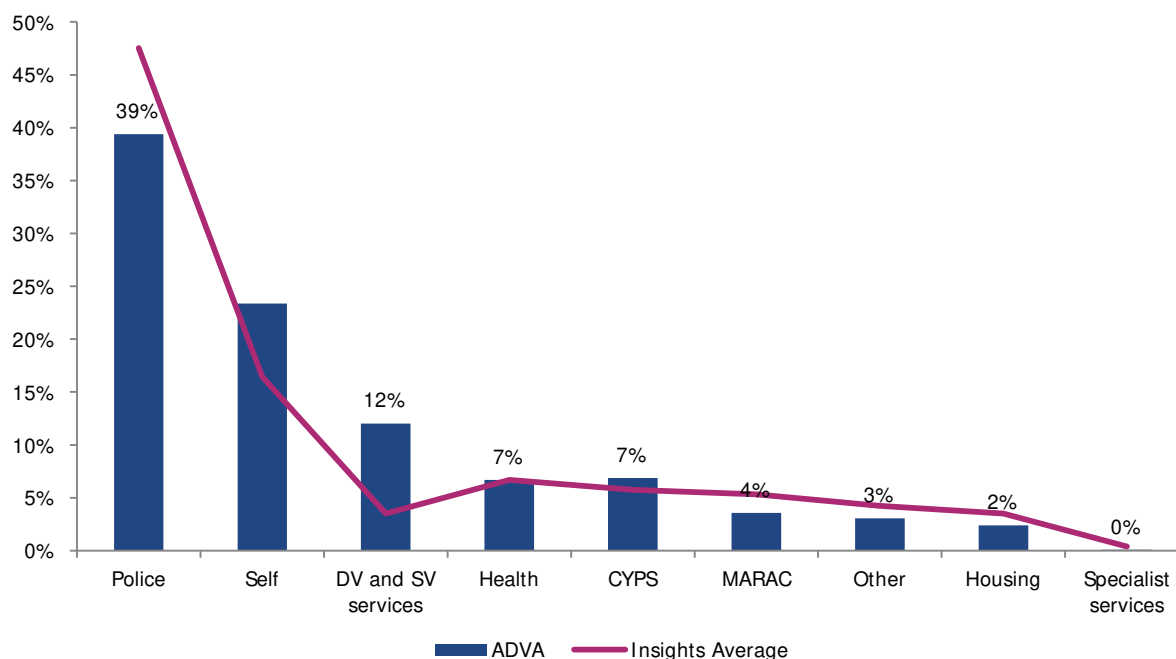


Figure 6 Primary referral routes into the adva-funded services

Reach varies according to the service with the Police, MARAC and self referrals providing the majority of referrals to the services focusing on high risk.

The services focusing on lower risk service users have a much broader reach, with referrals from a range of agencies. This is consistent with the experience of the service users who took part in the consultation some of whom reported that Police were less likely to take action if there had not been physical or sexual abuse, or a civil disturbance. This was a cause of frustration for those suffering abuse deemed to be lower risk.

"I really feel that if your partner has not damaged you physically then you are really not taken seriously, and he knew that, he was clever." DV&AS Service User

Intensive, specialist, independent support

After first response the victim moves into a period of intense activity as a host of responses to the crisis situation are initiated. Service users described this as a time of high anxiety and low personal capacity to deal with practical issues.

The specialist service response is seen as valuable by service users because of its approach which incorporates a positive attitude, validation and naming of experience as abuse, and a clear message that this is the place people can go to get help and receive independent support and information from a named worker who advocates directly for them.

All adva-funded services offer a relatively short and intensive model of support with the range of support offered to service users reflective of their circumstances and abuse profile at the point of engagement. An average of 3.6 interventions were mobilised for each service user and the most accessed intervention was safety planning which was put in place for 90% of service users and illustrates the focus on safety by the adva-funded services. The average case length was 1.8 months and during the period of support 58% of service users had 5 or more contacts with their caseworker.

Service users highly value the specialist approach because:

- Of the approach taken by workers and the ethos of the service itself;
- It is a safe environment that is there for the sole purpose of supporting victims;
- It is not about taking over, nor is it about advice;
- Of the specialist nature of one-to-one support from a named key worker.

Practical support

High risk service users received on average more interventions and a longer period of support. The nature of support offered is in line with the specific focus of the services, with high proportions of MARAC IDVA service users receiving support with MARAC and the Police; SDVC IDVA service users with the criminal court process and the Police; Outreach service users with health and wellbeing; and refuge service users with financial benefits and housing. Service users reported that they found support and guidance with the range of practical tasks they had to undertake particularly important and was highly valued at a time when many felt mentally and emotionally compromised and not always able to complete what might ordinarily have been simple tasks.

"The main thing is they helped me move, sort out my benefits, get the kids into a new school." NDWA Service User

"I also want to say that having financial independence is crucial, and having someone independent who had information or advice on this can make you see how it is possible to survive what has happened." DV&AS Service User

Safety and sanctions

For all service users, safety was of paramount importance. While service users had expectations around support and guidance in terms of legal processes, they did not believe that specialist services held any direct responsibility for this.

"The court process is very intimidating. I am actually in the middle of a complaint about CAFCASS as I feel that the system is unfairly biased in favour of the father who can break court orders where he likes. If I do this there are penalties. I also can't understand the power people have to make decisions – after my experience I believe the system is corrupt and biased, and the people here are the only ones I really trust." DV&AS Service User

However, service users commented that the 'independence' of the services enabled support workers to advocate for victims within legal processes, which was seen as a major positive within overall perceptions of impact. A number of women interviewed had received direct support around criminal and civil proceedings. These women felt that the assistance they had received, in terms of drafting statements, understanding court procedures, and completing legal documents, had helped the process to seem less overwhelming and unmanageable.

It was suggested by a small number of service users that reaching MARAC threshold had helped them in terms of giving them additional status. This meant in practical terms that statutory services and other professionals recognised their situation as being high risk, and the impact of this was that service users experienced greater responsiveness and joint working around their case.

"Being listed on the MARAC really helped in terms of people taking note, what's good is that there is the linkup between all the services, before it was impossible, nobody talked to each other. The only problem is we don't know what a good MARAC is supposed to do, it would be good to know how the MARAC is supposed to help you." DV&AS Service User

Positive impact on safety

Adva funded services are having a positive impact on the safety of those suffering from domestic violence and abuse. At the point of exit from the service, the majority of service users (59%) had experienced a complete cessation of all abuse types. There were also large reductions in the experiences of each abuse type, particularly physical and sexual abuse which both fell by 85%. Reductions in harassment and stalking (54%) and jealous and controlling behaviour (63%) were lower but still considerable. At exit only 4% of service users were experiencing high severity, escalating, compared to 47% at the point of engagement.

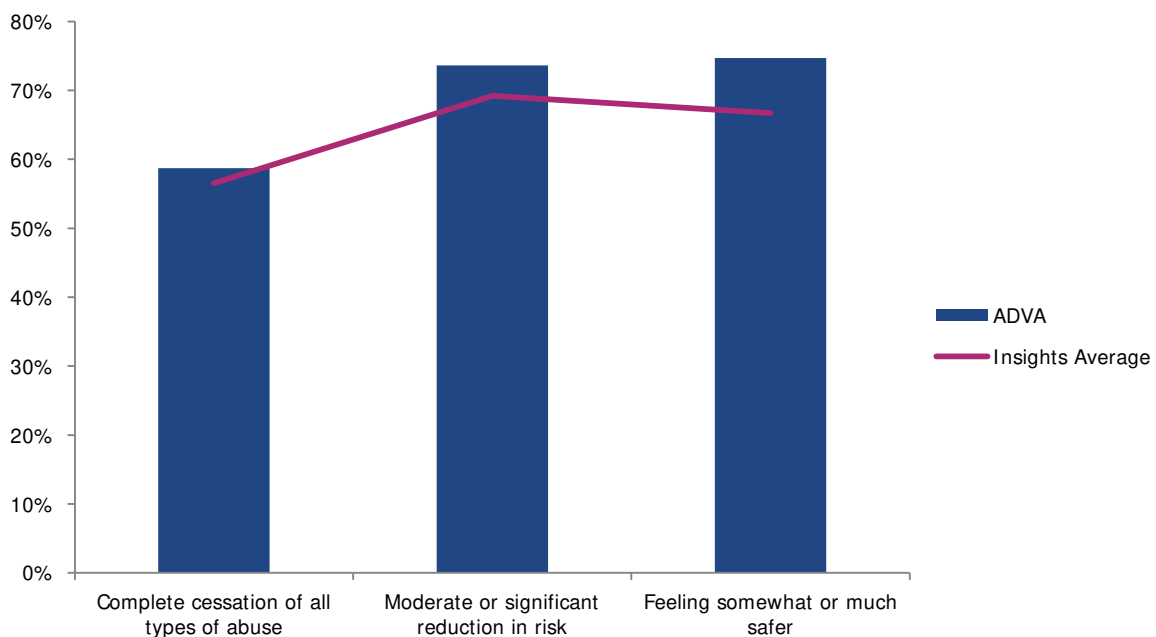


Figure 7 Service users outcomes at Exit

On leaving the service, 75% of services users reported feeling safer and caseworkers perceived a moderate or significant reduction in risk compared to intake for 74%.

Outcomes varied across the different services with the services focusing on high risk reporting the highest rates of reduction of abuse. There was no perceivable pattern to service user reported outcomes, the Male IDVA, MARAC IDVA and Outreach services recorded more positive

service user perceptions of safety and clients of the refuge, SDVC IDVA and Young People's service recorded less positive perceptions of safety.

9.2 Strengths

The data shows that adva-funded specialist services are providing a targeted response to victims of domestic abuse. Service users are referred from a wide range of agencies, are able to self refer and are appropriately signposted according to risk.

The data suggests that the adva-funded services are accessible to those from minority groups. Adva-funded services are supporting families with a wide range of complex needs and vulnerabilities additional to the domestic violence and abuse experienced.

Adva-funded services are following nationally accepted models of good practice and are offering risk-led, intensive, one-to-one, independent specialist support reflecting their needs and circumstances at the point of engagement. Support focuses primarily on safety planning, health and wellbeing and support with the criminal justice system. The vast majority of service users received multiple interventions with an average of 4 interventions and more than half of service users receive five or more contacts. The CAADA Safety in Numbers evaluation shows that the safety improves with more intensive support.

Practitioners and service users both report a positive impact on safety. After receiving support, the majority of service users had experienced a complete cessation of abuse, felt safer and there had been a reduction in their risk.

9.3 Development points

Adva-funded specialist services are in contact with approximately 2,800 of domestic violence victims each year, which means that 87% of the people estimated by the British Crime Survey to have experienced abuse in Devon are not being supported by adva-funded services. Not all of these people will be experiencing abuse of a level of severity requiring intensive support from a specialist; however it does suggest that specialist services are under resourced.

At an overall level services are reaching a diverse group with multiple complex needs. At a service level there are marked differences in the profile of the service users, the SDVC IDVA, Women's Safety Worker and Young People's services in particular support a less diverse group and adva should consider investigating if there are barriers to accessing these services for vulnerable groups.

At a local level there are differences in the way services are provided. Whilst we did not identify any material weaknesses there is clearly an opportunity to improve current provision through more formal sharing of best practice and standardising of policy. CAADA have regularly reported Insights data to DV&AS, NDWA and SAFE throughout the evaluation process, and this information is now being used to share best practice and improve service delivery across all areas of provision.

Chapter 10 Promote the health and wellbeing of all those affected by domestic abuse

This chapter analyses the extent to which adva-funded services are meeting the stated objective of promoting the health and wellbeing of those affected by domestic abuse. The analysis is based on data collected by caseworkers using the CAADA Insights Outcome Measurement Tool, and relates to 1,181 service users engaging with the services in the 12 months to October 2011. Outcomes and outputs are analysed using the data relating to 724 service users exiting the adva-funded services during the same time period. Qualitative findings are from semi-structured interviews with 46 service users.

10.1 Key Findings

Wide range of health and wellbeing issues

Service users accessing the adva-funded services had a diverse range of health-related issues, some as a result of the abuse. More than half (56%) of service users were experiencing physical abuse and one in five (20%) were experiencing sexual abuse prior to intake. Nearly a third (31%) of service users reported having mental health issues, 6% misused drugs and 10% misused alcohol. Around one in five (22%) had threatened or attempted suicide and 21% had self harmed. More than 1,600 children (530 of whom were aged less than 4 years old) were harmed by living with domestic violence and abuse.

"I think because it has been going on for so long my health has suffered, I actually don't know how I live or have lived with such continual stress" DV&AS Service User

"I was suicidal, I had no other forms of support, no family, and this was honestly a life saver for me." NDWA Service User

Capacity for action limited by health and wellbeing issues

For many of the service users interviewed, the point at which they accessed the adva-funded service was the point at which they had least personal capacity to deal with the situation they faced. They described feeling "scrambled", "incoherent" and often "terrified" and "exhausted" at a time when they had to find the strength to respond to and deal with their situation.

"This is not a prevention service. This is a service for the most vulnerable people at the most vulnerable - and sometimes entrenched - time of their life." Mid/East Devon Stakeholder

Awareness of health professionals

Mental health issues often acted as a barrier to service users being offered help and support to tackle the abuse. A number of service users expressed difficulties they had faced getting recognition from health professionals that such problems were as a result of the abuse. Some found that GPs focused on managing the issues, such as anxiety and depression, without addressing the abuse.

"I finally got the courage to go to the GP; he was supportive but he did not have a clue what to do. He referred me to a course for being depressive and anxious." DV&AS Service User

Just 7% of referrals into the adva-funded services were from health agencies and high risks services received almost no health referrals. Many service users were not receiving any other professional support to help address health and well being issues at the point of engagement with the service.

Service users taking part in the consultation reported that they were aware of the importance of their mental health status in their recovery, but many had issues maintaining emotional and

mental balance, especially when facing continuing challenges such as ongoing civil orders against perpetrators. Service users recognised that specialist domestic abuse services were not the right people to provide specialist support around mental health but valued the support they did receive.

Support with health and wellbeing

Adva-funded services are providing support with the health and wellbeing of those affected by domestic violence and abuse. After safety planning, support with health and wellbeing was the most accessed intervention by service users, with 69% of service users receiving health and wellbeing support.

Of those, 80% were supported with improved access to health services and a smaller number were supported with improved engagement with specialist health services: mental health (9%), other health services (8%), drug services (1%) and alcohol services (3%).

More than half of the service users who accessed health and wellbeing interventions were supported with improved coping strategies (56%) and a third (33%) with positive changes in their support networks.

All the service users interviewed stated that the emotional support offered from the service was the most significant intervention they received as it formed the bedrock for all the other benefits of the service. They reported that it increased their sense of self, improved their coping strategies and reduced their feelings of self blame. It also increased their ability to engage with the Criminal and Civil Justice system. This listening work was successful because it was seen as consistent, accessible and non-judgemental.

"The thing that was helpful to me was that I knew they were really there for me, and they know what needs to be done. They also help with the things you can't do, or when you just don't know what to say. They have also helped me with legal advice, and just getting clear about my rights generally." DV&AS Service User

Pattern Changing courses were particularly valued by service users who felt that feeling stronger and more able after the course led to changes in their health and wellbeing. Almost all service users reported feeling empowered in some way by their contact with the service. For the majority of these, the service helped to them to understand the patterns of abuse and make sense of the relationships they had endured and this theme was strongest among service users who had attended the Pattern Changing course.

The course was valued because it raises awareness of abuse, offers real tools for change that work and it empowers victims to change themselves and their circumstances. All but two of the service users interviewed stated that they had been in previous abusive relationships. Several said that the most significant impact of the Pattern Changing course was that it taught attendees to recognise abuse, meaning that they no longer feared being trapped in another abusive relationship in the future.

"Being acknowledged in this way has taught me to trust my own instinct. I actually can understand what has happened to me, I understand the patterns; I can stop what is happening to me and stand up to him [husband]." DV&AS Service User

"They can't cut Pattern Changing - it changed my life, it literally changed my life." NDWA Service User

"I can see the warning signs immediately now, I am aware of abuse. The Pattern Changing course did that for me. I feel like it is actually up to me now, I can choose what I want, it has met my needs 100%" NDWA Service User

Stakeholders also recognised the importance of the pattern changing course.

"In particular, the Pattern Changing group has fulfilled an important function for the prevention of further abusive relationship involvement and coming to terms with current

domestic violence. I hope to see this develop further as well as more individual working.”
North Devon Stakeholder

Only 16% of service users, however, accessed the Pattern Changing course and a number expressed the need for ongoing support to aid recovery.

Positive impact on health and wellbeing outcomes for victims of domestic abuse

Adva funded services have a very positive impact on the health and well being of the victims of domestic violence and abuse that they support. On leaving the service, 72% of service users reported an improvement in their quality of life and 82% were confident to access support in the future. These are also positive indicators to future wellbeing, in particular and increased confidence in accessing support reduces the risk of revictimisation.

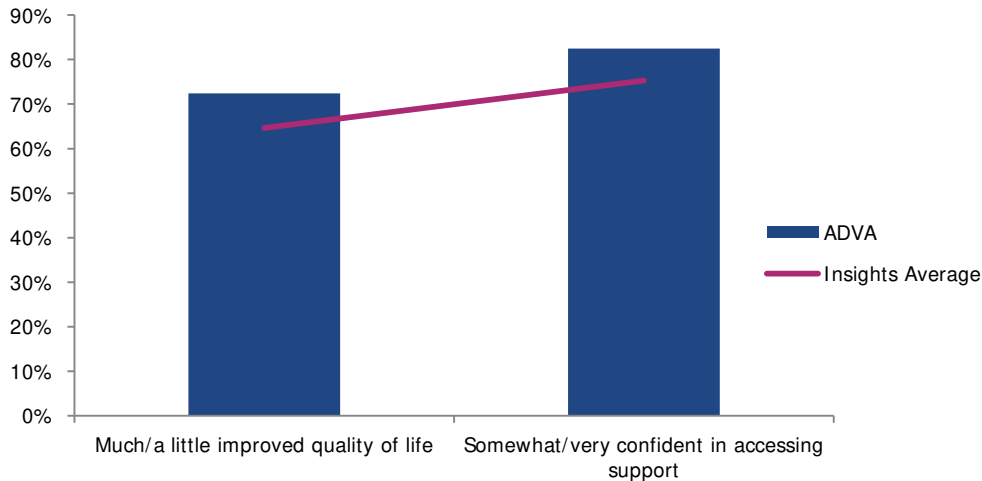


Figure 8 Service user wellbeing outcomes

Service user interviews also highlighted how specialist support from adva-funded services helped develop greater resilience to a number of health and wellbeing indicators, including anxiety and depression.

"My involvement [with the service] gave me a plan; it made me take responsibility for myself. I was able to see that my drivers were all wrong – you have to take care of yourself first – and now I have changed, I am more resilient because I have told my story and started to heal, I understand about abuse and I know this situation would never happen again" DV&AS Service User

The vast majority (99%) of stakeholders felt that should local services cease to provide support, this would have a negative impact on the safety of victims of domestic abuse in Devon. The indication is that specialist service provision is currently contributing positively to maximising safety and reducing risk, with life saving outcomes.

"It saves lives, and therefore people will die if SAFE stops providing the services it delivers." Mid/East Devon Stakeholder

Capacity for Recovery

The theme of capacity arose in relation to sustaining change and recovery. Service users focused on what had grown or been strengthened within them personally that enabled them to cope with what had happened to them, change patterns of abuse and develop greater resilience against associated symptoms, such as anxiety, depression and other health and wellbeing indicators, as well as financial and social resilience to 'live a normal life'.

There was value placed in being part of a group in engaging with the full range of interventions and support available at each stage of the journey. The idea that this had been a journey, a shared relationship between the service and service user was one that was commonly expressed.

"I am proud of the group, how we've all become survivors; without Women's Aid some of us would be dead, really." SAFE Service User

A common theme in terms of recovery was around restoration of mental health and wellbeing. Participants, who saw themselves as being in the recovery phase of their process, were aware of the importance of mental health status in underpinning ongoing recovery. A number of service users expressed interest in taking up one to one counselling to continue with their recovery process but said there was a cost attached or a waiting list. Just one in ten (10%) service users had accessed counselling at the point of case closure. Other participants said how useful it would be to have a self help group that could continue beyond what the service itself offered to support ongoing recovery.

Service users taking part in the consultation reported that they have a strong sense that they are getting the right support, in the right place, at the right time, from the right people. As a result they feel stronger, more resilient and better able to move toward recovery.

"They have helped me become stronger, more assertive; I have got more confidence in dealing with what to accept. I feel empowered to deal with these things in my life because I can come to a place where I can talk about all this and still feel normal."
NDWA Service User

10.2 Strengths

Adva-funded services are supporting service users with a wide range of health needs. Health and wellbeing support is provided in the majority of cases with specialist services providing support with accessing health services in the majority of cases. The emotional support provided by adva-funded services is valued by service users and seen as underpinning the success of the practical support also offered. The Pattern Changing course was emphasised by both service users and stakeholders as being particularly valuable.

Support from adva-funded services has a positive impact on the health and wellbeing of the service users and on their ability to successfully engage with other agencies to provide support with additional vulnerability issues.

10.3 Development points

Service data shows that 1 in 3 clients have mental health issues. Service users themselves reported that whilst they valued the emotional support provided by adva-funded specialist services they required professional advice to help with their own mental health issues and those of their children.

Service users and multi-agency stakeholders both placed special emphasis on the value of the pattern changing course as an effective means of changing risky behaviours and therefore reducing the risk of re-victimisation. Capacity for specialist services to offer the pattern changing course was affected by cuts during the year. Alternative short term funding was secured from other sources, but only 16% of service users attended a pattern changing course.

Service users also reported the value of sporadic ongoing contact with the services to help with dealing with other agencies such as statutory Children's Services or the court process though were unsure of their 'right' to this service. There is no agreed post-crisis model of support in place and services are not resourced to support clients after the case is 'closed'.

Chapter 11 Empower children and young people to tackle domestic violence

This chapter analyses the extent to which adva-funded services are meeting the stated objective of empowering children and young people to tackle domestic violence. The majority of the analysis is based on data collected by Children and Young People's caseworkers at the adva-funded services. Data was collected using the CAADA Insights outcome measurement tool for children and young people, and relates to 105 children and young people of engaging with the adva-funded Children and Young People's services in the 12 months to October 2011. The majority of these are children of service users previously or currently engaged with the adva-funded specialist services. Qualitative findings are from semi-structured interviews with 7 children and young people service users.

11.1 Key Findings

Children and Young People's services under resourced

Services offered support to a relatively small proportion of the 1,624 children of service users passing through their agencies each year². This is not surprising given the large number of children and the limited resources of child focused services. Two-thirds of service users accessing the adva-funded services had children and around a third of these children were under 4 years old. As the average length of abuse prior to engagement was 4 years, these children will have been living with abuse for most of their life.

Broad profile

In line with Devon's ethnic profile, 91% of the 105 children and young people accessing support were white British or Irish. Interventions were delivered to children as young as 9 months up to young people aged 19 years. The largest proportion of children accessing services were of primary school age (4 – 11 years) and the average age was 10 years. 54% of the children and young people supported were male.

Supporting a high risk group of children and young people

The children and young people receiving support were a high risk group, signalled by their dual experiences of exposure to domestic abuse and direct victimisation, as well as exposure to multiple sources of adversity, in addition to the domestic abuse.

In all but one of the cases where exposure to abuse was recorded, the victim had been the child's mother and 25% of children had also been exposed to the abuse of a sibling.³ In 75% of cases, the perpetrator of abuse was recorded as being the child's father, and in 29% their mothers' male partner. In just under half of these cases (45%), practitioners recorded that children had been exposed to severe levels of abuse, and whilst exposure to abuse had ceased in 61% of cases, in a third, the exposure to abuse was ongoing.

In 1 in 4 cases, the victimised parent was not receiving any services at the time the child or young person was receiving support. In a similar proportion of cases, the abusing party was noted to be engaging with services to address their behaviour, which in most cases was the adva-funded REPAIR programme (18%). Most were not in receipt of any services (62%).

² The total number of children of service users accessing the adva-funded services is collected as part of the CAADA Insights outcome measurement tool for Adults. 773 of the 1,181 (65%) adult service users had children.

³ Values add up to more than 100% indicating that in some instances there was more than one victim of abuse.

Table 44 Children and Young People's exposure to abuse

Exposure to abuse	
CYP at home when abuse took place	96%
CYP tried to intervene to stop abuse	50%
Contact visits used as an opportunity for ongoing abuse	42%
CYP injured as a result of the abuse	18%
CYP called emergency services	13%
CYP drawn into the abuse of a parent by the perpetrator	12%
CYP expressed fear about a parent being harmed	84%
CYP expressed fear that they would be harmed	51%
Non-abusing parent fearful of the CYP being harmed	61%
CYP expressed that they felt to blame for causing abuse or responsible for stopping it	50%

Nearly two-thirds (62%) children and young people had been directly victimised and 100% of those had been subject to emotional abuse, 63% to physical abuse, 26% had experienced some degree of neglect and 5% sexual abuse. There was a risk of forced marriage and FGM for one child.

More than a third (38%) of children and young people were demonstrating abusive behaviour. In the majority (70%) of cases, this behaviour was directed towards their mother and nearly half (43%) of the children and young people were abusive toward siblings. Children interviewed as part of this review cited anger and aggression as common consequences of living in households marked by domestic abuse.

Table 45 Children and young people exposed to additional risks

Risk	
One or both parents lack insight about risk to children	58%
Parent has perpetrated or been victimised in a previous relationship	51%
One or both parents unwilling to engage with support to address risks to self or children	47%
Parental antisocial or criminal behaviour	37%
Parental substance misuse	34%
Conflict over contact	34%
Other risk (e.g. bereavement, job loss)	34%
Parental mental health difficulties	32%
Family is socially isolated	25%

The majority of children and young people accessing the service were exposed to other risks in addition to the domestic abuse. More than half (55%) were exposed to 4 or more additional risks.

Caseworkers expressed significant concerns about the physical and/or psychological safety either at home or outside the home of 46% of children and young people. The children also had clear concerns about their own safety and that of their parents – 27% of the children who provided direct reports⁴ responded that they were afraid of getting hurt when adults they live with argue.

"Every time I felt scared I wanted to go into my room and curl up into a ball and start screaming... I don't feel safe at school 'cos my dad says he's going to come and take me away. I just try and stay with friends, near teachers and near buildings where teachers are."

⁴ These figures are derived from data collected using the About You and Your Life form.

There were clear gaps in children's knowledge of safety planning at the point of engagement with the service – caseworkers reported that only 1 in 3 children (37%) would know how to keep themselves safe in the event of further abuse or how to get help, and half of the children reported that they did not know, or were unsure of, how to get help if they or someone they cared about felt afraid. A third were unsure of how to keep themselves safe in the event of subsequent abuse.

Caseworkers were asked to record their concern with respect to various domains of health and wellbeing known to be affected by domestic abuse. Three-quarters (72%) of children were presenting with moderate or severe problems in at least 1 domain of functioning, indicating that their lives had been seriously disrupted by domestic abuse. In a quarter of cases, caseworkers noted only minor problems or no concerns across the domains surveyed, suggesting that some of the children demonstrate a degree of resilience. Some children evidenced difficulties across all domains of functioning, although practitioners noted that the child or young person's emotional adjustment to be most significantly affected.

"[I felt] angry, I didn't like the place [moved to]. People didn't like me [they] called me names... [I felt] upset."

"[The DV affected] mum the most, that then affected us quite a lot... she was scared, worried, annoyed [we knew this by] the way she was and talked."

Few concerns were raised with respect to the child or young person's physical health; it is not clear whether this represents an absence of problems or difficulties in identifying this type of issue (e.g. lack of knowledge, lack of screening tools).

Early intervention

Despite their high level of need, the children and young people supported were engaged with few or no other services at the point of referral and might otherwise have received little or no specialist intervention. Child and Adolescent Mental Health Services (CAMHS) were involved in very few cases, education welfare involved with 1 in 6 cases and there were very low levels of existing involvement from any of Devon's multi-agency teams. There was, however, some level of agreement between the proportion of children facing significant risk in terms of their physical or psychological safety (46%) and the proportion of children known to statutory Children's Services prior to their engagement with the adva-funded specialist services (52%).

This type of descriptive information is crucial in determining whether agencies are working with the intended service user group and for identifying the needs of those accessing the services, around which intervention should be shaped. This in turn provides the basis for the effective planning of services at a strategic and practical level.

Support with safety planning, advocacy and health and wellbeing

The services offered support exclusively on a one-to-one basis and tended to be fairly informal, unstructured and child directed. In approximately half of cases, caseworkers worked with both the child and the non-abusing parent

"Mum said about it, she said we will talk about dad and help sort it out. [It felt] a bit weird."

"We'd do stuff and while we were doing it we'd chat about stuff"

In the other half of cases, caseworkers worked with the child only.

"When his dad stopped seeing him, that really riled him up. I don't know what they talked about but that really seemed to help him. She was doing something with anger management." Parent

In line with children's presenting problems identified in the previous section, practitioners undertook safety planning with the majority of children, worked on children's understanding of

the abuse to which they had been exposed and/or experienced and worked to relieve children of any sense of responsibility or blame for causing or stopping the abuse. Practitioners also worked with both parents and children around children's ability to manage their emotions and resolve conflicts in a constructive, non-aggressive way.

"Normally people are just winding me up and I get my anger. [Now I] walk away, count to 10. [Caseworker] helped me with my anger."

In addition to the delivery of direct support, caseworkers engaged in child-focused advocacy. This advocacy was mainly around educational needs, which may reflect the fact that some families relocate, and that children were experiencing difficulties at school (e.g. bullying). Advocacy included liaising with school or nursery, arranging access to or a change of school or nursery and arranging access to education welfare services, and for young people, further education and employment.

"I've got two people who are helping me. [Caseworker] and [caseworker] who's helping me at school. She's got a little group, she does work and teamwork. It's made my behaviour better. Both [caseworker and school group] have made a difference."

Support to improve wellbeing indicators was also given to expand social networks and address caring duties, as well as helping parents to access parenting programmes and more general support (e.g. home start). Support around contact was solely focused on addressing the safety of contact arrangements. Support with social and leisure activities entailed helping children to access various clubs and activities (e.g. cubs/beavers), arranging play sessions in refuge as well as outings. Support around children's services included making an initial referral as well as engaging in core assessment and child protection meetings.

There was a low level of engagement with health services despite some of the children and young people presenting with severe adjustment difficulties that may warrant the intervention of CAMHS.

Positive outcomes for children and young people

All of the children interviewed were extremely clear that the support that they had received had helped them.

"It has been helpful; I don't know how to put it into words... It has helped me to know what has happened, what's gone on and how I've gotten through it."

In addition to their overall appraisal of a service, the children were able to articulate specific benefits and several key themes emerged from children's comments:

Feeling supported

"To have a person there if they are in trouble to talk to. Equal to all people. Everyone should get the same level of support. They still have problems and could talk to someone about it."

Understanding

"She's helped me a lot and my head's getting clearer by the minute."

Improvement emotional wellbeing and behaviour

"Stress has gone right down, I hardly get stressed now."

Improved relationship with mum

"It's a lot easier to talk to mum about stuff"

Practitioners judged that the risk to children's physical and physiological safety was reduced over the course of support, and in half of the cases, mothers were engaged with services to address

their own safety, which is likely to have had a considerable impact on children’s safety. There were also improvements in children’s safety knowledge.

Table 46 Practitioners ratings of safety before and after support

	Intake	Exit
Not safe from physical harm	39%	12%
Not safe from psychological harm	36%	15%
Not safe outside of the home	31%	12%
At risk of any additional factors	54%	19%
Know how to get help in event of further abuse	27%	73%
Know how to keep themselves safe	23%	73%

Reflecting children’s perceptions of impact, practitioners also perceived there to be significant reductions in emotional and behavioural problems, as well as improvements in children’s social relationships and school functioning, although in some cases caseworkers recorded some continuing concerns.

There were significant improvements in the child or young person’s safety knowledge following intervention and there was evidence of positive changes in children’s safety and wellbeing following the period of intervention as indicated by:

- Reductions in the proportion of children perceived to be at risk of physical or psychological harm, and;
- Reductions in the incidence of emotional and behavioural problems, and enhanced social and school adjustment.

Children and young people perceived support as an important factor in facilitating positive changes in their lives although some continued to evidence significant difficulties even after intervention, suggesting the need for more targeted intervention for these children.

Part of a wider response

Children cited other factors that along with support from specialist services had had a significant impact on their safety and the way they were feeling. Children’s comments focussed on:

Changes in their abusive parent’s behaviour

"My dad’s changed a lot so I’ve changed a lot. There’s a big difference [between then and now]. [For example] If I am naughty, he will put us on the stairs. He would have shouted and smacked us... I would want to go somewhere else... I just calm down now"

Support from family and peers

"I do have one friend going through the same thing... we’ve been giving each other support...Friends and cousins try to get me out of the house... Cousin is giving support and taking my mind of it"

Cessation of bullying at school

"My safety is alright now 'cos when I was at my old school I was being bullied."

Relocation

"Then I moved here so... I was excited... because I get to meet new people and get more friends."

Continuing challenges

Whilst the children and young people supported were positive about the changes in their lives some also cited ongoing difficulties. One young person articulated that she was still experiencing some emotional difficulties and that her sense of safety had been diminished by her father’s release from prison, which in turn had led to the disruption of relocation. Some children and

young people continued to evidence significant difficulties even after intervention, suggesting the need for more targeted intervention for these children.

11.2 Strengths

The majority of the service users who participated in the semi-structured interviews had children and many of them said that while they themselves had been well supported, sometimes it felt to them like there should be more help available to children. Where women had access to Children and Young People Workers they felt that the experience was healthy and empowering, and they valued this element of support. But it was not far reaching enough, and it was difficult to identify appropriate sources of support for individual children across the age ranges.

There was no current Children & Young Peoples Services involvement with the family at the point of engagement for 75% of service users with children, demonstrating how the adva-funded services form part of the early intervention approach for children and young people.

11.3 Development points

Agreed set of outcome indicators

There is not an agreed set of child focused outcomes and the number of Children and Young People's workers was reduced from 7 to 4 during the year highlighting the risk that children and young people are not seen as a priority. Whilst these results appear promising it is difficult to gauge services' success; first, because of the limited quality and quantity of data and second, because of the absence of an agreed set of outcome indicators against which to compare performance. The information presented throughout this report goes some way to addressing this gap and offers a springboard from which to begin to develop a set of outcome measures.

Defined target group

In conducting this review it was apparent that the target group defined by adva is extremely broad, encompassing any child or young person experiencing or exposed to domestic abuse.

In contrast, commissioning guidance suggests that specialist domestic violence services should be targeting children experiencing significant difficulties in the wake of abuse, and that children with lower levels of current need should be supported by other community agencies.

Once the target group is defined, it is imperative that services develop and implement adequate assessment procedures and care pathways to ensure that children and young people meeting criteria for intervention are identified and that those who do not meet these criteria (due to higher or lower levels of need) receive appropriate and timely onward referral.

Risk and needs assessment

An effective assessment procedure is key to identifying service users eligible for support and determining the type and intensity of intervention required by a child or young person. There is a pressing need for services to develop tools and procedures to ensure that the right thing happens at the right time for the young people accessing the adva-funded services.

Broadening the types of interventions offered

Adult service users reported how difficult it is for them to cope with the behavioural issues arising from abuse (often including violent behaviour) and even some of those children being supported by Children and Young People's workers were still exhibiting problems with behaviour at case closure. Service users valued the advice on how to keep their children safe they felt that the lack of support for the children and how to address the behavioural issues is a real gap.

The delivery of one to one support is one way of working with children and young people, and services may want to question whether reliance on this mode of delivery is based on the needs of their service user group, or whether this approach represents the most convenient or

preferred way of working for services and/or caseworkers. Group programmes may be appropriate for some children and young people and may extend the capacity of services; with one to one support reserved for children with the highest level of needs. The development of an assessment tool would enable caseworkers to determine which intervention would be most appropriate in each individual case.

Co-ordination with other agencies

Given the range of issues and adversities with which children and young people present, priority should be given to reviewing the links with appropriate agencies and identify why there is a low level of engagement in some areas. Particular consideration should be given to reviewing the links with CAMHS and statutory Children's Services to identify any barriers to multiagency working.

Chapter 12 Delivering 'best value'

This chapter brings together the views of service users and stakeholders about the specialist services provided by adva funded services, it comments on what they found valuable and where they found there to be gaps or areas of frustration. It also includes a cost benefit analysis to give an indication of the financial value of adva funded services to sit alongside the impact on outcomes.

12.1 Key Findings

Positive service user perceptions of value

Service users interviewed as part of the consultation valued the independent, specialist advice they received from adva-funded services, many were in contact with other agencies and felt that the interventions offered by specialist services not available elsewhere. The support they received from adva-funded services helped them to engage with other statutory and voluntary sector agencies with whom they were in contact and to empower them to break the cycle of abuse.

Domestic abuse is a pattern of behaviour which is designed to control an intimate partner or family member. Each situation is unique and each abusive relationship is made up of its own particular combination of abusive behaviours. Victims of domestic violence and abuse often experience abuse for an extended period of time before finding effective help – in Devon the average length of abusive relationship is four years. For this reason the nature of the first response from practitioners is very important to service users as it could shorten the length of the abusive relationship. The participants in the consultation stressed how much they valued being proactively contacted and being able to talk to someone who acknowledged the abuse, as part of the first contact with specialist adva-funded service. Many service users said that this helped them to build the momentum to move forward to the next step of receiving support.

"The phone access is so important. It takes time, support and a feeling of safety before a woman is able to speak. If you are the first person they feel safe to speak to there is a huge responsibility in that" DV&AS Service User

"When you first make the call, it is like all the abuse you have experienced is in compartments, because they happened separately and you blocked them out. When I talked about what had happened to me, how I had lived, I was shocked myself as all those compartments came together to form a very long chain of abuse." DV&AS Service User

Service users fed back that the emotional support and the promotion of mental health by adva-funded services was the most significant intervention they received. They described it as forming the foundation for being able to benefit from the practical support and support from other agencies. Many victims of domestic violence and abuse find simply having the opportunity to talk to a non-judgemental listener who acknowledges the abuse tremendously helpful. Practitioners also help clients work through the dynamics of domestic abuse and understand the imbalance in power and control, this is crucial as many clients either do not recognise that they are experiencing abuse or require support to understand that the abuse is not their fault. Finally practitioners support clients through the process of empowering themselves to take action to break the cycle of abuse and take steps to keep themselves safe.

"Seeing patterns of abuse, it was almost like being struck by lightning" SAFE Service User

"When I saw the wheel [of abuse] that was the point when I thought – it really is worse than I thought" SAFE Service User

Service users also valued the practical help provided by adva-funded services and they commonly felt that they would have had no other support if they were not engaged with the specialist services.

"It wasn't until I met [outreach worker] that I felt that my life was believed by anyone."
SAFE Service User

"The police response has been really frustrating, they don't do anything they just log incidents. I learned that I had to make sure that every incident was logged and I got a number so I could keep track of things. It's hard though because I lose energy to keep doing this and they still don't seem to see the incidents as related." DV&AS Service user

Service users stressed the importance of being helped by the adva-funded services to benefit from the wider support available, such as accessing legal support, guidance on the civil and criminal justice process, support with the MARAC process and receiving financial advice.

"I thought it was important that they helped me talk to all the people. There were so many professionals I had to speak to – I could not have done that, I don't have much faith in services. I avoid my GP completely; he is useless with this stuff." NDWA Service User

"..having financial independence is crucial, and having someone independent who had information or advice on this can make you see how it is possible to survive what has happened" DV&AS Service User

Service users expressed that without the emotional and practical support from adva funded services they would not have been empowered to break free from abuse.

"I had the tools I needed to make changes" NDWA Service User

"It affects you right across the board, your attitude, awareness of what is going on. It is kind of like you have no trust and you needed ongoing support to rebuild that. I can see the warning signs immediately now, I am aware of abuse; the Pattern Changing course did that for me. I feel like it is actually up to me now, I can choose what I want, it has met my needs 100%." NDWA Service User

Gaps highlighted by service users focused on mental health, support with children and ongoing support after the crisis period was over.

A common theme amongst service users was the importance of mental health in sustaining their recovery from the abuse. Many expressed the challenge they had maintaining the emotional and mental balance during and when recovering the balance. Despite the sometimes extreme nature of the mental health issues discussed – including thoughts of suicide and self harm – relatively few had received specialist help beyond the emotional support provided by adva-funded services.

"I was suicidal, I had no other forms of support, no family, and this was honestly a life saver for me." NDWA Service User

The majority of women we spoke to in the interview process had children and many of them said that while they themselves had been well supported, sometimes it felt to them like there should be more help available to children.

"There should be more help for children that is appropriate to them, because they also deal with so much" Service User

Service users were keen to stress the value of longer term support networks like the support groups, but some mentioned that a more structured programme would be useful. Many also said that they had not fully understood that follow-on services were available, and hadn't wanted to come back to the service on "wobbly days" in case they "got in the way".

Positive stakeholder perceptions of value

Responses to the stakeholder survey came predominantly from health agencies, local authorities, voluntary sector workers or services working with children. Fewer responses were received from housing, drugs and alcohol workers and criminal justice agencies. The data was presented at an adva partnership meeting in December 2011 and feedback sessions held. There was good representation across agencies at this meeting.

Respondents to the stakeholder survey valued the strategic and operational contribution made by the adva-funded services as well as the wider partnership to the response to domestic violence and abuse in Devon. Respondents felt that the adva partnership has a positive impact on the safety of people experiencing domestic violence and abuse in Devon. Benefit was felt directly for example through better understanding of the issues of domestic abuse and more joined up working and indirectly, for example through increased awareness of the issue. Stakeholders echoed service users in their view that the specialist and independent nature of adva funded services was not replicated elsewhere in the multi-agency response. The survey also highlighted a number of operational concerns felt by stakeholders which was supported by the stakeholder meeting held in December 2011. These centred on information sharing and care pathways.

Respondents felt that the adva partnership had a positive impact on local strategic objectives. 100% of respondents felt that the adva partnership had a positive impact on the safety of victims, increasing awareness of domestic abuse amongst the public and professionals and on encouraging joined up working. Almost as many felt that the adva partnership had a positive impact on a consistent response on local agencies (95%) and on a sustainable local funding (82%). Fewer respondents felt that the adva partnership had a *very* positive impact on sustainable local funding than on any other local strategic objective, perhaps reflecting the level of uncertainty around funding during the period of the review.

The survey responses suggest that adva funded services are embedded in the local response to domestic abuse with the majority of respondents aware of the services provided and the differences in focus of each service. The services with a more tightly defined referral route or focused service users group - SDVC IDVA, Male IDVA, Women's Safety Worker and Children and Young People's services were the least well known and stakeholders had least clarity about the role of these services. Stakeholders were unclear about how well adva-funded services support minority or particularly vulnerable groups with the majority responding with 'don't know' to this question.

Stakeholders reported that adva-funded services have a positive impact on the multi-agency response at a strategic and operational level. Over 80% reported a better understanding of domestic abuse, improved joined up working and providing an information resource. Over half (52%) reported that adva-funded services have positive impact on assistance with complex cases and 10% reported a positive impact on cost and time as a result of working with adva funded agencies. Additional comments focused on the independent, specialist nature of the adva-funded services which is not available elsewhere in the multi agency response.

"The specialist service that is provided is not possible within other community resources or statutory agencies" North Devon Stakeholder

"There needs to be one to one help/advice and support from professionals who have specialist knowledge of abuse and are independent from health/social care and police. Then clients may well access help and support where they might not otherwise." South Devon Stakeholder

Nearly all respondents recorded a positive impact on the safety of victims, increasing awareness of the public and professionals and encouraging joined up working. No stakeholders reported a negative impact as a result of working with adva-funded agencies though a small number of

operational difficulties were highlighted around information sharing and making referrals. This was also a theme in the comments received on gaps and problems.

"As with many of our services there are often changes to service delivery, service names etc. Being clear about specific care pathways for all allied agencies is challenging." South Devon Stakeholder

"Improved information sharing systems with other agencies to enable us to discuss joint cases" South Devon Stakeholder

There was strong commitment to continuation of services with an almost 100% agreement that stopping the provision of services would have a negative impact on the safety of victims. Stakeholders anticipated a slightly stronger negative impact of ceasing to provide services for Outreach, Children and Young People's services and Helpline.

"Pattern changing needs to be available for all victims if required and they should not be put on a waiting list - this is such a beneficial course and absolutely should not be cut back in any way." North Devon Stakeholder

Cost benefit analysis

The cost benefit analysis indicates that services funded through the adva partnership save public money with £3.20 saved for every £1 invested.

The cost benefit analysis builds on two existing pieces of research into the costs of domestic violence and abuse and the benefits of specialist intervention.

The first was an in depth analysis of the costs of domestic violence and abuse carried out by Sylvia Walby in 2004. This provides a methodology to identify the costs to public services, costs to economic output and the human and emotional cost of domestic abuse. The Update to the Cost of Domestic Violence report (2009, Sylvia Walby) estimated the cost of domestic violence across England and Wales to be £15.7 billion per year with a cost to public services of £3.8 billion, cost of lost economic output £1.9bn and human and emotional costs £10bn. Applying these figures to the Devon population gives a total cost of £192.5 million with the costs to public services of £47m.

The second was the Saving Lives Saving Money cost benefit analysis of MARACs published by CAADA in 2010. This built on the Sylvia Walby methodology by focusing in on the cost to public services as a result of high risk domestic violence and abuse and the savings to public services as a result of the MARAC intervention. The study estimated public service use as a result of domestic violence and abuse in the 12 months prior to the MARAC and again in the 12 months after the victim has been supported by the MARAC. Costs were applied to this service use, using publicly available sources identified by Walby, to calculate the estimated cost saving as a result of the MARAC intervention.

The cost benefit analysis for this Best Value review extends the Saving Lives Money methodology. That is, it estimates the cost of public service use as a result of domestic violence and abuse in the 12 months before and after the intervention from adva funded services. The methodology has been updated to take into account Devon's local circumstances, detailed assumptions are listed at Appendix 11 and the key factors taken into account are:

- The range of risk supported – Saving Lives Saving Money focused on high risk victims of domestic violence and abuse. Adva-funded services support a much broader range. For simplicity we have grouped these into services that mostly support people experiencing high risk domestic violence and abuse and those who mostly support people experiencing non-high risk.
- The difference in public service use for high risk and non-high risk clients – we can see from the Insights data that the frequency and severity of incidents experienced by high risk clients is greater than non-high risk service users. The estimated cost of public service use is therefore much higher.

- The cessation of abuse achieved in Devon – Saving Lives Saving Money was based on a national estimate. The Best Value review is able to use more accurate data from Insights.
- The sustainability of risk reduction in Devon – Saving Lives Saving Money was based on a national estimate. The Best Value review is able to use more accurate data from Insights.

Where possible we have taken a conservative view, for example:

- We have only assumed a reduction in public service use for those service users who have reported a total cessation of abuse.
- We have only estimated a reduction in public service use for those service users where practitioners judged the risk reduction to be sustainable in the long term.
- We have only included direct costs to public services i.e. we have not assumed any cost saving due to lost economic output or human and emotional cost which Walby estimates to be around three times higher than costs relating to public service use.

The cost benefit analysis focuses on adult service provision as we did not yet have sufficient data to carry out a reliable cost benefit analysis on children and young people's services.

The cost of specialist domestic violence specialist in the year 2010-11 was £1.3 million. A breakdown of this expenditure is provided at Appendix 11.

The cost benefit analysis shows a higher saving of public money from those services focusing on high risk than those focusing on non-high risk. This is a reflection of the profile of the service users and the nature of the abuse suffered:

- The profile of abuse: High risk service users typically experience more severe abuse which is escalating in frequency and severity at the point of engagement. Examples of severe abuse include broken bones, burns, strangulation, internal injuries, rape and threats of physical or sexual violence. This compares to less severe abuse such as bruising, shallow cuts, incurring lasting pain, pressure for unwanted sex or non violent unwanted sexual acts and frequent unwanted texts or phone calls.
- The profile of public service use: High risk service users are almost twice as likely to have contacted the police or been to accident and emergency as a result of abuse. The severity of the incidents is also higher thus incurring greater cost. The cost to public service use of high risk abuse is estimated to be £20,000 per annum compared to £6,000 for lower risk abuse.
- Outcomes: Cessation of abuse is higher for high risk services than non-high risk. This reflects the more entrenched nature of the abuse with non-high risk service users where the length of the abusive relationship is twice as long. It also reflects the intensity of support for high risk clients who are much more likely to benefit from support with the criminal justice process via the SDVC and from the wider multi-agency response via MARACs.

The data shows that a risk led approach which prioritises the safety of those at most risk of harm from domestic violence and abuse also has a positive financial impact on public services.

12.2 Best value strengths and development points

The data shows that adva-funded services are offering a value for money service that is highly valued by service users and stakeholders. Provision is risk led with a particular focus on high risk – whilst individual services are focused more or less on high risk the overall proportion of high risk service users across all services was 61%. The evidence clearly shows positive safety and well being outcomes for victims of domestic violence and abuse and good court outcomes and a positive impact on the multi-agency response to domestic violence and abuse across Devon. The cost benefit analysis indicates that for each £1 invested a saving of £3.20 is made to public services.

This clearly demonstrates the positive impact of existing provision on victims of domestic violence and abuse and on public services. In order to achieve 'best' value consideration is required of the gaps in service provision identified by service users and validated by stakeholders.

The model below maps current provision from adva-funded services along the service user journey and highlights where opportunities to maximise value may be being overlooked.

Table 47 Current provision from adva funded services

	PRE ENGAGEMENT STAGE	ACTION STAGE	POST ENGAGEMENT STAGE
Insights Data	<p>In common with many areas, women and men are trapped in abusive relationships for protracted periods of time</p> <p>Across Devon 4 years of abuse on average</p> <p>Patterns of public service use are costly, and vary between high and lower risk abuse</p> <p>Majority of victims identified via the criminal justice system</p>	<p>Outcome data indicates that adva-funded agencies deliver positive outcomes for service users in line with, or exceeding, the national average recorded by CAADA Insights.</p> <ul style="list-style-type: none"> - Offering intensive tailored support - Clients reporting total cessation of all forms of abuse at exit – 59% - Clients report feeling safer – 75% - Clients report feeling very/ somewhat confident to access support – 83% - Clients report much/ a little improved quality of life – 72% 	<p>Services are delivering medium to long term risk reduction for the majority of service users</p> <p>12% of service users returned to adva-funded services (this is in line with the national average recorded by CAADA Insights (10%))</p>
Service user feedback	<p>Service users in contact with multiple agencies prior to receiving specialist support :</p> <ul style="list-style-type: none"> - inconsistent response to the reporting of abuse - inconsistent signposting and advice offered - service users often don't identify themselves as victims of domestic abuse <p><i>"I'd been to the GP and seen the posters. I'd even been to a coffee morning where they were raising money for domestic abuse. I never twigged it was me"</i></p>	<p>Service users value:</p> <ul style="list-style-type: none"> - Specialist 1:1 support - Independence - A named worker - A safe environment - Support with other services - Emotional support <p>Gaps exist:</p> <ul style="list-style-type: none"> - appropriate and consistent support for children - appropriate and consistent mental health support 	<p>Service users report a need for extended longer-term support in 1-2-1 and group settings, as well as frustration at long waiting lists for pattern changing and cuts to counselling</p> <p><i>"Asking someone to wait for 12 months for a pattern changing course is like asking someone who's bleeding out to wait for a tourniquet"</i></p>
£	<p>£25k of budget allocated to training/awareness raising currently</p> <p>Some reluctance to make referrals whilst funding is unstable</p>	<p>80% out of a total £1.3m spent on specialist frontline services – generating a saving of £3 million</p>	<p>Cuts and waiting lists affect services with an emphasis on building resilience and supporting recovery, such as counselling and pattern changing</p>
Stakeholder	<p>Some confusion around role and referral pathways for services</p> <p>Partner agencies requested training and awareness raising and joint working to support a coordinated response</p> <p><i>"More training about services provided, perhaps even in literature form would be useful and enhance current service" (Mid/East Devon Stakeholder)</i></p>	<p>Stakeholder value the specialist support contribution as part of the multi agency team, particularly in terms of complex cases. They value:</p> <ul style="list-style-type: none"> - Unique nature and intensity of support offered - Positive impact on safety - Increased awareness of the issues - Positive impact on the professional and agency's capacity to support victims of domestic violence and abuse 	<p>Stakeholders particularly value the Pattern Changing Programme</p> <p><i>"Pattern changing needs to be available for all victims if required and they should not be put on a waiting list - this is such a beneficial course and absolutely should not be cut back in any way." (Stakeholder: North Devon)</i></p>

The following model maps options for improving the value of the service provided for consideration. To succeed this would need to be underpinned by a shared understanding of domestic abuse, commitment to sufficient resourcing, shared outcomes across local agencies and a clear implementation plan.

Table 48 Options for improving value of service provision

	PRE ENGAGEMENT	ACTION	POST ENGAGEMENT
Service level data	<p>Early intervention/prevention plan in place; evidence of impact:</p> <ul style="list-style-type: none"> - Evidence of awareness raising work - Evidence of early intervention and prevention work 	<p>Adva-funded services continue to deliver good outcomes for service users and data collection allows agencies to evidence impact and maintain funding</p>	<p>Evidence is collected on an ongoing basis to evidence sustainable outcomes for service users and evidence service improvement</p>
Service user	<p>Awareness raising work empowers service users to identify and disclose abuse</p> <p>Training across partner agencies means that service users receive a consistent and supportive response wherever abuse is disclosed</p>	<p>Service users continue to receive 1:1 independent specialist support</p> <p>Service user feedback continues to drive development of specialist services</p> <ul style="list-style-type: none"> - Specific outcomes for children and young people agreed - Specific mental health aims/outcomes agreed 	<p>Support continues at post engagement stage which includes pattern changing, counselling, and structured peer support to build resilience and maintain safety.</p>
Strategy and funding	<p>A greater focus on preventative and early intervention work means shorter periods of abuse and savings in both human and financial terms</p>	<p>Consistent, long term funding, and a framework agreement that enables adva funded services continue to deliver a high rate of return on investment for all agencies.</p> <p>Consideration given to a 'whole family approach'</p>	<p>Strategy designed to improve resilience and sustain safety; fewer repeat referrals, and the human and emotional and financial savings associated with 'getting safe' are sustained over the longer term</p>
Multi-agency partners	<p>Partner agencies are informed of all specialist services on offer to support clients experiencing abuse, and feel able to make timely and appropriate referrals into support</p> <p>Agreed care pathway in place</p>	<p>Local partner agencies work effectively together towards jointly agreed, long-term outcomes for families affected by domestic abuse</p>	<p>Partner agencies are updated on adult and child outcomes</p> <p>Responsibility for strategy sits with an individual under supervision of an appropriate governance group (e.g. local health and wellbeing board)</p>

Appendix 1. CAADA Insights data collection forms

Insights Intake Form

*Denotes a required field.

*Consent to monitoring

New referral
 Repeat referral

AFTER BARCODE HERE

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caada
Co-ordinated Action Against Domestic Abuse

*Client ID or reference no

*Date of initial intake

*Risk level at intake? High Medium Standard Not available Cross if meets MARAC threshold

***Abuse profile at intake**

Please indicate the type(s) of abuse the client has been experiencing in the last 3 months. If you answer "yes" to any type of abuse, please indicate the severity, and whether, in the 3 months prior to intake, it had escalated in either severity or frequency. Please answer every question in column 1. (i.e. Cross "don't know" or "not asked" rather than leave it blank).

	Type of abuse				Severity			Escalation in severity, past 3 months		Escalation in frequency, past 3 months			
	Yes	No	Don't know	Not asked	High	Moderate	Standard	Worse	Unchanged	Reduced	Worse	Unchanged	Reduced
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment/stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous/controlling behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For how long has the abuse been going on? years months

How many times (zero, if never) in the last 12 months has the client:

Attempted to leave the perpetrator

Cross if not applicable (i.e. separated more than 12 months)

Called the police

Cross if information not available

Attended A&E as a result of the abuse

Cross if information not available

Attended their GP for any reason

Cross if information not available

Circumstances at intake

Perpetrator's relationship to the client? (Cross one)

Intimate partner
 Intermittent intimate partner
 Family member (minor)
 Other

Ex-intimate partner
 Family member (adult)
 Known person/associate
 Don't know Not asked

Current living arrangements?

Living together
 Not living together

Living together intermittently
 Don't know Not asked

Are there multiple perpetrators?

 No Yes Don't know Not asked

***Children**

Are there any children who live in the household or visit regularly?

 No Yes Don't know Not asked

If yes, how many children?

	1	2	3	4	5
Number of children aged... <2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the client pregnant?

 No Yes Don't know Not asked

Is there a risk of forced marriage?

 No Yes Don't know Not asked

Is there a risk of honour based violence?

 No Yes Don't know Not asked

Is there CYPs involvement with the family? (Cross all that apply)

No S 47 S 17 S 31 CAF

Don't know Not asked

Vulnerability issues

In the past year, has the client had problems in leading a normal life due to any of the following?

Drugs

No Yes Don't know Not asked

Alcohol

No Yes Don't know Not asked

Mental health

No Yes Don't know Not asked

Has client ever threatened/attempted suicide?

No Yes Don't know Not asked

Has the client self-harmed?

No Yes Don't know Not asked

Is client in receipt of community care payments?

No Yes Don't know Not asked

If "yes", what is the nature of the vulnerability?

Physical Learning Visual Hearing Other

Does the client have or foresee financial problems?

No Yes Don't know Not asked

If "yes", does the client require benefits advice?

No Yes Don't know Not asked

Client demographic and diversity data

Age of the client <18 18-20 21-30

31-40 41-50 51-60 61+

*Gender Female Male Don't know/other
 Cross if transgender

What is the client's sexual orientation?

Heterosexual Bisexual Gay female
 Gay male Don't know/not disclosed Not asked

What is the client's ethnicity?

White: White British White Irish
 Other White background

Asian: Asian British Indian Pakistani
 Bangladeshi Other Asian background

Black: Black British Caribbean African
 Other Black background

Dual Heritage: White & Asian White & Black African
 White & Black Caribbean Other Dual Heritage

Other: Chinese Any other ethnic background
 Not disclosed Not asked Don't know

What is the client's immigration status?

British/EU National Asylum Seeker
 Permanent resident with ILR Other
 EEA National Not disclosed
 Temporary resident (spouse) Not asked
 Temporary resident (other) Don't know

Do any of the following apply?

Client requires an interpreter
 No Yes Don't know Not asked

Client has no recourse to public funds
 No Yes Don't know Not asked

Client needs to apply for ILR
 No Yes Don't know Not asked

Referral in to the service

POLICE

MARAC SELF
If you wish to collect more detailed data please specify which service within the sub-group referred the client:

HEALTH

GP Hospital Mental health
 Sexual health Community health Other health

DV & SV SERVICES

Refuge Outreach Other IDVA service
 Helpline Victim Support/Witness service
 Rape Crisis Other DV or SV service

HOUSING

LA Social housing Sanctuary
 Registered Social landlord/HA Homelessness
 Tenancy/floating support Other housing

CYPS

Education CYP Social Care Other CYPS
 CAFCASS Children's Centre (Surestart) CAF
 Youth Offending Team Connexions
 Children's Charity Other

SPECIALIST SERVICES

BME Disability LGBT SARC
 Male advice line Elder Other specialist service

OTHER

Drug & Alcohol Services (non-health)
 Mental Health Services (non-health)
 CPS/Witness care Safeguarding Adults
 UK Borders Agency Probation
 Voluntary Perpetrator Program Employer
 SDVC Faith group Solicitor
 Other Family/friend

Insights Exit Form

*Denotes a required field.

ATFD BARCODE HERE



*Case status at exit Closed Inactive

*Client ID or reference no

*Date of initial intake

*Date of exit

*Abuse profile at exit

Please indicate, the **type(s)** of abuse the client has been experiencing in the last month or since initial intake, (whichever is the shorter period). If you answer "yes" to any type of abuse please indicate the **severity**, and whether it has **escalated** in either severity or frequency, during that period. Please answer every question in column 1. (i.e. Cross "don't know" or "not asked" rather than leave it blank).

	Type of abuse				Severity			Escalation in severity, past month			Escalation in frequency, past month		
	Yes	No	Don't know	Not asked	High	Moderate	Standard	Worse	Unchanged	Reduced	Worse	Unchanged	Reduced
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment/stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous/controlling behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times (zero, if never) since initial intake has the client:

Attempted to leave the perpetrator Cross if not applicable (separated prior to intake)

Called the police Cross if information not available

Attended A&E as a result of the abuse Cross if information not available

Attended their GP for any reason Cross if information not available

Circumstances at exit

Living arrangements at exit?

Living together Living together intermittently
 Not living together Don't know Not asked

If "not living together", do any of the following apply? (Cross all that apply)

Client in refuge Perpetrator in jail
 Serious illness or death of perpetrator
 Other circumstances None of the above

If "not living together", is there ongoing contact with the perpetrator?

No Yes Don't know Not asked

If "yes", why is there on going contact? (Cross all that apply)

Children Family and social network
 Legal proceedings Financial arrangements
 Ongoing abuse by the perpetrator Other

Case worker perceptions of risk at exit

*Does the case worker perceive any change in the client's risk of further harm?

Significant reduction in risk
 Moderate reduction in risk
 Limited or no reduction in risk
 Risk has increased
 Don't know

How sustainable is any reduction in risk?

Risk has been permanently eliminated
 Long term (more than 2 years)
 Medium term (6 months to up to 2 years)
 Short term (1 month to up to 6 months)
 Very short term (days/weeks)
 Don't know/completely unpredictable situation

Questions for the client at exit

Compared to intake, do they feel any safer or not?

Much safer Somewhat safer No change
 Less safe Not asked/client not contactable

Compared to intake, do they feel frightened or not?

Not at all frightened A little frightened
 Quite frightened Very frightened
 Not asked/client not contactable

Compared to intake, has their quality of life improved or not?

Improved a lot Improved a little Not changed
 Become worse Not asked/client not contactable

Do they feel confident in knowing how to access help and support?

Very confident Confident Not confident
 Not asked/client not contactable

Please ask if you can the contact client in 4/6 months to follow-up?

Yes No Not asked

Intervention and support

What was the level of support given to the client?

- Less than 5 contacts
 5 to 10 contacts
 More than 10 contacts

Rate the impact on the client's risk of further harm

Service accessed with case worker support	Outcomes achieved for this client	Rate the impact on the client's risk of further harm				
		Very positive impact	Some positive impact	Little/no impact	Negative impact	Don't know
<input type="checkbox"/> Safety planning	<input type="checkbox"/> Safety plan in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> MARAC	<input type="checkbox"/> No. of times case reviewed at MARAC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liaison/support with Police	<input type="checkbox"/> Protective measures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Arrest (incl for breach of civil orders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support with criminal court process	<input type="checkbox"/> Criminal justice process ongoing/pending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Criminal conviction and sentence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Bail conditions imposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Liaison/support with Probation	<input type="checkbox"/> IDAP or other perpetrator program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support with civil justice orders	<input type="checkbox"/> Civil orders granted and enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support with housing	<input type="checkbox"/> Sanctuary scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Client rehoused in area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Client moved out of area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Perpetrator evicted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Refuge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial /benefits; advice and support	<input type="checkbox"/> Benefits or other monetary support accessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Debt being addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support with Immigration	<input type="checkbox"/> Leave to remain not dependent on perp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Recourse to public funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health/wellbeing advice and support	<input type="checkbox"/> Improved access to help and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Improved coping strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Engagement with mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Engagement with other health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Engagement with drug services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Engagement with alcohol services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Referral to specialist DV services (not refuge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Client in counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Pattern changing course (or similar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Positive change in client's support networks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support with children and young people	<input type="checkbox"/> Child contact arrangements in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Safeguarding issues initiated/addressed	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Civil orders in relation to children granted and enforced	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Special needs of children addressed	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Other	Client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate impact of Client's/Child's risk of harm

Insights Exit Form: Criminal Justice

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***Was there a report to the police?**

- Yes No Don't know

***Was there a charge in this case?**

- Yes No Don't know

Did the CPS proceed with the case?

- Yes No Don't know

If "no" why not? (Cross all that apply)

- Victim withdrew Other
 No evidence offered by CPS Don't know

Did case worker support client in the criminal justice process?

- Yes No Don't know

Was this an SDVC case?

- Yes No Don't know

Who attended the court? (Cross all that apply)

- Victim Perpetrator Other
 IDVA Witness service Don't know

Special measures

- Not requested Granted Denied

Did the case result in a guilty verdict?

- No Plead guilty Found guilty Don't know

If not guilty, was a restraining order imposed?

- Yes No Don't know

Please indicate what charges were brought and what convictions (if any) were achieved: (Cross all that apply)

Offences against the person

- Common assault
- ABH
- GBH S18
- GBH S20
- Threats to kill
- Murder
- Attempted murder
- Rape
- Indecent assault
- Sexual assault
- Assault by penetration
- Breach of non-molestation order
- Witness intimidation
- Public order offences
- Harassment

	Charged	Convicted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Offences against property

- Burglary/attempted
- Theft
- Criminal damage
- Criminal trespassing
- Arson
- Telecommunications Act offences
- Other
- Don't know

	Charged	Convicted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What was the penalty? (Cross all that apply)

- | | |
|---|--|
| <input type="checkbox"/> IDAP/CDVP | <input type="checkbox"/> Restraining order |
| <input type="checkbox"/> Community sentence (not IDAP) | <input type="checkbox"/> Bindover |
| <input type="checkbox"/> Suspended sentence | <input type="checkbox"/> Fine |
| <input type="checkbox"/> Custodial sentence under 12 months | <input type="checkbox"/> Caution |
| <input type="checkbox"/> Custodial sentence over 12 months | <input type="checkbox"/> Other |
| <input type="checkbox"/> Indeterminate sentence | <input type="checkbox"/> Don't know |

Appendix 2. CAADA Insights Outcome Measurement Tool Full Data Reports

	ADVA All Roles		DVAS All Roles excl. Helpline		NDWA All Roles		SAFE All Roles		MARAC IDVA		SDVC IDVA		Male IDVA		Outreach		Refuge		WSW		SAFE YP Worker		Helpline	
Number of Intake Forms	1181		314		329		385		352		208		40		462		83		13		33		265	
Number of Exit Forms	724		241		230		253		251		166		21		287		66		3		16		257	
Number of CCJ Forms	610		233		128		249		234		160		18		213		40		1		14		253	
INTAKE FORM																								
New Referrals/Repeats	n =1181 %		n =314 %		n =329 %		n =385 %		n =352 %		n =208 %		n =40 %		n =462 %		n =83 %		n =13 %		n =33 %		n =265 %	
New Referrals	1024	87%	240	76%	285	87%	362	94%	284	81%	189	91%	35	88%	392	85%	80	96%	13	100%	32	97%	214	81%
Repeats	146	12%	72	23%	38	12%	20	5%	65	18%	16	8%	5	13%	66	14%	2	2%	0	0%	1	3%	51	19%
Missing	11	1%	2	1%	6	2%	3	1%	3	1%	3	1%	0	0%	4	1%	1	1%	0	0%	0	0%	0	0%
Primary Referral Route	n =1181 %		n =314 %		n =329 %		n =385 %		n =352 %		n =208 %		n =40 %		n =462 %		n =83 %		n =13 %		n =33 %		n =265 %	
Police	465	39%	128	41%	153	47%	145	38%	192	55%	206	99%	24	60%	92	20%	10	12%	0	0%	8	24%	61	23%
MARAC	42	4%	32	10%	0	0%	11	3%	50	14%	0	0%	1	3%	9	2%	0	0%	0	0%	0	0%	2	1%
Self	276	23%	58	18%	58	18%	81	21%	14	4%	0	0%	5	13%	160	35%	24	29%	0	0%	5	15%	141	53%
Health	79	7%	10	3%	31	9%	25	6%	6	2%	0	0%	1	3%	56	12%	0	0%	0	0%	5	15%	17	6%
DV and SV services	142	12%	66	21%	38	12%	39	10%	56	16%	0	0%	2	5%	59	13%	29	35%	3	23%	5	15%	16	6%
Housing	28	2%	6	2%	4	1%	17	4%	11	3%	0	0%	1	3%	10	2%	7	8%	0	0%	1	3%	3	1%
CYPS	81	7%	7	2%	14	4%	47	12%	9	3%	1	0%	1	3%	48	10%	6	7%	0	0%	8	24%	13	5%
Specialist services	1	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%
Other	36	3%	2	1%	19	6%	12	3%	5	1%	0	0%	2	5%	16	3%	2	2%	10	77%	1	3%	4	2%
Missing	31	3%	5	2%	12	4%	7	2%	9	3%	1	0%	3	8%	12	3%	4	5%	0	0%	0	0%	8	3%
DEMOGRAPHIC INFORMATION AT INTAKE																								
Age of Client	n =1181 %		n =314 %		n =329 %		n =385 %		n =352 %		n =208 %		n =40 %		n =462 %		n =83 %		n =13 %		n =33 %		n =265 %	
< 18	21	2%	11	4%	4	1%	4	1%	12	3%	5	2%	2	5%	3	1%	1	1%	0	0%	3	9%	3	1%
18-20	81	7%	14	4%	24	7%	33	9%	23	7%	23	11%	0	0%	17	4%	8	10%	0	0%	13	39%	12	5%
21 - 30	308	26%	75	24%	98	30%	115	30%	121	34%	59	28%	6	15%	101	22%	31	37%	6	46%	16	48%	52	20%
31 - 40	351	30%	94	30%	104	32%	102	26%	93	26%	66	32%	11	28%	157	34%	18	22%	4	31%	0	0%	84	32%
41 - 50	264	22%	64	20%	70	21%	89	23%	62	18%	41	20%	9	23%	119	26%	18	22%	3	23%	0	0%	67	25%
51-60	99	8%	32	10%	21	6%	27	7%	24	7%	7	3%	6	15%	42	9%	6	7%	0	0%	1	3%	30	11%
61+	47	4%	20	6%	7	2%	14	4%	13	4%	7	3%	6	15%	20	4%	1	1%	0	0%	0	0%	13	5%
Missing	10	1%	4	1%	1	0%	1	0%	4	1%	0	0%	0	0%	3	1%	0	0%	0	0%	0	0%	4	2%
Gender and Gender Identity	n =1181 %		n =314 %		n =329 %		n =385 %		n =352 %		n =208 %		n =40 %		n =462 %		n =83 %		n =13 %		n =33 %		n =265 %	
Female	1089	92%	276	88%	301	91%	368	96%	335	95%	188	90%	6	15%	443	96%	83	100%	12	92%	32	97%	251	95%
Male	51	4%	30	10%	7	2%	11	3%	3	1%	8	4%	32	80%	8	2%	0	0%	0	0%	0	0%	3	1%
Don't know (includes Other)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	41	3%	8	3%	21	6%	6	2%	14	4%	12	6%	2	5%	11	2%	0	0%	1	8%	1	3%	11	4%
Transgender clients	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Sexual Orientation	n =1181 %		n =314 %		n =329 %		n =385 %		n =352 %		n =208 %		n =40 %		n =462 %		n =83 %		n =13 %		n =33 %		n =265 %	
Heterosexual	1073	91%	305	97%	251	76%	369	96%	344	98%	206	99%	38	95%	396	86%	61	73%	5	38%	32	97%	260	98%
Gay Female	4	0%	0	0%	1	0%	3	1%	0	0%	0	0%	0	0%	4	1%	0	0%	0	0%	0	0%	0	0%
Gay Male	3	0%	1	0%	0	0%	1	0%	0	0%	0	0%	1	3%	1	0%	0	0%	0	0%	0	0%	1	0%
Bisexual	10	1%	5	2%	2	1%	2	1%	6	2%	0	0%	1	3%	2	0%	0	0%	0	0%	0	0%	1	0%
Don't know	6	1%	0	0%	1	0%	3	1%	0	0%	0	0%	0	0%	2	0%	2	2%	0	0%	0	0%	2	1%

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Registered charity number 1106864

Not asked	76	6%	1	0%	71	22%	3	1%	0	0%	1	0%	0	0%	53	11%	19	23%	7	54%	1	3%	1	0%
Missing	9	1%	2	1%	3	1%	4	1%	2	1%	1	0%	0	0%	4	1%	1	1%	1	8%	0	0%	0	0%
LGB	17	1%	6	2%	3	1%	6	2%	6	2%	0	0%	2	5%	7	2%	0	0%	0	0%	0	0%	2	1%
Ethnic Composition	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
White British or Irish	1096	93%	296	94%	308	94%	348	90%	320	91%	196	94%	38	95%	434	94%	70	84%	13	100%	33	100%	252	95%
Other white background	27	2%	3	1%	10	3%	10	3%	9	3%	5	2%	0	0%	10	2%	4	5%	0	0%	0	0%	6	2%
Asian	20	2%	2	1%	7	2%	11	3%	11	3%	4	2%	1	3%	4	1%	3	4%	0	0%	0	0%	0	0%
Black	8	1%	3	1%	0	0%	5	1%	4	1%	1	0%	1	3%	0	0%	2	2%	0	0%	0	0%	0	0%
Dual Heritage	6	1%	0	0%	0	0%	6	2%	2	1%	1	0%	0	0%	2	0%	1	1%	0	0%	0	0%	0	0%
Other	10	1%	4	1%	2	1%	3	1%	4	1%	0	0%	0	0%	3	1%	3	4%	0	0%	0	0%	1	0%
Total BME	71	6%	12	4%	19	6%	35	9%	30	9%	11	5%	2	5%	19	4%	13	16%	0	0%	0	0%	7	3%
BME in local population (females aged 16+)	0	7%	0	7%	0	0%	0	9%	0	7%	0	7%	0	7%	0	7%	0	7%	0	7%	0	9%	0	7%
Not disclosed	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	1%
Not known	2	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	1	0%
Not asked	2	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	1	0%
Missing	8	1%	4	1%	2	1%	2	1%	2	1%	1	0%	0	0%	7	2%	0	0%	0	0%	0	0%	2	1%
Immigration	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
British, EU or permanent residents with ILR	1133	96%	308	98%	313	95%	372	97%	341	97%	202	97%	39	98%	452	98%	72	87%	13	100%	33	100%	252	95%
EEA nationals	3	0%	0	0%	1	0%	2	1%	1	0%	0	0%	0	0%	2	0%	0	0%	0	0%	0	0%	0	0%
Temporary residents	15	1%	2	1%	6	2%	5	1%	7	2%	3	1%	0	0%	2	0%	4	5%	0	0%	0	0%	2	1%
Asylum Seeker	1	0%	0	0%	0	0%	1	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Not disclosed	3	0%	0	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	2	1%
Don't know	5	0%	1	0%	1	0%	2	1%	2	1%	0	0%	0	0%	2	0%	0	0%	0	0%	0	0%	1	0%
Not asked	3	0%	1	0%	1	0%	0	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	1	0%
Missing	18	2%	2	1%	7	2%	2	1%	0	0%	1	0%	1	3%	3	1%	7	8%	0	0%	0	0%	7	3%
Clients needing an interpreter	12	1%	2	1%	4	1%	6	2%	6	2%	4	2%	0	0%	3	1%	2	2%	0	0%	0	0%	0	0%
Clients with no recourse to public funds	13	1%	3	1%	6	2%	4	1%	7	2%	3	1%	1	3%	2	0%	4	5%	0	0%	0	0%	2	1%
Clients needing to apply for ILR	8	1%	1	0%	3	1%	4	1%	7	2%	0	0%	0	0%	1	0%	1	1%	0	0%	0	0%	0	0%
Children	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
Clients with children	773	65%	202	64%	231	70%	252	65%	230	65%	129	62%	16	40%	334	72%	56	67%	12	92%	21	64%	161	61%
Clients with no children	408	35%	112	36%	98	30%	133	35%	122	35%	79	38%	24	60%	128	28%	27	33%	1	8%	12	36%	104	39%
Don't know	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Clients who are not pregnant	1093	93%	295	94%	303	92%	351	91%	316	90%	185	89%	39	98%	442	96%	73	88%	13	100%	28	85%	250	94%
Clients who are pregnant	65	6%	14	4%	15	5%	30	8%	30	9%	13	6%	1	3%	15	3%	8	10%	0	0%	5	15%	12	5%
Don't know	6	1%	2	1%	2	1%	1	0%	2	1%	2	1%	0	0%	1	0%	1	1%	0	0%	0	0%	1	0%
Not asked	2	0%	0	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%
Missing	15	1%	3	1%	9	3%	2	1%	4	1%	7	3%	0	0%	4	1%	1	1%	0	0%	0	0%	1	0%
Total number of children	1624		414		525		491		490		267		28		707		134		34		29		341	
Average number of children per household with children	2.1		2.0		2.3		1.9		2.1		2.1		1.8		2.1		2.4		2.8		1.4		2.1	
Ages of Children	n =1624	%	n =414	%	n =525	%	n =491	%	n =490	%	n =267	%	n =28	%	n =707	%	n =134	%	n =34	%	n =29	%	n =341	%
<2	319	20%	83	20%	99	19%	106	22%	114	23%	60	22%	5	18%	108	15%	39	29%	10	29%	15	52%	60	18%

3-4	263	16%	68	16%	88	17%	83	17%	99	20%	50	19%	7	25%	97	14%	30	22%	2	6%	9	31%	54	16%
5-7	331	20%	79	19%	112	21%	104	21%	92	19%	53	20%	7	25%	156	22%	31	23%	3	9%	4	14%	60	18%
8-11	320	20%	71	17%	111	21%	93	19%	86	18%	53	20%	4	14%	148	21%	19	14%	10	29%	0	0%	72	21%
12-17	391	24%	113	27%	115	22%	105	21%	99	20%	51	19%	5	18%	198	28%	15	11%	9	26%	1	3%	95	28%
Missing	7	0%	3	1%	4	1%	0	0%	4	1%	0	0%	0	0%	2	0%	0	0%	1	3%	0	0%	1	0%
CYPS involvement	n =773	%	n =202	%	n =231	%	n =252	%	n =230	%	n =129	%	n =16	%	n =334	%	n =56	%	n =12	%	n =21	%	n =161	%
Clients with no CYPS involvement with the family	577	75%	170	84%	167	72%	164	65%	155	67%	100	78%	14	88%	255	76%	36	64%	9	75%	8	38%	140	87%
Clients with CYPS involvement with the family	157	20%	26	13%	41	18%	81	32%	65	28%	19	15%	1	6%	67	20%	14	25%	2	17%	11	52%	17	11%
Where there is CYPS involvement:																								
S31	10	1%	6	3%	0	0%	3	1%	3	1%	0	0%	1	6%	2	1%	2	4%	0	0%	1	5%	3	2%
S47	44	6%	5	2%	11	5%	29	12%	22	10%	7	5%	0	0%	19	6%	3	5%	0	0%	6	29%	1	1%
S17	61	8%	5	2%	12	5%	38	15%	19	8%	9	7%	0	0%	25	7%	7	13%	1	8%	4	19%	7	4%
CAF	43	6%	10	5%	18	8%	12	5%	21	9%	3	2%	0	0%	21	6%	2	4%	1	8%	1	5%	6	4%
Don't know	21	3%	3	1%	12	5%	5	2%	4	2%	7	5%	1	6%	8	2%	2	4%	1	8%	1	5%	1	1%
Not asked	5	1%	1	0%	1	0%	2	1%	2	1%	1	1%	0	0%	1	0%	0	0%	0	0%	1	5%	1	1%
Missing	15	2%	2	1%	11	5%	0	0%	4	2%	3	2%	0	0%	3	1%	4	7%	0	0%	0	0%	3	2%
Vulnerability Issues	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
Drugs Misuse	72	6%	11	4%	21	6%	35	9%	30	9%	11	5%	0	0%	22	5%	10	12%	1	8%	2	6%	11	4%
Drugs Misuse- No	1087	92%	299	95%	301	91%	340	88%	317	90%	192	92%	40	100%	429	93%	73	88%	12	92%	29	88%	253	95%
Drugs Misuse - Don't know	18	2%	2	1%	7	2%	9	2%	4	1%	5	2%	0	0%	10	2%	0	0%	0	0%	1	3%	0	0%
Drugs Misuse - Not asked	4	0%	2	1%	0	0%	1	0%	1	0%	0	0%	0	0%	1	0%	0	0%	0	0%	1	3%	1	0%
Drugs Misuse - Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Alcohol Misuse	123	10%	23	7%	40	12%	45	12%	45	13%	21	10%	3	8%	47	10%	4	5%	1	8%	5	15%	25	9%
Alcohol Misuse - No	1038	88%	288	92%	281	85%	332	86%	303	86%	183	88%	37	93%	404	87%	79	95%	12	92%	26	79%	239	90%
Alcohol Misuse - Don't know	16	1%	1	0%	8	2%	7	2%	3	1%	4	2%	0	0%	10	2%	0	0%	0	0%	1	3%	0	0%
Alcohol Misuse - Not asked	4	0%	2	1%	0	0%	1	0%	1	0%	0	0%	0	0%	1	0%	0	0%	0	0%	1	3%	1	0%
Alcohol Misuse - Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Mental Health Problems	370	31%	101	32%	89	27%	130	34%	105	30%	34	16%	11	28%	170	37%	27	33%	2	15%	5	15%	91	34%
Mental Health Problems - No	780	66%	209	67%	226	69%	244	63%	238	68%	168	81%	29	73%	275	60%	55	66%	9	69%	26	79%	172	65%
Mental Health Problems - Don't know	23	2%	1	0%	12	4%	10	3%	6	2%	5	2%	0	0%	16	3%	0	0%	1	8%	2	6%	0	0%
Mental Health Problems - Not asked	5	0%	2	1%	0	0%	1	0%	2	1%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	2	1%
Mental Health Problems - Missing	3	0%	1	0%	2	1%	0	0%	1	0%	1	0%	0	0%	0	0%	1	1%	1	8%	0	0%	0	0%
Threatened / Attempted Suicide	264	22%	60	19%	65	20%	95	25%	96	27%	27	13%	5	13%	101	22%	19	23%	0	0%	4	12%	69	26%
Threatened / Attempted Suicide - No	861	73%	250	80%	243	74%	264	69%	237	67%	168	81%	34	85%	340	74%	62	75%	12	92%	27	82%	190	72%
Threatened / Attempted Suicide - Don't know	46	4%	0	0%	20	6%	24	6%	15	4%	13	6%	1	3%	20	4%	1	1%	1	8%	1	3%	2	1%
Threatened / Attempted Suicide - Not asked	5	0%	1	0%	0	0%	2	1%	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	1	3%	2	1%
Threatened / Attempted Suicide - Missing	5	0%	3	1%	1	0%	0	0%	2	1%	0	0%	0	0%	1	0%	1	1%	0	0%	0	0%	2	1%
Self Harm	245	21%	45	14%	78	24%	89	23%	100	28%	16	8%	3	8%	100	22%	16	19%	1	8%	8	24%	50	19%
Self Harm - No	860	73%	260	83%	225	68%	268	70%	237	67%	177	85%	35	88%	334	72%	64	77%	11	85%	20	61%	199	75%
Self Harm - Don't know	64	5%	5	2%	22	7%	26	7%	12	3%	13	6%	2	5%	25	5%	1	1%	1	8%	4	12%	14	5%
Self Harm - Not asked	6	1%	2	1%	0	0%	2	1%	2	1%	1	0%	0	0%	1	0%	0	0%	0	0%	1	3%	2	1%
Self Harm - Missing	6	1%	2	1%	4	1%	0	0%	1	0%	1	0%	0	0%	2	0%	2	2%	0	0%	0	0%	0	0%
Financial Problems	364	31%	71	23%	108	33%	151	39%	133	38%	34	16%	10	25%	132	29%	60	72%	3	23%	6	18%	66	25%

Risk of forced marriage Don't know	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Risk of forced marriage Not asked	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	
Risk of forced marriage Missing	2	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	3	1%	
Risk of honour based violence No	1147	97%	306	97%	322	98%	376	98%	341	97%	207	100%	38	95%	452	98%	81	98%	13	100%	33	100%	254	96%	
Risk of honour based violence Yes	23	2%	5	2%	7	2%	9	2%	11	3%	1	0%	2	5%	7	2%	2	2%	0	0%	0	0%	2	1%	
Risk of honour based violence Don't know	7	1%	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	2	0%	0	0%	0	0%	0	0%	5	2%	
Risk of honour based violence Not asked	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	
Risk of honour based violence Missing	3	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	3	1%	
Living Arrangements	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%	
Living together	331	28%	61	19%	108	33%	125	32%	127	36%	42	20%	7	18%	123	27%	25	30%	8	62%	4	12%	71	27%	
Not living together	783	66%	235	75%	201	61%	241	63%	207	59%	149	72%	33	83%	319	69%	56	67%	3	23%	25	76%	181	68%	
Living together intermittently	63	5%	17	5%	20	6%	17	4%	18	5%	16	8%	0	0%	18	4%	2	2%	2	15%	4	12%	12	5%	
Don't know	1	0%	0	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Not asked	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	
Missing data	2	0%	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	2	0%	0	0%	0	0%	0	0%	0	0%	
Risk Profile at Intake	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%	
High risk	502	43%	148	47%	151	46%	178	46%	345	98%	128	62%	12	30%	74	16%	39	47%	0	0%	11	33%	65	25%	
Medium risk	552	47%	150	48%	147	45%	161	42%	5	1%	65	31%	20	50%	339	73%	35	42%	10	77%	12	36%	166	63%	
Standard risk	127	11%	16	5%	31	9%	46	12%	2	1%	15	7%	8	20%	49	11%	9	11%	3	23%	10	30%	34	13%	
Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	
MARAC threshold	435	37%	116	37%	137	42%	175	45%	340	97%	120	58%	10	25%	40	9%	30	36%	0	0%	11	33%	36	14%	
History of Abuse at Intake	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%	
Average number of years of abuse	4		4		3.5		4		3		2		3		5		3.33333		4.5		2		4.5		
Missing	37	3%	1	0%	11	3%	21	5%	4	1%	9	4%	2	5%	16	3%	3	4%	0	0%	3	9%	4	2%	
Number of times in the last 12 months:																									
Attempts to Leave the police	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%	
Clients reporting:	652	55%	194	62%	184	56%	219	57%	229	65%	141	68%	20	50%	230	50%	50	60%	10	77%	24	73%	120	45%	
Clients reporting never/none	344	29%	87	28%	96	29%	84	22%	93	26%	49	24%	18	45%	128	28%	19	23%	2	15%	2	6%	116	44%	
Data not available/applicable/missing	196	17%	47	15%	46	14%	80	21%	40	11%	15	7%	5	13%	113	24%	8	10%	1	8%	7	21%	34	13%	
* Average number of times	2.16		2.25		1.97		2.13		2.27		2.08		2.05		1.85		2.80		1.40		1.79		2.38		
Reports to the Police	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%	
Clients reporting:	733	62%	226	72%	209	64%	229	59%	282	80%	189	91%	21	53%	235	51%	43	52%	7	54%	20	61%	137	52%	
Clients reporting never/none	375	32%	83	26%	91	28%	123	32%	53	15%	10	5%	18	45%	203	44%	25	30%	6	46%	8	24%	122	46%	
Data not available/applicable/missing	59	5%	3	1%	26	8%	24	6%	11	3%	9	4%	1	3%	22	5%	11	13%	0	0%	3	9%	6	2%	
* Average number of times	1.66		1.77		1.56		1.89		2.17		2.43		1.28		1.35		2.65		1.08		2.25		1.22		

A&E Attendances	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
Clients reporting:	151	13%	41	13%	41	12%	54	14%	71	20%	39	19%	3	8%	34	7%	11	13%	1	8%	5	15%	27	10%
Clients reporting never/none	885	75%	261	83%	238	72%	262	68%	231	66%	148	71%	35	88%	377	82%	50	60%	11	85%	21	64%	222	84%
Data not available/applicable/missing	133	11%	12	4%	47	14%	61	16%	43	12%	20	10%	2	5%	49	11%	19	23%	1	8%	6	18%	15	6%
* Average number of times	0.21		0.28		0.18		0.21		0.41		0.24		0.11		0.12		0.23		0.17		0.23		0.11	
GP Attendances	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
Clients reporting:	577	49%	111	35%	255	78%	149	39%	173	49%	73	35%	9	23%	284	61%	41	49%	9	69%	7	21%	116	44%
Clients reporting never/none	358	30%	188	60%	14	4%	82	21%	87	25%	94	45%	26	65%	115	25%	11	13%	1	8%	6	18%	129	49%
Data not available/applicable/missing	231	20%	13	4%	56	17%	148	38%	85	24%	41	20%	3	8%	63	14%	26	31%	3	23%	20	61%	17	6%
* Average number of times	3.07		1.35		5.57		3.50		3.60		1.85		0.77		3.66		5.42		7.70		1.08		1.24	
Type of abuse	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
Physical	661	56%	186	59%	183	56%	224	58%	261	74%	163	78%	22	55%	189	41%	55	66%	5	38%	18	55%	128	48%
Physical - No	506	43%	127	40%	139	42%	155	40%	84	24%	42	20%	18	45%	268	58%	26	31%	8	62%	15	45%	137	52%
Physical - Don't know	7	1%	1	0%	2	1%	4	1%	2	1%	2	1%	0	0%	2	0%	2	2%	0	0%	0	0%	0	0%
Physical - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Physical - Missing	7	1%	0	0%	5	2%	2	1%	5	1%	1	0%	0	0%	3	1%	0	0%	0	0%	0	0%	0	0%
Sexual	237	20%	51	16%	67	20%	94	24%	100	28%	24	12%	1	3%	84	18%	26	31%	1	8%	6	18%	54	20%
Sexual - No	887	75%	260	83%	230	70%	270	70%	232	66%	170	82%	36	90%	360	78%	51	61%	12	92%	23	70%	209	79%
Sexual - Don't know	38	3%	0	0%	18	5%	19	5%	12	3%	12	6%	1	3%	8	2%	4	5%	0	0%	4	12%	1	0%
Sexual - Not asked	2	0%	0	0%	2	1%	0	0%	0	0%	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%
Sexual - Missing	17	1%	3	1%	12	4%	2	1%	8	2%	1	0%	2	5%	9	2%	2	2%	0	0%	0	0%	1	0%
Harassment / Stalking	637	54%	173	55%	174	53%	227	59%	219	62%	98	47%	15	38%	269	58%	49	59%	6	46%	19	58%	132	50%
Harassment / Stalking - No	521	44%	135	43%	145	44%	152	39%	126	36%	108	52%	23	58%	181	39%	32	39%	7	54%	14	42%	132	50%
Harassment / Stalking - Don't know	13	1%	1	0%	5	2%	6	2%	4	1%	2	1%	1	3%	4	1%	2	2%	0	0%	0	0%	1	0%
Harassment / Stalking - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Harassment / Stalking - Missing	10	1%	5	2%	5	2%	0	0%	3	1%	0	0%	1	3%	8	2%	0	0%	0	0%	0	0%	0	0%
Jealous and Controlling Behaviour	929	79%	238	76%	272	83%	309	80%	305	87%	152	73%	21	53%	366	79%	72	87%	10	77%	27	82%	207	78%
Jealous and Controlling Behaviour - No	246	21%	75	24%	55	17%	73	19%	44	13%	56	27%	19	48%	94	20%	10	12%	3	23%	6	18%	58	22%
Jealous and Controlling Behaviour - Don't know	3	0%	0	0%	0	0%	3	1%	1	0%	0	0%	0	0%	1	0%	1	1%	0	0%	0	0%	0	0%
Jealous and Controlling Behaviour - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Jealous and Controlling Behaviour - Missing	3	0%	1	0%	2	1%	0	0%	2	1%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%
Level of abuse	n =1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
Physical - High	374	32%	86	27%	119	36%	144	37%	194	55%	129	62%	8	20%	75	16%	23	28%	1	8%	7	21%	49	18%
Physical - Moderate	223	19%	85	27%	57	17%	53	14%	53	15%	31	15%	11	28%	97	21%	20	24%	3	23%	7	21%	58	22%
Physical - Standard	48	4%	12	4%	3	1%	19	5%	10	3%	0	0%	3	8%	13	3%	8	10%	1	8%	4	12%	20	8%
Physical - Missing	16	2%	3	2%	4	2%	8	4%	4	2%	3	2%	0	0%	4	2%	4	7%	0	0%	0	0%	1	1%
Sexual - High	108	9%	17	5%	31	9%	53	14%	57	16%	18	9%	0	0%	33	7%	9	11%	0	0%	2	6%	13	5%
Sexual - Moderate	96	8%	27	9%	33	10%	26	7%	36	10%	5	2%	1	3%	43	9%	10	12%	1	8%	0	0%	26	10%

Sexual - Standard	26	2%	7	2%	1	0%	11	3%	5	1%	0	0%	0	0%	8	2%	3	4%	0	0%	4	12%	14	5%
Sexual - Missing	7	3%	0	0%	2	3%	4	4%	2	2%	1	4%	0	0%	0	0%	4	15%	0	0%	0	0%	1	2%
Harassment / Stalking - High	316	27%	47	15%	101	31%	149	39%	150	43%	70	34%	4	10%	98	21%	28	34%	0	0%	10	30%	36	14%
Harassment / Stalking - Moderate	267	23%	106	34%	65	20%	63	16%	59	17%	23	11%	10	25%	150	32%	14	17%	5	38%	8	24%	80	30%
Harassment / Stalking - Standard	37	3%	12	4%	5	2%	10	3%	2	1%	2	1%	1	3%	17	4%	5	6%	0	0%	1	3%	15	6%
Harassment / Stalking - Missing	17	3%	8	5%	3	2%	5	2%	8	4%	3	3%	0	0%	4	1%	2	4%	1	17%	0	0%	1	1%
Jealous and Controlling Behaviour - High	499	42%	89	28%	168	51%	208	54%	226	64%	117	56%	5	13%	150	32%	46	55%	0	0%	16	48%	70	26%
Jealous and Controlling Behaviour - Moderate	347	29%	124	39%	92	28%	82	21%	65	18%	28	13%	13	33%	187	40%	17	20%	10	77%	9	27%	105	40%
Jealous and Controlling Behaviour - Standard	55	5%	16	5%	5	2%	12	3%	1	0%	3	1%	2	5%	23	5%	6	7%	0	0%	2	6%	26	10%
Jealous and Controlling Behaviour - Missing	28	3%	9	4%	7	3%	7	2%	13	4%	4	3%	1	5%	6	2%	3	4%	0	0%	0	0%	6	3%
Escalation in Severity	n=1181	%	n=314	%	n=329	%	n=385	%	n=352	%	n=208	%	n=40	%	n=462	%	n=83	%	n=13	%	n=33	%	n=265	%
Physical - Worse	371	31%	87	28%	123	37%	131	34%	186	53%	127	61%	6	15%	67	15%	35	42%	1	8%	6	18%	54	20%
Physical - Unchanged	166	14%	51	16%	43	13%	62	16%	51	14%	26	13%	6	15%	66	14%	16	19%	3	23%	8	24%	32	12%
Physical - Reduced	99	8%	39	12%	12	4%	23	6%	15	4%	7	3%	7	18%	50	11%	2	2%	1	8%	4	12%	39	15%
Physical - Missing	25	4%	9	5%	5	3%	8	4%	9	3%	3	2%	3	14%	6	3%	2	4%	0	0%	0	0%	3	2%
Sexual - Worse	88	7%	11	4%	32	10%	38	10%	53	15%	16	8%	0	0%	19	4%	11	13%	0	0%	1	3%	13	5%
Sexual - Unchanged	91	8%	19	6%	26	8%	39	10%	33	9%	4	2%	1	3%	35	8%	12	14%	1	8%	5	15%	23	9%
Sexual - Reduced	49	4%	19	6%	6	2%	14	4%	8	2%	2	1%	0	0%	30	6%	1	1%	0	0%	0	0%	17	6%
Sexual - Missing	9	4%	2	4%	3	4%	3	3%	6	6%	2	8%	0	0%	0	0%	2	8%	0	0%	0	0%	1	2%
Harassment / Stalking - Worse	346	29%	79	25%	113	34%	131	34%	151	43%	70	34%	7	18%	111	24%	36	43%	1	8%	11	33%	49	18%
Harassment / Stalking - Unchanged	200	17%	55	18%	44	13%	77	20%	51	14%	18	9%	4	10%	112	24%	10	12%	2	15%	6	18%	58	22%
Harassment / Stalking - Reduced	66	6%	28	9%	14	4%	12	3%	8	2%	6	3%	2	5%	41	9%	1	1%	1	8%	2	6%	21	8%
Harassment / Stalking - Missing	25	4%	11	6%	3	2%	7	3%	9	4%	4	4%	2	13%	5	2%	2	4%	2	33%	0	0%	4	3%
Jealous and Controlling Behaviour - Worse	479	41%	105	33%	167	51%	169	44%	212	60%	109	52%	9	23%	146	32%	44	53%	1	8%	9	27%	79	30%
Jealous and Controlling Behaviour - Unchanged	340	29%	86	27%	87	26%	119	31%	72	20%	33	16%	7	18%	168	36%	25	30%	7	54%	14	42%	89	34%
Jealous and Controlling Behaviour - Reduced	82	7%	39	12%	10	3%	13	3%	10	3%	6	3%	3	8%	45	10%	1	1%	1	8%	4	12%	34	13%
Jealous and Controlling Behaviour - Missing	28	3%	8	3%	8	3%	8	3%	11	4%	4	3%	2	10%	7	2%	2	3%	1	10%	0	0%	5	2%
Escalation in Frequency	n=1181	%	n=314	%	n=329	%	n=385	%	n=352	%	n=208	%	n=40	%	n=462	%	n=83	%	n=13	%	n=33	%	n=265	%
Physical - Worse	339	29%	79	25%	120	36%	117	30%	172	49%	118	57%	6	15%	62	13%	28	34%	1	8%	6	18%	46	17%
Physical - Unchanged	173	15%	55	18%	41	12%	64	17%	57	16%	31	15%	5	13%	64	14%	20	24%	2	15%	5	15%	37	14%
Physical - Reduced	113	10%	41	13%	13	4%	31	8%	20	6%	10	5%	7	18%	54	12%	2	2%	2	15%	6	18%	41	15%
Physical - Missing	36	5%	11	6%	9	5%	12	5%	12	5%	4	2%	4	18%	9	5%	5	9%	0	0%	1	6%	4	3%
Sexual - Worse	87	7%	11	4%	34	10%	36	9%	52	15%	16	8%	0	0%	19	4%	9	11%	0	0%	1	3%	12	5%
Sexual - Unchanged	83	7%	18	6%	24	7%	34	9%	30	9%	4	2%	1	3%	32	7%	12	14%	1	8%	4	12%	23	9%
Sexual - Reduced	55	5%	20	6%	6	2%	19	5%	11	3%	2	1%	0	0%	33	7%	1	1%	0	0%	1	3%	17	6%
Sexual - Missing	12	5%	2	4%	3	4%	5	5%	7	7%	2	8%	0	0%	0	0%	4	15%	0	0%	0	0%	2	4%
Harassment / Stalking - Worse	340	29%	75	24%	115	35%	130	34%	152	43%	68	33%	7	18%	111	24%	34	41%	1	8%	11	33%	49	18%
Harassment / Stalking - Unchanged	201	17%	60	19%	43	13%	73	19%	46	13%	20	10%	4	10%	113	24%	11	13%	3	23%	6	18%	54	20%
Harassment / Stalking - Reduced	66	6%	27	9%	12	4%	14	4%	10	3%	6	3%	2	5%	38	8%	1	1%	1	8%	2	6%	22	8%

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Registered charity number 1106864

Harassment / Stalking - Missing	30	5%	11	6%	4	2%	10	4%	11	5%	4	4%	2	13%	7	3%	3	6%	1	17%	0	0%	7	5%
Jealous and Controlling Behaviour - Worse	460	39%	98	31%	163	50%	164	43%	203	58%	104	50%	9	23%	145	31%	41	49%	1	8%	8	24%	74	28%
Jealous and Controlling Behaviour - Unchanged	345	29%	93	30%	86	26%	116	30%	76	22%	37	18%	7	18%	162	35%	25	30%	8	62%	16	48%	94	35%
Jealous and Controlling Behaviour - Reduced	91	8%	39	12%	14	4%	17	4%	12	3%	7	3%	3	8%	52	11%	1	1%	1	8%	3	9%	34	13%
Jealous and Controlling Behaviour - Missing	33	4%	8	3%	9	3%	12	4%	14	5%	4	3%	2	10%	7	2%	5	7%	0	0%	0	0%	5	2%
Multiple types of abuse and escalation	=1181	%	n =314	%	n =329	%	n =385	%	n =352	%	n =208	%	n =40	%	n =462	%	n =83	%	n =13	%	n =33	%	n =265	%
Multiple types of abuse reported	848	72%	229	73%	246	75%	285	74%	299	85%	155	75%	21	53%	319	69%	73	88%	7	54%	25	76%	178	67%
Multiple types of abuse that are high	435	37%	77	25%	147	45%	185	48%	216	61%	116	56%	3	8%	121	26%	34	41%	0	0%	11	33%	53	20%
At least one form of abuse that is high	641	54%	136	43%	208	63%	248	64%	274	78%	162	78%	13	33%	191	41%	53	64%	1	8%	20	61%	97	37%
At least one form of abuse that is high and escalating in frequency or severity	492	42%	98	31%	175	53%	189	49%	241	68%	142	68%	7	18%	121	26%	43	52%	1	8%	11	33%	63	24%
Any escalation in severity of abuse	648	55%	159	51%	211	64%	221	57%	268	76%	162	78%	14	35%	187	40%	63	76%	2	15%	16	48%	110	42%
Any escalation in frequency of abuse	674	57%	167	53%	216	66%	231	60%	275	78%	163	78%	15	38%	202	44%	64	77%	2	15%	17	52%	117	44%
Any escalation in frequency or severity of abuse	616	52%	150	48%	207	63%	213	55%	259	74%	153	74%	14	35%	185	40%	57	69%	2	15%	15	45%	98	37%
EXIT FORM																								
Circumstances at Exit	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
Living arrangements at exit:																								
Living together	99	14%	39	16%	27	12%	33	13%	28	11%	12	7%	3	14%	52	18%	8	12%	2	67%	3	19%	70	27%
Not living together	592	82%	188	78%	193	84%	211	83%	212	84%	148	89%	18	86%	223	78%	52	79%	1	33%	13	81%	175	68%
Living together intermittently	15	2%	8	3%	5	2%	2	1%	4	2%	5	3%	0	0%	8	3%	0	0%	0	0%	0	0%	11	4%
Don't know	14	2%	2	1%	5	2%	7	3%	3	1%	1	1%	0	0%	4	1%	6	9%	0	0%	0	0%	0	0%
Not asked	3	0%	3	1%	0	0%	0	0%	3	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	1	0%	1	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%
Where not living together; do any of the following apply?																								
Client in refuge	46	3%	4	2%	24	12%	18	9%	17	8%	3	2%	0	0%	4	2%	24	46%	0	0%	0	0%	6	3%
Perpetrator in jail	28	5%	10	5%	10	5%	8	4%	8	4%	16	11%	2	11%	4	2%	2	4%	0	0%	0	0%	3	2%
Serious illness or death of perpetrator	7	1%	1	1%	3	2%	3	1%	2	1%	1	1%	0	0%	5	2%	0	0%	0	0%	0	0%	0	0%
Other (perpetrator abroad, military duty, etc)	207	35%	55	29%	68	35%	84	40%	62	29%	33	22%	5	28%	113	51%	8	15%	1	100%	4	31%	70	40%
Ongoing contact, if not living together																								
Clients reporting ongoing contact	263	44%	93	49%	83	43%	87	41%	98	46%	62	42%	6	33%	113	51%	14	27%	1	100%	7	54%	113	65%
Clients reporting no ongoing contact	308	52%	91	48%	104	54%	113	54%	109	51%	77	52%	12	67%	102	46%	32	62%	0	0%	5	38%	60	34%
Don't know	14	2%	0	0%	5	3%	9	4%	4	2%	3	2%	0	0%	6	3%	6	12%	0	0%	1	8%	2	1%
Not asked	1	0%	1	1%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Missing	6	1%	3	2%	1	1%	2	1%	0	0%	6	4%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%
Reasons for ongoing contact:	n =263		n =93		n =83		n =87		n =98		n =62		n =6		n =113		n =14		n =1		n =7		n =113	
Children	188	71%	70	75%	61	73%	57	66%	66	67%	41	66%	4	67%	87	77%	11	79%	1	100%	4	57%	72	64%
Family and social network	28	11%	5	5%	16	19%	7	8%	10	10%	11	18%	0	0%	15	13%	0	0%	0	0%	0	0%	11	10%
Legal proceedings	51	19%	12	13%	21	25%	18	21%	17	17%	4	6%	2	33%	28	25%	4	29%	0	0%	1	14%	12	11%
Financial arrangements	20	8%	1	1%	11	13%	3	9%	3	3%	2	3%	0	0%	16	14%	0	0%	0	0%	0	0%	7	6%
Ongoing abuse by the perpetrator	52	20%	23	25%	17	20%	12	14%	17	17%	5	8%	1	17%	28	25%	1	7%	0	0%	3	43%	43	38%
Other	25	10%	5	5%	6	7%	14	16%	17	17%	7	11%	0	0%	5	4%	1	7%	0	0%	0	0%	3	7%
Missing	6	1%	3	2%	1	1%	2	1%	0	0%	6	4%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%
Profile of abuse at Exit	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
Clients reporting a complete cessation of all types of abuse																								
425	59%	130	54%	141	61%	154	61%	146	58%	132	80%	10	48%	136	47%	47	71%	1	33%	6	38%	102	40%	
Type of abuse at exit (T2) compared to intake (T1)	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
T1																								
Physical abuse - Yes	432	60%	136	56%	133	58%	163	64%	183	73%	123	74%	8	38%	121	42%	47	71%	1	33%	9	56%	126	49%
Physical abuse - No	285	39%	109	45%	92	40%	84	33%	64	25%	39	23%	13	62%	162	56%	16	24%	2	67%	7	44%	132	51%
Physical abuse - Don't know	5	1%	1	0%	1	0%	3	1%	2	1%	3	2%	0	0%	1	0%	1	2%	0	0%	0	0%	0	0%
Physical abuse - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Physical abuse - Missing	6	1%	0	0%	4	2%	2	1%	2	1%	1	1%	1	5%	3	1%	1	2%	0	0%	0	0%	0	0%
Sexual abuse - Yes	152	21%	48	20%	46	20%	58	23%	67	27%	19	11%	1	5%	59	21%	22	33%	0	0%	1	6%	54	21%
Sexual abuse - No	529	73%	196	81%	165	72%	168	66%	164	65%	134	81%	19	90%	216	75%	38	58%	3	100%	13	81%	202	79%
Sexual abuse - Don't know	36	5%	1	0%	13	6%	22	9%	15	6%	11	7%	1	5%	7	2%	4	6%	0	0%	2	13%	1	0%
Sexual abuse - Not asked	1	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%
Sexual abuse - Missing	10	1%	1	0%	5	2%	4	2%	5	2%	2	1%	1	5%	4	1%	1	2%	0	0%	0	0%	1	0%
Harassment/stalking - Yes	415	57%	145	60%	122	53%	148	58%	149	59%	85	51%	9	43%	176	61%	37	56%	2	67%	11	69%	129	50%
Harassment/stalking - No	297	41%	99	41%	102	44%	96	38%	97	39%	79	48%	12	57%	103	36%	26	39%	1	33%	5	31%	128	50%
Harassment/stalking - Don't know	13	2%	1	0%	4	2%	3	3%	3	1%	2	1%	1	5%	6	2%	2	3%	0	0%	0	0%	1	0%
Harassment/stalking - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Harassment/stalking - Missing	3	0%	1	0%	2	1%	0	0%	2	1%	0	0%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%
Jealous and controlling behaviours - Yes	588	81%	182	76%	193	84%	213	84%	216	86%	121	73%	11	52%	234	82%	57	86%	2	67%	14	88%	203	79%
Jealous and controlling behaviours - No	134	19%	64	27%	34	15%	36	14%	32	13%	45	27%	11	52%	52	18%	6	9%	1	33%	2	13%	55	21%
Jealous and controlling behaviours - Don't know	3	0%	0	0%	0	0%	3	1%	1	0%	0	0%	0	0%	1	0%	1	2%	0	0%	0	0%	0	0%
Jealous and controlling behaviours - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Jealous and controlling behaviours - Missing	3	0%	0	0%	3	1%	0	0%	2	1%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	0	0%
T2																								
Physical abuse - Yes	67	9%	34	14%	9	4%	24	9%	23	9%	12	7%	4	19%	33	11%	3	5%	0	0%	5	31%	32	32%
Physical abuse - No	646	89%	206	85%	216	94%	224	89%	226	90%	152	92%	16	76%	246	86%	63	95%	3	100%	11	69%	174	68%
Physical abuse - Don't know	4	1%	0	0%	0	0%	4	2%	1	0%	2	1%	1	5%	2	1%	0	0%	0	0%	0	0%	0	0%
Physical abuse - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Physical abuse - Missing	7	1%	1	0%	5	2%	1	0%	1	0%	0	0%	0	0%	6	2%	0	0%	0	0%	0	0%	1	0%
Sexual abuse - Yes	25	3%	13	5%	7	3%	5	2%	9	4%	2	1%	0	0%	15	5%	1	2%	0	0%	2	13%	36	14%
Sexual abuse - No	682	94%	226	94%	216	94%	240	95%	238	95%	160	96%	20	95%	263	92%	64	97%	3	100%	13	81%	219	85%
Sexual abuse - Don't know	8	1%	0	0%	1	0%	7	3%	2	1%	3	2%	1	5%	2	1%	1	2%	0	0%	1	6%	1	0%

Sexual abuse - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Sexual abuse - Missing	9	1%	2	1%	6	3%	1	0%	2	1%	0	0%	0	0%	7	2%	0	0%	0	0%	0	0%	1	0%
Harassment/stalking - Yes	186	26%	65	27%	63	27%	58	23%	69	27%	21	13%	5	24%	95	33%	13	20%	1	33%	5	31%	90	35%
Harassment/stalking - No	530	73%	176	73%	163	71%	191	75%	180	72%	145	87%	16	76%	188	66%	51	77%	2	67%	10	63%	167	65%
Harassment/stalking - Don't know	6	1%	0	0%	2	1%	4	2%	1	0%	0	0%	0	0%	2	1%	2	3%	0	0%	1	6%	0	0%
Harassment/stalking - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Harassment/stalking - Missing	2	0%	0	0%	2	1%	0	0%	1	0%	0	0%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%
Jealous and controlling behaviours - Yes	221	31%	99	41%	51	22%	71	28%	63	25%	22	13%	9	43%	135	47%	6	9%	1	33%	8	50%	134	52%
Jealous and controlling behaviours - No	497	69%	142	59%	178	77%	177	70%	187	75%	142	86%	12	57%	150	52%	58	88%	2	67%	7	44%	123	48%
Jealous and controlling behaviours - Don't know	6	1%	0	0%	1	0%	5	2%	1	0%	2	1%	0	0%	1	0%	2	3%	0	0%	1	6%	0	0%
Jealous and controlling behaviours - Not asked	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Jealous and controlling behaviours - Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%
Level of abuse at exit	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
T1																								
Physical - High	259	36%	64	27%	89	39%	106	42%	135	54%	93	56%	2	10%	51	18%	18	27%	1	33%	4	25%	48	19%
Physical - Moderate	136	19%	65	27%	35	15%	36	14%	36	14%	26	16%	4	19%	61	21%	17	26%	0	0%	4	25%	57	22%
Physical - Standard	25	3%	7	3%	4	2%	14	6%	9	4%	3	2%	2	10%	5	2%	8	12%	0	0%	1	6%	20	8%
Physical - Missing	12	3%	0	0%	5	4%	7	4%	3	2%	1	1%	0	0%	4	3%	4	9%	0	0%	0	0%	1	1%
Sexual - High	69	10%	14	6%	24	10%	31	12%	37	15%	14	8%	1	5%	19	7%	7	11%	0	0%	1	6%	12	5%
Sexual - Moderate	65	9%	27	11%	19	8%	19	8%	24	10%	5	3%	0	0%	35	12%	8	12%	0	0%	0	0%	27	11%
Sexual - Standard	13	2%	7	3%	1	0%	5	2%	5	2%	0	0%	0	0%	5	2%	3	5%	0	0%	0	0%	14	5%
Sexual - Missing	5	3%	0	0%	2	4%	3	5%	1	1%	0	0%	0	0%	0	0%	4	18%	0	0%	0	0%	1	2%
Harassment/stalking - High	221	31%	43	18%	76	33%	102	40%	97	39%	65	39%	5	24%	60	21%	21	32%	1	33%	7	44%	36	14%
Harassment/stalking - Moderate	172	24%	91	38%	42	18%	39	15%	45	18%	18	11%	3	14%	107	37%	11	17%	1	33%	4	25%	77	30%
Harassment/stalking - Standard	14	2%	7	3%	3	1%	4	2%	3	1%	1	1%	1	5%	8	3%	3	5%	0	0%	0	0%	15	6%
Harassment/stalking - Missing	8	2%	4	3%	1	1%	3	2%	4	3%	1	1%	0	0%	1	1%	2	5%	0	0%	0	0%	1	1%
Jealous and controlling behaviours - High	349	48%	74	31%	124	54%	151	60%	153	61%	98	59%	3	14%	100	35%	35	53%	1	33%	9	56%	69	27%
Jealous and controlling behaviours - Moderate	204	28%	97	40%	60	26%	47	19%	53	21%	19	11%	7	33%	119	41%	15	23%	1	33%	4	25%	102	40%
Jealous and controlling behaviours - Standard	19	3%	7	3%	3	1%	9	4%	1	0%	2	1%	1	5%	11	4%	4	6%	0	0%	1	6%	26	10%
Jealous and controlling behaviours - Missing	16	3%	4	2%	6	3%	6	3%	9	4%	2	2%	0	0%	4	2%	3	5%	0	0%	0	0%	6	3%
T2																								
Physical - High	29	4%	13	5%	5	2%	11	4%	13	5%	8	5%	0	0%	10	3%	2	3%	0	0%	3	19%	27	11%
Physical - Moderate	27	4%	15	6%	3	1%	9	4%	6	2%	3	2%	1	5%	19	7%	0	0%	0	0%	1	6%	32	12%
Physical - Standard	7	1%	4	2%	0	0%	3	1%	3	1%	0	0%	2	10%	3	1%	0	0%	0	0%	1	6%	20	8%
Physical - Missing	4	3%	2	6%	1	11%	1	4%	1	4%	1	8%	1	25%	1	3%	1	33%	0	0%	0	0%	3	4%
Sexual - High	8	1%	4	2%	1	0%	3	1%	4	2%	1	1%	0	0%	2	1%	0	0%	0	0%	2	13%	9	4%
Sexual - Moderate	13	2%	7	3%	5	2%	1	0%	4	2%	0	0%	0	0%	12	4%	0	0%	0	0%	0	0%	16	6%
Sexual - Standard	2	0%	1	0%	0	0%	1	0%	0	0%	1	1%	0	0%	1	0%	0	0%	0	0%	0	0%	10	4%
Sexual - Missing	2	3%	1	8%	1	14%	0	0%	1	11%	0	0%	0	0%	0	0%	1	100%	0	0%	0	0%	1	3%
Harassment/stalking - High	38	5%	8	3%	10	4%	20	8%	11	4%	8	5%	0	0%	21	7%	4	6%	0	0%	4	25%	26	10%
Harassment/stalking - Moderate	114	16%	46	19%	38	17%	30	12%	40	16%	11	7%	4	19%	63	22%	4	6%	1	33%	1	6%	49	19%

Harassment/stalking - Standard	25	3%	8	3%	11	5%	6	2%	13	5%	1	1%	1	5%	8	3%	4	6%	0	0%	0	0%	12	5%
Harassment/stalking - Missing	9	5%	3	5%	4	6%	2	3%	5	7%	1	5%	0	0%	3	3%	1	8%	0	0%	0	0%	3	3%
Jealous and controlling behaviours - High	45	6%	14	6%	9	4%	22	9%	17	7%	6	4%	0	0%	25	9%	3	5%	0	0%	5	31%	48	19%
Jealous and controlling behaviours - Moderate	134	19%	65	27%	28	12%	41	16%	30	12%	12	7%	6	29%	90	31%	1	2%	0	0%	3	19%	59	23%
Jealous and controlling behaviours - Standard	32	4%	14	6%	11	5%	7	3%	12	5%	3	2%	2	10%	16	6%	1	2%	1	33%	0	0%	22	9%
Jealous and controlling behaviours - Missing	10	5%	6	6%	3	6%	1	1%	4	6%	1	5%	1	11%	4	3%	1	17%	0	0%	0	0%	5	4%
Multiple types of abuse and escalation at exit compare to intake	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
T1																								
Multiple types of abuse reported	559	77%	178	74%	180	78%	201	79%	210	84%	122	73%	11	52%	212	74%	60	91%	2	67%	12	75%	174	68%
Multiple types of abuse that are high	313	43%	64	27%	113	49%	136	54%	150	60%	94	57%	4	19%	78	27%	27	41%	1	33%	8	50%	52	20%
At least one form of abuse that is high	438	60%	105	44%	160	70%	173	68%	190	76%	131	79%	5	24%	124	43%	41	62%	2	67%	10	63%	96	37%
At least one form of abuse that is high and escalating in frequency or severity	342	47%	76	32%	135	59%	131	52%	162	65%	111	67%	2	10%	78	27%	34	52%	2	67%	9	56%	64	25%
Any escalation in severity of abuse	424	59%	122	51%	152	66%	150	59%	184	73%	122	73%	4	19%	116	40%	50	76%	2	67%	10	63%	109	42%
Any escalation in frequency of abuse	441	61%	127	53%	155	67%	159	63%	188	75%	124	75%	4	19%	125	44%	51	77%	2	67%	12	75%	116	45%
Any escalation in frequency or severity of abuse	408	56%	114	47%	152	66%	142	56%	177	71%	115	69%	4	19%	115	40%	45	68%	2	67%	10	63%	97	38%
T2																								
Multiple types of abuse reported	154	21%	71	29%	36	16%	47	19%	40	16%	17	10%	7	33%	99	34%	4	6%	0	0%	7	44%	114	44%
Multiple types of abuse that are high	38	5%	12	5%	9	4%	17	7%	15	6%	9	5%	0	0%	17	6%	2	3%	0	0%	5	31%	36	14%
At least one form of abuse that is high	68	9%	22	9%	14	6%	32	13%	23	9%	11	7%	0	0%	37	13%	7	11%	0	0%	6	38%	63	25%
At least one form of abuse that is high and escalating in frequency or severity	32	4%	11	5%	7	3%	14	6%	8	3%	5	3%	0	0%	21	7%	5	8%	0	0%	3	19%	32	12%
Any escalation in severity of abuse	61	8%	19	8%	27	12%	15	6%	29	12%	6	4%	0	0%	32	11%	4	6%	0	0%	2	13%	54	21%
Any escalation in frequency of abuse	64	9%	21	9%	27	12%	16	6%	29	12%	6	4%	0	0%	34	12%	5	8%	0	0%	3	19%	55	21%
Any escalation in frequency or severity of abuse	61	8%	20	8%	26	11%	15	6%	27	11%	6	4%	0	0%	32	11%	5	8%	0	0%	3	19%	45	18%
Case Workers Perceptions of Risk and Safety at exit	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
Risk Reduction:																								
Significant	265	37%	58	24%	97	42%	110	43%	96	38%	61	37%	5	24%	100	35%	20	30%	2	67%	3	19%	19	7%
Moderate	268	37%	96	40%	97	42%	75	30%	100	40%	67	40%	10	48%	92	32%	27	41%	0	0%	9	56%	68	26%
Moderate/significant	533	74%	154	64%	194	84%	185	73%	196	78%	128	77%	15	71%	192	67%	47	71%	2	67%	12	75%	87	34%
Limited	152	21%	75	31%	28	12%	49	19%	42	17%	38	23%	6	29%	74	26%	11	17%	1	33%	3	19%	159	62%
Increased risk	11	2%	2	1%	4	2%	5	2%	1	0%	0	0%	0	0%	8	3%	4	6%	0	0%	1	6%	4	2%
Don't know	28	4%	10	4%	4	2%	14	6%	12	5%	0	0%	0	0%	13	5%	4	6%	0	0%	0	0%	7	3%
Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Sustainability of any reduction in risk	n =533		n =154		n =194		n =185		n =196		n =128		n =15		n =192		n =47		n =2		n =12		n =87			
Very short term	7	1%	6	4%	0	0%	1	1%	1	1%	5	4%	3	20%	0	0%	0	0%	0	0%	0	0%	0	0%	1	1%
Short term	68	13%	36	23%	15	8%	17	9%	17	9%	41	32%	3	20%	16	8%	7	15%	0	0%	1	8%	31	36%		
Medium term	206	39%	71	46%	72	37%	63	34%	81	41%	45	35%	6	40%	75	39%	20	43%	0	0%	4	33%	34	39%		
Long term	152	29%	32	21%	73	38%	47	25%	64	33%	29	23%	2	13%	59	31%	7	15%	0	0%	3	25%	15	17%		
Risk permanently eliminated	46	9%	3	2%	12	6%	31	17%	11	6%	5	4%	0	0%	28	15%	2	4%	0	0%	1	8%	0	0%		
Don't know	51	10%	6	4%	19	10%	26	14%	20	10%	2	2%	1	7%	13	7%	11	23%	2	100%	3	25%	6	7%		
Missing	3	1%	0	0%	3	2%	0	0%	2	1%	1	1%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%		
Client Reported Outcomes at Exit	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%		
Feelings of Safety																										
Much safer	269	37%	75	31%	94	41%	100	40%	106	42%	42	25%	5	24%	111	39%	19	29%	1	33%	5	31%	20	8%		
Somewhat safer	272	38%	120	50%	82	36%	70	28%	91	36%	66	40%	14	67%	109	38%	23	35%	0	0%	4	25%	111	43%		
<i>Somewhat / much safer</i>	541	75%	195	81%	176	77%	170	67%	197	78%	108	65%	19	90%	220	77%	42	64%	1	33%	9	56%	131	51%		
No change	53	7%	25	10%	13	6%	15	6%	17	7%	20	12%	1	5%	27	9%	0	0%	1	33%	0	0%	120	47%		
Less safe	2	0%	2	1%	0	0%	0	0%	0	0%	1	1%	0	0%	1	0%	0	0%	0	0%	0	0%	1	0%		
Not asked	110	15%	19	8%	23	10%	68	27%	37	15%	12	7%	1	5%	38	13%	24	36%	1	33%	7	44%	3	1%		
Missing	18	2%	0	0%	18	8%	0	0%	0	0%	25	15%	0	0%	1	0%	0	0%	0	0%	0	0%	2	1%		
Quality of Life																										
Improved a lot	273	38%	75	31%	94	41%	104	41%	106	42%	35	21%	3	14%	115	40%	27	41%	0	0%	6	38%	27	11%		
Improved a little	251	35%	115	48%	81	35%	55	22%	87	35%	68	41%	15	71%	101	35%	11	17%	2	67%	3	19%	95	37%		
<i>Much/a little improved</i>	524	72%	190	79%	175	76%	159	63%	193	77%	103	62%	18	86%	216	75%	38	58%	2	67%	9	56%	122	47%		
Not changed	71	10%	32	13%	15	7%	24	9%	21	8%	24	14%	1	5%	30	10%	6	9%	0	0%	0	0%	128	50%		
Become worse	7	1%	2	1%	1	0%	4	2%	3	1%	2	1%	0	0%	3	1%	0	0%	0	0%	0	0%	1	0%		
Not asked	104	14%	17	7%	21	9%	66	26%	33	13%	11	7%	2	10%	37	13%	22	33%	1	33%	7	44%	2	1%		
Missing	18	2%	0	0%	18	8%	0	0%	1	0%	26	16%	0	0%	1	0%	0	0%	0	0%	0	0%	4	2%		
Feelings of fear																										
Not at all frightened	206	28%	70	29%	71	31%	65	26%	75	30%	42	25%	9	43%	81	28%	10	15%	1	33%	5	31%	32	12%		
A little frightened	342	47%	127	53%	111	48%	104	41%	122	49%	75	45%	9	43%	143	50%	27	41%	1	33%	4	25%	132	51%		
Quite frightened	33	5%	17	7%	4	2%	12	5%	12	5%	6	4%	0	0%	14	5%	4	6%	0	0%	0	0%	60	23%		
Very frightened	9	1%	6	2%	1	0%	2	1%	5	2%	4	2%	1	5%	7	2%	0	0%	0	0%	0	0%	25	10%		
Not asked	114	16%	18	7%	26	11%	70	28%	36	14%	12	7%	2	10%	41	14%	25	38%	1	33%	7	44%	6	2%		
Missing	20	3%	3	1%	17	7%	0	0%	1	0%	27	16%	0	0%	1	0%	0	0%	0	0%	0	0%	2	1%		
Confidence in accessing support																										
Very confident	355	49%	109	45%	137	60%	109	43%	145	58%	39	23%	4	19%	168	59%	22	33%	1	33%	8	50%	92	36%		
Confident	242	33%	113	47%	51	22%	78	31%	72	29%	87	52%	16	76%	82	29%	18	27%	1	33%	2	13%	155	60%		
<i>Somewhat/very confident</i>	597	82%	222	92%	188	82%	187	74%	217	86%	126	76%	20	95%	250	87%	40	61%	2	67%	10	63%	247	96%		
Not confident	7	1%	2	1%	2	1%	3	1%	2	1%	2	1%	0	0%	1	0%	3	5%	0	0%	0	0%	7	3%		
Not asked	100	14%	15	6%	22	10%	63	25%	32	13%	11	7%	1	5%	35	12%	22	33%	1	33%	6	38%	1	0%		
Missing	20	3%	2	1%	18	8%	0	0%	0	0%	27	16%	0	0%	1	0%	1	2%	0	0%	0	0%	2	1%		
SERVICE OUTPUTS																										
Case Status	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%		
Case Closed	650	90%	189	78%	221	96%	240	95%	202	80%	160	96%	16	76%	258	90%	66	100%	2	67%	13	81%	204	79%		
Case Inactive	63	9%	44	18%	6	3%	13	5%	46	18%	5	3%	3	14%	24	8%	0	0%	1	33%	3	19%	48	19%		
Status missing	11	2%	8	3%	3	1%	0	0%	3	1%	1	1%	2	10%	5	2%	0	0%	0	0%	0	0%	5	2%		
Intensity of Support	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%		
Less than 5 contacts	302	42%	87	36%	113	49%	102	40%	81	32%	56	34%	11	52%	166	58%	12	18%	0	0%	11	69%	234	91%		
Between 5 and up to 10 contacts	235	32%	83	34%	72	31%	80	32%	99	39%	74	45%	9	43%	65	23%	18	27%	0	0%	2	13%	17	7%		
More than 10 contacts	183	25%	71	29%	41	18%	71	28%	70	28%	33	20%	1	5%	55	19%	36	55%	2	67%	3	19%	3	1%		

Missing data	4	1%	0	0%	4	2%	0	0%	1	0%	3	2%	0	0%	1	0%	0	0%	1	33%	0	0%	3	1%
Average Case length		1.8 months		1.3 months		1.9 months		2.3 months		2.2 months		1.9 months		0.5 months		1.6 months		0.6 months		7.4 months		3 months		0 months
Number of Interventions	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
0 - 1	58	8%	18	7%	22	10%	18	7%	0	0%	5	3%	1	5%	45	16%	5	8%	0	0%	3	19%	59	23%
2 - 3	323	45%	141	59%	67	29%	116	46%	69	27%	112	67%	12	57%	150	52%	22	33%	2	67%	7	44%	172	67%
4 - 5	238	33%	68	28%	90	39%	80	32%	106	42%	37	22%	8	38%	73	25%	30	45%	1	33%	4	25%	21	8%
6 +	105	15%	14	6%	51	22%	39	15%	76	30%	12	7%	0	0%	19	7%	9	14%	0	0%	2	13%	5	2%
Average number of interventions per client	3.6		3.2		4		3.7		4.7		3		3.1		3		3.9		3.7		3.2		2.2	
Types of interventions and outcomes	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
Clients accessing services:																								
Safety planning	653	90%	240	100%	210	91%	203	80%	251	100%	117	70%	20	95%	260	91%	56	85%	3	100%	16	100%	245	95%
MARAC	287	40%	91	38%	108	47%	87	34%	245	98%	9	5%	6	29%	37	13%	23	35%	0	0%	5	31%	45	18%
Liaison/support with Police	280	39%	49	20%	118	51%	113	45%	151	60%	89	54%	3	14%	64	22%	13	20%	1	33%	7	44%	17	7%
Support with criminal court process	211	29%	63	26%	82	36%	66	26%	83	33%	163	98%	1	5%	16	6%	5	8%	0	0%	0	0%	2	1%
Liaison/support with Probation	24	3%	5	2%	7	3%	12	5%	16	6%	9	5%	1	5%	2	1%	0	0%	0	0%	0	0%	0	0%
Support with civil orders	62	9%	19	8%	12	5%	31	12%	33	13%	3	2%	1	5%	27	9%	2	3%	1	33%	1	6%	4	2%
Support with Housing	242	33%	51	21%	89	39%	102	40%	107	43%	21	13%	7	33%	83	29%	39	59%	0	0%	4	25%	26	10%
Financial benefits; advice and support	153	21%	44	18%	43	19%	66	26%	35	14%	10	6%	5	24%	59	21%	50	76%	0	0%	2	13%	21	8%
Support with Immigration	10	1%	3	1%	3	1%	3	1%	5	2%	1	1%	1	5%	1	0%	2	3%	0	0%	1	6%	0	0%
Health/well being; advice and support	498	69%	160	66%	179	78%	158	62%	162	65%	73	44%	19	90%	225	78%	46	70%	3	100%	11	69%	183	71%
Support with children	194	27%	35	15%	71	31%	87	34%	84	33%	8	5%	2	10%	83	29%	23	35%	3	100%	4	25%	23	9%
Any Outcome (as % service accessed)																								
Safety planning	652	100%	240	100%	209	100%	203	100%	251	100%	117	100%	20	100%	260	100%	55	98%	3	100%	16	100%	245	100%
MARAC	43	4%	32	10%	0	0%	11	3%	50	14%	0	0%	1	3%	9	2%	0	0%	0	0%	0	0%	2	1%
Liaison/support with Police	278	99%	47	96%	118	100%	113	100%	151	100%	87	98%	3	100%	64	100%	13	100%	1	100%	7	100%	17	100%
Support with criminal court process	209	99%	62	98%	82	100%	65	98%	81	98%	163	100%	1	100%	16	100%	5	100%	0	0%	0	0%	2	100%
Liaison/support with Probation	22	92%	5	100%	6	86%	11	92%	16	100%	9	100%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Support with civil orders	62	100%	19	100%	12	100%	31	100%	33	100%	3	100%	1	100%	27	100%	2	100%	1	100%	1	100%	4	100%
Support with Housing	241	100%	51	100%	88	99%	102	100%	106	99%	21	100%	7	100%	83	100%	39	100%	0	0%	4	100%	25	96%
Financial benefits; advice and support	151	99%	44	100%	42	98%	65	98%	35	100%	10	100%	5	100%	58	98%	49	98%	0	0%	2	100%	20	95%
Support with Immigration	10	100%	3	100%	3	100%	3	100%	5	100%	1	100%	1	100%	1	100%	2	100%	0	0%	1	100%	0	0%
Health/well being; advice and support	498	100%	160	100%	179	100%	158	100%	162	100%	73	100%	19	100%	225	100%	46	100%	3	100%	11	100%	183	100%
Support with children	194	100%	35	100%	71	100%	87	100%	84	100%	8	100%	2	100%	83	100%	23	100%	3	100%	4	100%	22	96%
Outcomes and Impact Ratings	n =724	%	n =241	%	n =230	%	n =253	%	n =251	%	n =166	%	n =21	%	n =287	%	n =66	%	n =3	%	n =16	%	n =257	%
Safety planning:	652		240		209		203		251		117		20		260		55		3		16		245	
Safety plan in place	652	100%	240	100%	209	100%	203	100%	251	100%	117	100%	20	100%	260	100%	55	98%	3	100%	16	100%	245	100%
Liaison/support with Police:	278		47		118		113		151		87		3		64		13		1		7		17	
Protective measures in place	193	69%	35	71%	88	75%	70	62%	125	83%	53	60%	3	100%	37	58%	4	31%	1	100%	0	0%	7	41%
Arrest (including for breach of orders)	61	22%	11	22%	35	30%	14	12%	41	27%	16	18%	0	0%	10	16%	3	23%	1	100%	1	14%	1	6%
Other	104	37%	12	24%	29	25%	62	55%	28	19%	51	57%	1	33%	33	52%	6	46%	0	0%	6	86%	10	59%
Support with criminal court process:	209		62		82		65		81		163		1		16		5		0		0		2	

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Registered charity number 1106864

Criminal justice process ongoing or pending	26	12%	10	16%	14	17%	2	3%	18	22%	11	7%	1	100%	5	31%	3	60%	0	0%	0	0%	1	50%
Criminal conviction and sentence	143	68%	46	73%	51	62%	46	70%	39	47%	137	84%	0	0%	6	38%	0	0%	0	0%	0	0%	0	0%
Effective bail conditions imposed	36	17%	10	16%	7	9%	19	29%	18	22%	27	17%	1	100%	7	44%	0	0%	0	0%	0	0%	0	0%
Other	70	33%	5	8%	31	38%	34	52%	25	30%	54	33%	0	0%	5	31%	2	40%	0	0%	0	0%	1	50%
Liaison/support with Probation:	22		5		6		11		16		9		1		0		0		0		0		0	
IDAP or other perpetrator program	7	29%	3	60%	1	14%	3	25%	4	25%	5	56%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	17	71%	3	60%	5	71%	9	75%	14	88%	5	56%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Support with civil orders:	62		19		12		31		33		3		1		27		2		1		1		4	
Civil orders granted and enforced	30	48%	13	68%	6	50%	11	35%	12	36%	2	67%	0	0%	14	52%	2	100%	1	100%	1	100%	0	0%
Other	39	63%	12	63%	6	50%	21	68%	21	64%	3	100%	1	100%	18	67%	0	0%	0	0%	0	0%	4	100%
Support with Housing:	241		51		88		102		106		21		7		83		39		0		4		25	
Sanctuary scheme	51	21%	10	20%	24	27%	17	17%	41	38%	5	24%	0	0%	9	11%	0	0%	0	0%	0	0%	1	4%
Client re-housed in area	33	14%	9	18%	8	9%	16	16%	12	11%	0	0%	1	14%	15	18%	6	15%	0	0%	0	0%	2	8%
Client moved out of area	36	15%	6	12%	8	9%	22	22%	11	10%	2	10%	0	0%	16	19%	9	23%	0	0%	1	25%	1	4%
Perpetrator evicted	20	8%	3	6%	3	3%	14	14%	11	10%	0	0%	0	0%	9	11%	0	0%	0	0%	1	25%	0	0%
Refuge	36	15%	5	10%	18	20%	13	13%	20	19%	1	5%	0	0%	3	4%	13	33%	0	0%	0	0%	5	19%
Other	99	41%	26	51%	36	40%	37	36%	36	34%	14	67%	6	86%	42	51%	11	28%	0	0%	2	50%	20	77%
Financial benefits; advice and support:	151		44		42		65		35		10		5		58		49		0		2		20	
Benefits or other monetary support accessed	140	92%	38	86%	38	88%	64	97%	30	86%	10	100%	4	80%	52	88%	49	98%	0	0%	2	100%	17	81%
Debt being addressed	53	35%	20	45%	18	42%	15	23%	19	54%	2	20%	3	60%	20	34%	11	22%	0	0%	1	50%	7	33%
Support with Immigration:	10		3		3		3		5		1		1		1		2		0		1		0	
Leave to remain not dependent on perpetrator	5	50%	3	100%	0	0%	2	67%	3	60%	1	100%	1	100%	0	0%	1	50%	0	0%	0	0%	0	0%
Recourse to public funds	7	70%	0	0%	3	100%	3	100%	4	80%	0	0%	0	0%	1	100%	1	50%	0	0%	1	100%	0	0%
Other	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Health/well being; advice and support:	498		160		179		158		162		73		19		225		46		3		11		183	
Improved access to help and support	398	80%	151	94%	133	74%	113	72%	125	77%	64	88%	16	84%	194	86%	25	54%	3	100%	8	73%	171	93%
Improved coping strategies	277	56%	144	90%	86	48%	47	30%	64	40%	32	44%	14	74%	166	74%	15	33%	1	33%	7	64%	147	80%
Clients' engagement with mental health	44	9%	10	6%	18	10%	16	10%	21	13%	1	1%	1	5%	18	8%	5	11%	0	0%	0	0%	8	4%
Clients' engagement with other health services	40	8%	9	6%	10	6%	20	13%	12	7%	2	3%	0	0%	18	8%	12	26%	0	0%	0	0%	4	2%
Clients' engagement with drug services	5	1%	0	0%	3	2%	2	1%	4	2%	0	0%	0	0%	0	0%	1	2%	0	0%	0	0%	2	1%
Clients' engagement with alcohol services	17	3%	7	4%	6	3%	4	3%	9	6%	2	3%	1	5%	6	3%	0	0%	0	0%	0	0%	2	1%
Referral to specialist DV services (not refuge)	52	10%	27	17%	7	4%	18	11%	23	14%	4	5%	1	5%	29	13%	5	11%	1	33%	2	18%	65	36%
Client in counselling	52	10%	18	11%	27	15%	7	4%	27	17%	7	10%	2	11%	19	8%	3	7%	0	0%	0	0%	11	6%
Pattern changing course (or similar)	79	16%	32	20%	22	12%	25	16%	30	19%	11	15%	1	5%	46	20%	1	2%	1	33%	0	0%	27	15%
Positive change in clients' support networks	166	33%	68	43%	68	38%	29	18%	49	30%	6	8%	9	47%	104	46%	10	22%	3	100%	2	18%	58	32%
Other	33	7%	4	3%	10	6%	19	12%	7	4%	8	11%	4	21%	13	6%	3	7%	0	0%	2	18%	12	7%
Support with children:	194		35		71		87		84		8		2		83		23		3		4		22	

Child contact arrangements in place	75	39%	23	66%	24	34%	28	32%	24	29%	3	38%	1	50%	41	49%	6	26%	1	33%	1	25%	2	9%
Safeguarding initiated/ issued/ addressed	83	43%	15	43%	24	34%	43	49%	43	51%	2	25%	0	0%	35	42%	9	39%	0	0%	3	75%	9	39%
Civil orders in relation to children granted and enforced	24	12%	8	23%	7	10%	9	10%	8	10%	0	0%	0	0%	14	17%	2	9%	0	0%	1	25%	0	0%
Special needs of children addressed	30	15%	5	14%	14	20%	11	13%	18	21%	0	0%	1	50%	10	12%	1	4%	0	0%	0	0%	1	4%
Other	52	27%	9	26%	19	27%	24	28%	15	18%	4	50%	1	50%	20	24%	11	48%	2	67%	1	25%	14	61%
Criminal justice system outcomes (T2)	n=608	%	n=233	%	n=127	%	n=248	%	n=234	%	n=160	%	n=18	%	n=211	%	n=40	%	n=1	%	n=14	%	n=243	%
Cases where a report to police was made (as % of cases reviewed at exit)	366	51%	111	46%	113	49%	142	56%	191	76%	159	96%	4	19%	53	18%	15	23%	0	0%	5	31%	56	22%
Cases where no report to police was made (as % of cases reviewed at exit)	242	33%	122	51%	14	6%	106	42%	43	17%	1	1%	14	67%	158	55%	25	38%	1	33%	9	56%	187	73%
Cases where a charge was made (as % of cases reviewed at exit)	206	28%	65	27%	73	32%	68	27%	78	31%	158	95%	2	10%	11	4%	5	8%	0	0%	1	6%	6	2%
Cases where no charge was made (as % of cases reviewed at exit)	149	41%	42	38%	40	35%	67	47%	109	57%	0	0%	2	50%	39	74%	6	40%	0	0%	3	60%	40	71%
Cases where CPS proceeded with the case (as % cases charged)	175	85%	51	78%	65	89%	59	87%	69	88%	130	82%	2	100%	10	91%	4	80%	0	0%	1	100%	6	100%
Cases that did not proceed to court (as % cases charged)	28	14%	13	20%	7	10%	8	12%	8	10%	26	16%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
Victim withdrew	9	4%	4	6%	2	3%	3	4%	6	8%	7	4%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
No evidence offered by CPS	11	5%	7	11%	2	3%	2	3%	0	0%	15	9%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	9	4%	2	3%	3	4%	4	6%	2	3%	7	4%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
Missing	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Clients supported by the case worker in criminal justice process (% of cases charged)	155	75%	46	71%	62	85%	47	69%	57	73%	126	80%	1	50%	5	45%	1	20%	0	0%	0	0%	2	33%
Cases proceeding to court	n=175	%	n=51	%	n=65	%	n=59	%	n=69	%	n=130	%	n=2	%	n=10	%	n=4	%	n=0	%	n=1	%	n=6	%
Cases heard at Specialist DV Court (SDVC)	161	92%	45	88%	63	97%	53	90%	61	88%	129	99%	1	50%	7	70%	2	50%	0	0%	1	100%	1	17%
Cases where special measures were granted	29	17%	5	10%	13	20%	11	19%	14	20%	21	16%	0	0%	2	20%	1	25%	0	0%	0	0%	0	0%
Attendance at court (% cases)																								
Victim	67	38%	12	24%	31	48%	24	41%	27	39%	48	37%	0	0%	3	30%	1	25%	0	0%	0	0%	1	17%
Perpetrator	132	75%	15	29%	62	95%	55	93%	60	87%	87	67%	0	0%	7	70%	2	50%	0	0%	0	0%	2	33%
IDVA	151	86%	44	86%	58	89%	49	83%	53	77%	126	97%	0	0%	6	60%	1	25%	0	0%	0	0%	1	17%
Witness service	31	18%	1	2%	22	34%	8	14%	15	22%	23	18%	0	0%	1	10%	0	0%	0	0%	0	0%	0	0%
Other	3	2%	0	0%	0	0%	3	5%	3	4%	2	2%	0	0%	0	0%	0	0%	0	0%	0	0%	1	17%
Missing	3	2%	0	0%	0	0%	3	5%	1	1%	1	1%	1	50%	0	0%	2	50%	0	0%	1	100%	0	0%
Outcome of cases proceeding to court																								
Cases resulting in a guilty																								

Breach of non-molestation order	12	6%	3	5%	4	5%	5	7%	3	4%	10	6%	0	0%	1	9%	0	0%	0	0%	0	0%	0	0%
Witness intimidation	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Public order offences	2	1%	0	0%	2	3%	0	0%	1	1%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Harassment	31	15%	5	8%	18	25%	8	12%	12	15%	21	13%	1	50%	3	27%	0	0%	0	0%	1	100%	0	0%
Offences against Property																								
Burglary/attempted	2	1%	1	2%	0	0%	1	1%	1	1%	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Theft	2	1%	0	0%	2	3%	0	0%	0	0%	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Criminal damage	36	17%	9	14%	13	18%	14	21%	14	18%	32	20%	0	0%	0	0%	1	20%	0	0%	0	0%	1	17%
Criminal trespassing	1	0%	1	2%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Arson	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Telecommunications Act offences	2	1%	0	0%	1	1%	1	1%	1	1%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	9	4%	3	5%	1	1%	5	7%	2	3%	9	6%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Penalty as % of guilty verdicts (convictions)	n=145	%	n=39	%	n=58	%	n=48	%	n=55	%	n=112	%	n=1	%	n=8	%	n=2	%	n=0	%	n=0	%	n=1	%
IDAP/CDVP	15	10%	3	8%	10	17%	2	4%	10	18%	6	5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Community sentence (not IDAP)	41	28%	9	23%	17	29%	15	31%	15	27%	33	29%	0	0%	2	25%	1	50%	0	0%	0	0%	0	0%
Suspended sentence	30	21%	8	21%	9	16%	13	27%	11	20%	21	19%	0	0%	3	38%	0	0%	0	0%	0	0%	1	100%
Custodial sentence under 12 months	18	12%	3	8%	6	10%	9	19%	2	4%	15	13%	0	0%	1	13%	1	50%	0	0%	0	0%	0	0%
Custodial sentence over 12 months	2	1%	1	3%	1	2%	0	0%	1	2%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Indeterminate sentence	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Restraining orders	75	52%	15	38%	34	59%	26	54%	30	55%	54	48%	0	0%	5	63%	1	50%	0	0%	0	0%	0	0%
Bindover	2	1%	1	3%	0	0%	1	2%	0	0%	1	1%	0	0%	1	13%	0	0%	0	0%	0	0%	0	0%
Fine	28	19%	12	31%	9	16%	7	15%	13	24%	25	22%	0	0%	0	0%	1	50%	0	0%	0	0%	0	0%
Caution	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	34	23%	7	18%	11	19%	16	33%	5	9%	36	32%	1	100%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	2	1%	0	0%	0	0%	2	4%	3	5%	1	1%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Civil justice outcomes (T2)	n=68	%	n=19	%	n=17	%	n=32	%	n=44	%	n=2	%	n=0	%	n=21	%	n=5	%	n=0	%	n=1	%	n=4	%
Clients supported by the case worker with any civil orders (as % cases reviewed)	68	9%	19	8%	17	7%	32	13%	44	18%	2	1%	0	0%	21	7%	5	8%	0	0%	1	6%	4	2%
Support with civil orders (as % of cases reviewed)	47	6%	12	5%	14	6%	21	8%	33	13%	2	1%	0	0%	12	4%	3	5%	0	0%	1	6%	1	0%
Support with orders under The Children Act (as % of cases reviewed)	34	5%	10	4%	5	2%	19	8%	17	7%	0	0%	0	0%	15	5%	2	3%	0	0%	1	6%	3	1%
Legal aid (% of those supported)																								
Clients qualifying for legal aid	54	79%	17	89%	14	82%	23	72%	35	80%	2	100%	0	0%	18	86%	2	40%	0	0%	1	100%	4	100%
Clients NOT qualifying for legal aid	4	6%	1	5%	1	6%	2	6%	2	5%	0	0%	0	0%	2	10%	0	0%	0	0%	0	0%	0	0%
Clients not applying for legal aid	2	3%	1	5%	0	0%	1	3%	2	5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	3	4%	0	0%	0	0%	3	9%	0	0%	0	0%	0	0%	1	5%	3	60%	0	0%	0	0%	0	0%
Provision of legal support (% of																								

(those supported)																								
Solicitor	65	96%	19	100%	17	100%	29	91%	41	93%	2	100%	0	0%	21	100%	5	100%	0	0%	1	100%	4	100%
IDVA (DIY order)	1	1%	0	0%	0	0%	1	3%	0	0%	0	0%	0	0%	0	0%	1	20%	0	0%	0	0%	0	0%
McKenzie friend	1	1%	0	0%	1	6%	0	0%	2	5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	2	3%	0	0%	0	0%	2	6%	2	5%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Missing	1	1%	0	0%	0	0%	1	3%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Civil orders applied for/ granted/ breached (T2)	n=68	%	n=19	%	n=17	%	n=32	%	n=44	%	n=2	%	n=0	%	n=21	%	n=5	%	n=0	%	n=1	%	n=4	%
None	7	10%	1	5%	1	6%	5	16%	7	16%	0	0%	0	0%	1	5%	0	0%	0	0%	0	0%	1	25%
Non-molestation order	34	50%	8	42%	13	76%	13	41%	26	59%	0	0%	0	0%	8	38%	2	40%	0	0%	1	100%	0	0%
Occupation order	15	22%	5	26%	4	24%	6	19%	8	18%	2	100%	0	0%	5	24%	0	0%	0	0%	1	100%	0	0%
Order under Protection from Harassment Act	4	6%	3	16%	0	0%	1	3%	0	0%	0	0%	0	0%	3	14%	1	20%	0	0%	0	0%	0	0%
Injunction under Forced Marriage Act	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Contact order	20	29%	9	47%	3	18%	8	25%	5	11%	0	0%	0	0%	15	71%	0	0%	0	0%	0	0%	0	0%
Other orders under the Children Act	17	25%	6	32%	3	18%	8	25%	9	20%	0	0%	0	0%	6	29%	1	20%	0	0%	1	100%	2	50%
Missing data	1	1%	0	0%	0	0%	1	3%	1	2%	0	0%	0	0%	1	5%	0	0%	0	0%	0	0%	0	0%
Granted																								
None	4	0%	1	0%	1	0%	2	0%	4	0%	0	0%	0	0%	1	0%	0	0%	0	0%	0	0%	0	0%
Non-molestation order	30	44%	6	32%	12	71%	12	38%	23	52%	0	0%	0	0%	7	33%	2	40%	0	0%	1	100%	0	0%
Occupation order	12	18%	4	21%	4	24%	4	13%	7	16%	1	50%	0	0%	4	19%	0	0%	0	0%	1	100%	0	0%
Order under Protection from Harassment Act	4	6%	3	16%	0	0%	1	3%	0	0%	0	0%	0	0%	3	14%	1	20%	0	0%	0	0%	0	0%
Injunction under Forced Marriage Act	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Contact order	16	24%	7	37%	3	18%	6	19%	3	7%	0	0%	0	0%	13	62%	0	0%	0	0%	0	0%	0	0%
Other orders under the Children Act	14	21%	5	26%	3	18%	6	19%	8	18%	0	0%	0	0%	5	24%	0	0%	0	0%	1	100%	0	0%
Missing data	1	1%	0	0%	0	0%	1	3%	1	2%	0	0%	0	0%	1	5%	0	0%	0	0%	0	0%	0	0%
Breached																								
None	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Non-molestation order	7	23%	0	0%	3	25%	4	33%	6	26%	0	0%	0	0%	1	14%	0	0%	0	0%	0	0%	0	0%
Occupation order	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Order under Protection from Harassment Act	1	25%	1	33%	0	0%	0	0%	0	0%	0	0%	0	0%	1	33%	0	0%	0	0%	0	0%	0	0%
Injunction under Forced Marriage Act	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Contact order	1	6%	1	14%	0	0%	0	0%	0	0%	0	0%	0	0%	1	8%	0	0%	0	0%	0	0%	0	0%
Other orders under the Children Act:	1	7%	1	20%	0	0%	0	0%	0	0%	0	0%	0	0%	1	20%	0	0%	0	0%	0	0%	0	0%
Missing data	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%

Appendix 3. Service User Consultation Interview Schedule

Service Name:
Interview Number:
Date:

Introduction:
<ol style="list-style-type: none"> 1. Myself 2. Aim of consultation 3. Consent form 4. Explain confidentiality in real terms – i.e. how information used during the evaluation process – what happens if disclose current high risk situation 5. Documentation of the interview
Client Details:
<ol style="list-style-type: none"> 1. Gender 2. Age 3. Ethnicity 4. Children 5. Area 6. Sexuality
Section 1 – Accessing the Service
1.1 Can you remember what things were like before you were referred to the service? Can we talk a bit about what things were like in that relationship?
1.2 How was the abuse impacting on your life, and the life of your children? (Mental health, physical health, wellbeing, coping strategies, support networks, work)
1.3 Were you in contact with any other agencies at that time? (Investigate service use – A&E, GP, housing etc., frequency of contact)
1.4 Did you tell anyone at those services about your situation? Was there any other agency supporting you at that time?
1.5 What were the barriers to accessing support/ disclosing? (Keep in mind particular barriers – e.g. sexuality, affluence, etc.)
1.6 How did you find out about the service?
1.7 Was there any one incident or event that made you decide to seek support/ engage with the service? How had you felt about seeking support before – what was different about this time?
Section 2 – Support
2.1 How did you come to be referred to the service/ how did you access the service yourself?
2.2 Was it easy to access the service (referral process, getting in touch, making a first contact or appointment etc)?
2.3 What were your expectations at this point? Did you have a clear picture of what you needed and wanted to get out of the service?
2.4 What sort of things were they able to help you with? (Explore options – CJS, civil, housing, children, health, wellbeing, safety planning. Trace progress through the service if referred on internally)
2.5 How did it feel to use the service? (Empowering, reassuring/ frightening, intrusive, etc.)
2.6 Out of the work you did with the service, which part felt the most significant to you? Why?
2.7 Was there anything that didn't work or was unhelpful?

2.8 Did you come across any problems when using the service - were there any delays/ crossed wires in terms of delivering support?
2.9 Was another agency supporting you at this time? (Pick out differences in nature of support being offered by generic and specialist support services, also impact of coordinating role of case worker)
Section 3 – Impact
3.1 What difference did the support you received make to your situation? Explore: <ul style="list-style-type: none"> ➤ Reduction in abuse ➤ Safety ➤ Support networks ➤ Children – were you offered any support around your children? ➤ Circumstances (housing, living arrangements) ➤ Wellbeing ➤ Health ➤ Empowerment ➤ Accessing services ➤ Confidence in seeking support <p>Consider specific vulnerabilities of client, particular problems experienced at point of intake and reflect on changes in these areas too.</p>
Section 4 – Exiting
4.1 Roughly how long were you supported by the service for?
4.2 What happened when your case was closed?
4.3 Did you feel ready to leave the service?
4.4 Were you referred on to another support service? Did that go smoothly? (Review service usage at this point – which services, what for, and how often.)
4.5 How did they keep in touch – what was this period like (after exiting) -did you get the support you felt you needed?
Section 5 – Now
5.1 Recap outcomes described in section five – how are things going now?
5.2 If there has been any change (positive or negative) – why do you think things have changed? (If negative change – what could have helped? If positive changes – what supported these changes?)
Section 6 – Your Recommendations
6.1 Are you being supported by any other agencies at the moment? (Review service usage now)
6.2 Would you say that the service was able to meet your needs? How about for other survivors of abuse?
6.3 How do you think the service here could be improved?
6.4 Do you have any recommendations for changes to the support offered to survivors either at the service or via other local agencies?
Section 7 - Reflections
7.1 How would things have been different without the service?
7.2 Out of all the changes that have happened since you started using the service, what are you most proud of and why?
7.3 If you had one message for the people in charge of planning support for survivors of domestic violence, what would it be?
Section 8 – Finishing Up
Any questions?

Consent for follow up? Keeping in touch – our contact details
Notes:

Appendix 4. Domestic Violence and Abuse, and the Trans-theoretical Model of Change

The Trans-theoretical Model (TTM) of Change has been used to map service user journeys in a variety of settings including victims of domestic abuse. This model identifies five distinct stages of a process with potentially different objectives and outcomes at each stage. It is useful to consider this model as the basis for one that specifically represents what is happening in the domestic violence and abuse sector. This model focuses on helping people move through a process of intentionally changing their behaviour by recognising that change is a process that must be maintained over time; it is not achieved via a single event, it is often fraught with relapses and regressions as well as progression.

The model has been supported by research addressing significant public health issues such as smoking cessation, substance abuse, HIV prevention, physical activity and exercise, physician patient teaching, pain management, financial management and domestic violence⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾⁽⁵⁾⁽⁶⁾.

Consideration was given to the Trans-theoretical Model of Change when designing the service user consultation as the model provides a structure for identifying potential needs of service users as they step through each stage and a context for assessing the extent to which advanced funded services are meeting these needs.

The model was also considered when assessing whether advanced funded services are delivering 'best value' across the service user journey, though for simplicity the stages below were condensed to three stages: pre-engagement, action and post-engagement.

The Trans-theoretical model identifies five stages within a process of overall change:

1. **Pre-contemplation:** in which the person may not be aware behaviour is a problem or, while recognising this, does not seriously consider acting to resolve the problem in the next six months. People may remain in the pre-contemplation stage for very long periods of time.
2. **Contemplation:** when the person considers the possibility of change to resolve the problem and may explore options to accomplish the change, but does not feel ready to change.
3. **Preparation:** where the person actively prepares to resolve the problem and may gather information, resources, support, and begin to make small changes. This stage is characterized by a strong intention to change within a month.
4. **Action:** the fourth stage is the change itself, which usually includes a number of associated behaviours and a great commitment of time and energy. Often the mix of behaviours is unique to the person's situation.
5. **Maintenance:** of the change over time (at least six months), which again includes a number of behaviours and active work.

The aspect that makes the TTM unique is the idea that change occurs over time, an aspect generally ignored by other theories of change⁽⁷⁾⁽⁸⁾⁽⁹⁾. This temporal dimension of the theory proposes that a person may progress through the five stages of change when trying to modify their behaviours⁽¹⁰⁾⁽¹¹⁾⁽⁷⁾.

A person in the preparation stage has often unsuccessfully taken some sort of action to change the behaviour within the last year, but still engages in the high-risk behaviour⁽¹²⁾⁽¹¹⁾⁽⁷⁾⁽⁸⁾. An individual in this stage may not know how to proceed to make a change and could be nervous about his or her ability to change⁽⁹⁾.

The action stage requires a significant commitment of time and energy and is the stage where the individual gets the most recognition from others because of their visible efforts⁽¹²⁾⁽¹¹⁾. Research cautions us not to mistake this visible action of trying to change with change itself, because the individual's actual change only occurs when a certain criteria has been reached, a

criteria which scientists and professionals agree is sufficient to reduce risks the unhelpful behaviour⁽¹¹⁾⁽⁷⁾⁽⁸⁾. Prochaska, DiClemente, and Norcross (1992) suggest that the main ways of recognizing that someone is in the action stage is through their significant efforts made to change and through modifying the identified behaviour which is the focus of change to acceptable criterion levels. Movement into the final stage occurs when an individual sees evidence of performance improvement, has a positive affective state, and receives positive social and performance feedback⁽⁹⁾.

The ability to participate in new incompatible behaviours for more than six months is the criteria used to categorise someone into the maintenance stage. Research also recognizes that maintenance is a continuation of change, not an absence of it⁽¹²⁾⁽¹¹⁾⁽⁷⁾⁽⁸⁾. It was generally found that 40% of the population will be in pre contemplation, 40% in contemplation, and 20% in preparation⁽⁷⁾.

The value of this model is that it focuses on individuals and their strengths, recognises the non-linear path of behaviour change and the complexity of the process⁽¹³⁾. The TTM model offers more around the process of empowerment and capacity building, which is useful in understanding the components that are valuable at each stage of the process and therefore where specific interventions might be useful. This information provides the basis for consideration of the stages of the service user journey to safety.

Consciousness Raising: the individual needs to increase his or her awareness about the negative consequences, the causes, and the cures of the problem issue. Awareness can be increased through feedback, education, confrontation, interpretation, and media campaigns.

Dramatic relief: the individual needs to experience and express his or her feelings and emotions relating to the issue.

Self re-evaluation: people assess the way they feel and think about the issue and their own feelings toward it and relationship to it. Self-re-evaluation is most important when the person is moving from the contemplation stage to the preparation stage. Value clarification, healthy role models, corrective emotional experience and imagery are among the ways to increase chances of self-re evaluation.

Environmental re-evaluation: awareness of how the individual functions as a positive or negative role model for others. Strategies to help environmental re-evaluation to occur include empathy training, documentaries and family interventions.

Self liberation: the belief within the individual that he or she can change and the commitment to take action towards that belief.

Contingency management: contingency contracts, overt and covert reinforcement, self-reward and group recognition.

Helping relationship: this support can be found through self-help groups, therapeutic alliances, buddy systems, counsellor calls and social support.

Counter conditioning: requires the individual to learn to substitute healthy behaviours for what may have been identified as problem behaviours.

Stimulus control: the individual needs to remove any stimuli associated with unhelpful behaviours and replace them with prompts to participate in healthy behaviours. Restructuring one's own environment, self-help groups, and avoidance can all support appropriate change and reduce risk for relapse.

Self efficacy: can help account for changes in coping, levels of physiological stress reactions, achievement strivings, growth of intrinsic interest, and career pursuits. The TTM construct of self-efficacy, integrated from Bandura (1982), is described as the situation-specific confidence that an individual can cope with high-risk situations and not relapse back to the problem behaviour. Self-efficacy is considered important for people to move through the upper stages of

change. An example of this would be when an individual moves from the contemplation to preparation stage, and preparation to action stage.

The stages of change are summarised below:

	Pre-contemplation	Contemplation	Preparation	Action	Maintenance
Process of Change		Consciousness raising			
		Dramatic relief			
		Environmental re-evaluation			
			Self re-evaluation		
			Self-liberation		
				Contingency management	
				Helping relationship	
				Counter conditioning	
				Stimulus control	
				Self efficacy	

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Appendix 5. Domestic Violence and Children – Literature Review

Prevalence

An often cited Department of Health report published nearly a decade ago estimated that 750,000 children a year are exposed to domestic violence⁽¹⁾. A more recent large scale study carried out by the NSPCC⁽²⁾ estimates that 15% of children (under 18) have *witnessed* at least 1 form of domestic violence at some point in their childhoods, with 3.8% having witnessed an incident of severe violence⁽³⁾. Based on recent population estimates⁽⁴⁾ this means that nearly 2 million children living in the UK and nearly 22,000 children in Devon have witnessed some form of domestic abuse in their lifetimes, whilst half a million children in the UK and more than 5000 children living in Devon have witnessed escalated forms of abuse.

In Britain, women aged 16-24 are at greatest risk of experiencing abuse⁽⁵⁾ and as such young children are at a particularly high risk of exposure⁽⁶⁾⁽⁷⁾⁽⁸⁾. It is estimated that over 40% of all households where intimate partner violence occurs contain children under the age of 12⁽⁶⁾⁽⁹⁾ and a recent evaluation of Independent Domestic Violence Advisor (IDVA) services indicated that 75% of children were of primary school age or younger (< 11)⁽¹⁰⁾.

Impact of domestic abuse on children

Domestic abuse represents a significant risk to children's safety. Serious case file reviews carried out both in the UK and the US highlight that domestic violence was noted in between a third and a half of cases where children were killed or seriously harmed⁽¹¹⁾⁽¹²⁾⁽¹³⁾⁽¹⁴⁾. Domestic violence is associated with higher levels of physical maltreatment of children⁽¹⁵⁾, as well as other forms of child abuse, including sexual abuse⁽¹⁶⁾, and whilst the risk of maltreatment increases with the severity of abuse, even lower level forms of violence increase risk⁽¹⁷⁾.

More recently there has been growing recognition that domestic violence, even if a child is not the direct target, may have profound consequences for children's psychological health⁽¹⁸⁾⁽¹⁹⁾⁽²⁰⁾. It is estimated that in 75-90% of cases, children living in abusive families are in the same or the next room when abuse takes place⁽²¹⁾⁽²²⁾, although children can be exposed to abuse in a range of ways from witnessing its occurrence to hearing second hand accounts or observing the aftermath⁽²³⁾⁽²⁴⁾⁽²²⁾.

Exposure to domestic abuse is an adverse childhood experience that increases the risk of a whole host of behavioural and mental health problems throughout childhood and into adult life⁽²⁵⁾⁽¹⁹⁾⁽²⁶⁾⁽²⁰⁾⁽²⁷⁾⁽²⁸⁾⁽²⁹⁾⁽³⁰⁾⁽³⁾. Links are also demonstrated between children's exposure to violence and conflict, their functioning in social contexts outside of the family, children's academic attainment, and their engagement in risky health behaviours⁽³¹⁾⁽³²⁾⁽³³⁾⁽⁷⁾⁽³⁴⁾⁽³⁵⁾. There is also some evidence to suggest that children exposed to violence may show higher rates of physical ill health and poor quality sleep⁽³⁶⁾⁽³⁷⁾ and have unmet health needs⁽³⁸⁾.

Variation in children's responses to domestic abuse

However, evidence speaks to an *increased risk* of negative child outcomes in the context of domestic abuse, rather than an *inevitability* that children exposed to this stressor will manifest serious emotional, behavioural, or health related problems. In fact studies reveal that even amongst children exposed to very significant levels of abuse, there is considerable variation in children's adjustment, with approximately one third of children continue to function relatively well, despite their experiences⁽³⁹⁾⁽⁴⁰⁾⁽⁴¹⁾. Factors such as maternal mental health, the quality of

parenting and children's perceptions of abuse are found to distinguish between children who were doing better and worse, giving some sense of factors that potentiate or mitigate the risk of poor outcomes amongst children exposed to abuse. Risk of experiencing poor outcomes is cumulative in the presence of other adverse childhood experiences, such as parental mental ill health and housing instability, which often co-occur with exposure to domestic abuse⁽²⁾⁽⁴²⁾. Research indicates that it is the number, rather than the type of adverse experiences that is important, whereby the more adversities present in a child's life, the higher the chance that they will evidence poor adjustment⁽⁴³⁾⁽⁴⁴⁾⁽⁴⁵⁾⁽⁴⁶⁾.

Policy context

The last decade or more has seen increasing recognition that children experiencing and exposed to domestic abuse require a policy and practice response. Reflecting the burgeoning evidence base on children's exposure to domestic violence as a contributor to poor outcomes for children, the legal definition of significant harm was amended to reflect the impairment suffered by seeing or hearing the ill treatment of another⁽⁴⁷⁾, and as such exposure to domestic abuse (in addition to direct experience of abuse) is now seen as an important indicator that a child is at risk of significant harm, or is in need of supportive services to prevent the escalation of risk.

The service response

Specialist domestic violence services are increasingly viewed as pivotal in the provision of an effective response to children exposed to domestic abuse. Their role is twofold in that they 1) offer protection and support to adult victims and survivors of abuse, thereby indirectly protecting children and 2) work to identify children living with domestic abuse, assess their needs and provide direct services to some of these children.

A mapping exercise carried out in 2000 revealed that the majority of specialist domestic violence services in England and Wales had specialist children's workers, although concluded that these services were poorly funded and resourced⁽⁴⁸⁾.

There is agreement between researchers, policy makers and practitioners that the most effective way of ameliorating the impact of domestic abuse on children is to reduce the violence itself⁽⁴⁹⁾⁽⁵⁰⁾. However, there are a range of intervention strategies that aim to prevent or ameliorate negative outcomes once exposure has taken place⁽⁵¹⁾⁽⁵²⁾⁽³⁾.

As highlighted above, there is significant variation in the way that children adjust in the face of abuse; some children will be profoundly affected whilst others appear to show a level of resilience, and not all children will be in need of targeted intervention⁽⁴⁹⁾⁽⁵³⁾. Therefore, there is a need for a range of intervention strategies and services to respond to this continuum of risk and need. Commissioning guidance produced in 2006 sets out a four tier model that aims to match the level of need to the type of intervention required; children with higher needs require progressively more complex and intensive intervention. Based on this model it is suggested that specialist domestic violence services should deliver intervention to children assessed as having level three and four needs - those children experiencing significant difficulties or threats to their safety as a result of abuse.

This presents an inevitable challenge for services, given that not all children of parents accessing services or those referred by other agencies (because of domestic abuse) will meet this threshold. Yet gaining access to services for children is high on women's list of priorities, and often one of the key reasons that they seek help in the first place or remain engaged with supportive services⁽⁵²⁾⁽⁵⁴⁾.

Assessment of risk and need

With the knowledge that the number of children who are exposed to domestic violence is large, that not all children are affected in the same way, and to the same extent, and the recognition that resources to intervene are limited, there is a clear need for a means of assessing risk to children in order to be able to target resources where they are most needed or most appropriate. Effective risk assessment is cited as the first step in the provision of an effective response to children⁽⁵⁵⁾⁽⁵⁶⁾.

As with adult services, assessment of risk and need plays a dual function, the first of which is to identify the target group of children for intervention (however this is defined), although this must obviously be preceded by agreement on *whom* the target group is. The target group may represent children with the highest need, or more pragmatically, those children whose needs fit the type of intervention that services are equipped to provide. It may be that some cases are too complex to be dealt with by services providing unstructured and more informal support; and instead these cases may require a higher level of support, and onward referral to more specialised services⁽⁵⁷⁾. Where children do not meet criteria for entry to a service, thorough assessment of risk and need will provide evidence for onward referral and in-depth information for the next agency to work with a child.

The second function of assessment is to adequately tailor the package of support delivered to children around their individual needs, whilst acknowledging and working with children's (and families) existing strengths⁽⁵⁸⁾⁽⁴⁹⁾⁽⁵⁹⁾⁽⁵⁵⁾⁽⁵⁶⁾⁽⁶⁰⁾.

It is acknowledged by scholars in the field that as of yet there is a lack of assessment tools that fulfil these functions⁽⁶¹⁾⁽⁶⁰⁾, although there is emergent consensus as to how the process should be undertaken, and what should be measured.

- It is imperative that the assessment of risk and need is carried out as a distinct process from the assessment pertaining to the non-abusing parent⁽⁶²⁾. Whilst the needs and risks faced by children and the non-abusing parent are interlinked and often overlapping, they are not synonymous.
- Assessment should include:
 - Evaluation of children's current level of adaptation (type and level of current problems), which may determine if and what services children need. For example, children with behaviour problems may require different intervention from children with trauma symptoms⁽⁴⁹⁾;
 - The extent and severity of children's exposure/experience of abuse, including the actions taken by children in violent situations⁽²³⁾⁽³⁾⁵.
 - An assessment of the risk and protective factors in a child's life⁽⁴⁹⁾⁽²³⁾⁽⁶³⁾.
- Wherever possible assessment should draw on multiple sources of information, but should always endeavour to include accounts from children themselves. Parents and children's reports of abuse often differ⁽⁶⁴⁾⁽⁶⁵⁾ and children's accounts tend to be mostly strongly related to their adjustment. Further children are better at reporting on their emotional problems than parents, given that these are not often manifest in any visible way⁽⁶⁶⁾.

Inclusion of children in their own assessment can serve as part of the therapeutic process for those who are old enough to engage with it. Many studies indicate someone to talk to as

⁵ Much work has been undertaken in the US to develop a children's self report scale to accurately assess children's exposure to domestic abuse that may be appropriate for use by professionals as part of a wider assessment (see <http://www.mincava.umn.edu/cedv>)

children's primary hope from intervention, therefore they may value the opportunity to talk about abuse and to have their role in it and coping efforts acknowledged.

Following assessment, practitioners should be able to determine; if the child is in need of intervention, if the intervention needed is primarily because of abuse or something else, the type and severity of the problems a child presents with and, based on this, which agency is most suited to deliver support and what model of intervention is most suitable (e.g. safety focussed intervention, recovery work, individual). The next section gives a brief overview of models of intervention commonly utilised with children and young people exposed to domestic abuse.

Models of intervention

Several models of intervention are common place in the domestic violence sector including: parent skills training, group programmes and individual work with children. Despite their different approaches and targets for intervention programmes tend to have as their common goals: improved safety, provision of social support and reductions in children's emotional and behavioural problems. A brief review of each model and example programmes are provided here, along with evidence of effectiveness. Comprehensive reviews can be found elsewhere⁽⁵²⁾⁽⁶⁰⁾⁽³⁾. It should be noted that many of the formalised ways of working to improve outcomes for children have been designed and implemented in North America, although increasingly there are examples of their implementation in the UK⁽³⁾. However, evidence of what works is underdeveloped⁽⁶⁷⁾ with few evaluations of UK based programmes (see Sharp et al, 2011; Debonnaire, 2007 for exceptions).

Parenting and the quality of parent-child relations

Domestic abuse can affect the quality of the non-abusing parent's ability to parent in a variety of ways⁽⁶⁹⁾, with diminished parenting highlighted as one of the principle pathways through which domestic violence impacts on children⁽⁷⁰⁾. Several programmes have been developed to target children's severe behavioural problems that are known to be associated with the negative patterns of parenting that can occur in the context of abuse. For example, Project SUPPORT is a dual component programme providing advocacy to mothers in conjunction with child management skills over a period of up to 8 months. The program is targeted at children aged 4-9 who are transitioning with their mothers from refuge to their own accommodation, and who were exhibiting clinical levels of conduct problems. Recent evaluation indicated that in comparison to a control group receiving monthly contact (aimed at mothers) and signposting to services, children receiving the intervention exhibited greater reductions in behaviour problems; much of which was accounted for by mothers' improved parenting and mental health⁽⁷¹⁾.

In the UK Humphreys et al (2006a) has developed a more general and much lower intensity intervention aimed at mothers and children living in either refuge or community settings. Workbooks designed for completion by mothers and children together are designed to cover 5 main themes (talking about feelings, building self esteem, exploring similarities and differences, safety, and talking about important issues) with a view to aiding communication and strengthening the parent-child relationship. The efficacy of this approach has yet to be evaluated although initial indications suggest that it was received positively by parents and children⁽⁷²⁾.

Whilst most programmes targeting parenting and the quality of parent-child relationships target mothers⁽⁵²⁾, there are increasing efforts to focus on abusive men as fathers. The Caring Dads programme was developed in Ontario Canada, and has been implemented in a number of settings across England and Wales. A UK evaluation is currently underway although an earlier Canadian evaluation indicated some positive results⁽⁷³⁾, although the design of this study was methodologically weak.

Group work programmes

An array of group work programmes have been developed⁽⁶⁰⁾⁽³⁾, with many specialist services in the UK offering this type of support⁽⁴⁸⁾. Whilst programmes may vary in their content and theoretical approach many are built on the assumption that children experiencing domestic abuse are socially isolated, distressed and anxious following exposure to abuse, have developed negative and maladaptive representations, ideas and attitudes about violence and have difficulties in managing strong emotions⁽⁷⁴⁾.

Groups are typically aimed at children aged 6-16, last for 10-12 weeks, and cover a range of issues. The content is normally structured and supported by age appropriate resources. Themes covered range from defining abuse, describing what children have witnessed, safety planning, talking about emotions, development of adaptive coping strategies and examination of attitudes towards violence. Most programmes provide a structured group work intervention for children and a separate but concurrent group work intervention for their mothers, although some programmes offer joint working for mothers and children, or target children only⁽⁶⁰⁾.

Whilst the evidence base to evaluate these programmes is cited as being less than robust, a review of evaluative work meeting basic criteria suggests that group work may afford a range of benefits to children including reductions in behaviour problems, enhanced safety knowledge, attitudinal change, improved parent-child relationship quality, reductions in internalising symptoms and enhanced self esteem⁽⁷⁵⁾. Programmes that target both mothers and children are found to be more effective than work with children alone⁽⁷⁴⁾. Evaluations of two UK based programmes (Sutton Stronger Families group programme; Cedar Project) indicate that concurrent group work programmes was well received by both children and mothers, and based on their accounts, facilitated positive impacts on children's ability to manage their emotions, knowledge of safety planning and support, as well as the quality of the parent-child relationship⁽⁵³⁾⁽⁶⁸⁾.

Whilst programmes may vary as to whom they target (children only; mothers and children concurrently, mothers only) evidence suggests that those which offer support to children in tandem with child focussed support to mothers, particularly to enhance their parenting skills, afford greater short and long term benefits in terms of children's reduced externalising and internalising problems, and changed attitudes, compared to those programmes which target children alone. Further they offer benefits for children manifesting severe clinical level symptoms, as well as those children experiencing lower level problems⁽⁷⁴⁾⁽⁷⁶⁾.

However, there are recognised difficulties associated with delivering group programmes in rural settings and it is recommended that in order to maximise the success of this approach efforts need to be made to provide transport and address other practical needs such as child care so that children and/or parents can reach and access these services⁽⁷⁷⁾. Further, group programmes are not appropriate for all children and young people. Jaffe et al (1990) suggest that group work may be best suited to children with mild to moderate problems, although the Kids Club described above has shown to be a promising strategy for reducing children's clinical level problems⁽⁷⁸⁾. Further Cunningham and Baker (2004) suggest that a group setting may not be appropriate for children who are a poor fit with the group, or a child living in a culture where norms are at odds with group assumptions⁽⁴⁹⁾. They also suggest that groups may be counterproductive for extremely traumatized or depressed children. In these instances, work on an individual basis may be more appropriate.

Individual work

A recent study has shown trauma focussed cognitive behavioural therapy – initially designed to for children experiencing sexual abuse- to be more effective in reducing children's domestic

violence related Post traumatic Stress Disorder symptoms and anxiety compared to non directive supportive therapy for children (which includes rapport building, encouragement to express feelings, validation, listening, empathy⁽⁷⁹⁾). This program entails work with children on an individual basis to target trauma related symptoms, trauma related shame and trauma related cognitions, as well as work with the non abusing parent to enhance their support of the traumatised child, decrease parent distress and improve parenting.

Stanley (2011) points out that psychotherapeutic interventions such as this are most likely to be delivered by Child and Adolescent Mental Health Services (CAMHS), although to date there is little visibility on what services are offered to children within the health service⁽³⁾⁽⁶⁰⁾. Instead most of the individual work appears to be carried out by specialist services and other small charities⁽⁶⁰⁾ where in contrast to the approach described above, support is more informal, less structured and directed by the child⁽⁴⁸⁾⁽⁵⁷⁾. There is little rigorous evaluation of the impact that this type of work has on children's safety and well-being, although children's and parents accounts suggest that this form of support is well received and highly valued (see below).

Multi-agency links and onward referral

As highlighted above children may have multiple needs or needs that cannot be met directly by specialist domestic abuse agencies. Therefore linkage with other community based services is an integral part of domestic violence services response to children. This requires strong multi-agency links and co-ordination between services, ideally organised by one agency⁽⁸⁰⁾. Many women are suspicious of engaging with services such as social care and CAMHS and supportive work with a specialist domestic violence agency can represent an important segue into engagement with other services, particularly for hard to reach groups⁽⁶⁸⁾.

What children want and what they think is helpful

Children most frequently report that they want to feel safe and they want someone to talk to about their experiences⁽⁸³⁾⁽⁸¹⁾⁽⁶⁴⁾⁽⁸²⁾; children identify talking as strategy to reassure them that they are not alone in their experiences⁽⁸³⁾. Children overwhelmingly identify their mothers as the person they most want to be able to talk to about their experiences, and the person from whom they most want support⁽⁶⁴⁾, although studies suggest that children may be reticent to do so for fear of upsetting or troubling their mothers any further⁽⁸¹⁾⁽⁶⁴⁾. For similar reasons mothers may be reluctant to talk to children⁽⁸⁴⁾ creating a 'conspiracy of silence'⁽⁸⁵⁾. Children also identify teachers, family members and peers as people they would talk to and several evaluations have highlighted the significant role that specialist domestic abuse workers play in helping children to understand their experiences⁽⁸⁵⁾. Where children are living in refuge settings, they value activities that serve as a distraction from their current situation, whilst also offering the opportunity to share experiences when children were ready⁽³⁾. However, children and young people highlight that they and their mothers do not always wish to utilise refuge and therefore, it is important to them to be able to access support not just in specialist settings, but also in the community⁽⁸⁶⁾. Humphreys et al (2006) suggests that strengthening these informal or therapeutic networks in order that children are less isolated and have a range of people to talk to should be considered as a specific target for intervention.

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Appendix 6. Insights Data Collection Tools for Children and Young People

Intake Form


*Denotes a required field.

*Consent to monitoring

Parent Yes No

CYP Yes No

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co-ordinated action against domestic abuse

AFFIX BARCODE HERE
(CYP)

AFFIX BARCODE HERE
(PARENT)

*Client ID (CYP)

--	--	--	--	--	--	--	--	--	--	--	--

Client ID (parent/carer; if currently engaged with service)

--	--	--	--	--	--	--	--	--	--	--	--

*Date of initial intake

--	--	--	--	--	--	--

*About You form? Yes No Don't know

1. Socio-demographic information and vulnerability issues

*Age Years Months

*Gender (cross one box only)

Female Male Transgender Don't know

*Ethnicity (cross one box only)

White: White British White Irish
 Other White background

Asian: Asian British Indian Pakistani
 Bangladeshi Other Asian background

Black: Black British Caribbean African
 Other Black background

Dual Heritage: White & Asian White & Black African
 White & Black Caribbean Other Dual Heritage

Other: Chinese Any other ethnic background
 Not disclosed Not asked Don't know

Does either parent/carer or CYP require an interpreter/signer to communicate? (cross all that apply)

Parent/carer CYP

With whom is the CYP normally resident? (cross all that apply)

Mother/carer Father/carer Step parent/partner
 Grandparent Other family member
 Foster parents Children's home Secure unit
 Other local authority placement Lives independently
 Other Don't know

How many other children/young people are resident in the household on regular basis?

Please indicate contact arrangements with non-resident parent/carer/s

	Informal	Formal	Informal	Formal	Informal	Formal
Direct unsupervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indirect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Does CYP have a disability? (cross one box only)

Yes No Don't know

If yes, what is the nature of the disability? (cross all that apply)

Physical Mental health disorder
 Learning disability Autism spectrum disorder
 ADHD Chronic physical illness Other

Is there a statement of special educational needs? (cross one box only)

Yes No Don't know Not applicable

*Does the CYP misuse legal or illegal substances? (cross one box only)

Yes No Don't know

Does the CYP have children of their own? (cross one box only)

Yes No Don't know Not applicable

Is the CYP pregnant? (cross one box only)

Yes No Don't know Not applicable

*Is the CYP in trouble with the Police or do they have a criminal record? (cross one box only)

Yes No Don't know Not applicable

2. Direct victimisation of CYP

*Is/was the CYP the direct victim of abuse or maltreatment?

Yes (please complete the rest of this section)
 No (please move to section 3)
 Don't know (please move to section 3)

Indicate who is/was perpetrating abuse against CYP. (cross all that apply)

Father Mother Mother's partner (M)
 Mother's partner (F) Father's partner (F)
 Father's partner (M) Grandparent Sibling
 Other family member (adult) Friend
 Other family member (minor) Associate
 CYP's boyfriend/partner CYP's girlfriend/partner

2. Direct victimisation of CYP *continued*
Please indicate type, severity and period of abuse/maltreatment.

	Occurrence				Severity			Period	
	Yes	No	Don't know	Not asked	Severe	Moderate	Lower level	Current	Historic
Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous and controlling behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment and stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forced marriage/risk of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FGM/risk of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If intimate partner abuse, please indicate client's sexual orientation.

Heterosexual
 Bisexual
 Lesbian female
 Gay male
 Don't know/not disclosed
 Not asked

3. CYP's exposure to abuse

*Is/was the CYP exposed to the abuse of a parent/carer/family member?

Yes (please complete the rest of this section)
 No (move to section 5) Don't know (move to section 5)

Please indicate whether abuse is current or historic.
 Current Historic Don't know

Level of abuse to which CYP is/was exposed.
 Severe Moderate Standard Don't know

Victim of abuse (cross all that apply)

Father Mother Mother's partner (M)
 Mother's partner (F) Father's partner (F)
 Father's partner (M) Grandparent Sibling
 Other family member (adult) Friend
 Other family member (minor) Associate
 CYP's boyfriend/partner CYP's girlfriend/partner

Perpetrator of abuse (cross all that apply)

Father Mother Mother's partner (M)
 Mother's partner (F) Father's partner (F)
 Father's partner (M) Grandparent Sibling
 Other family member (adult) Friend
 Other family member (minor) Associate
 CYP's boyfriend/partner CYP's girlfriend/partner

Is the victimised party currently receiving support to address domestic abuse? (cross all that apply)

Not asked No Don't know ADVA service
 External voluntary service External statutory service

Is the abusing party currently engaged with any agency to address behaviour? (cross all that apply)

Not asked No Don't know ADVA service
 External voluntary service External statutory service

CYP's experience of abuse. (cross all that apply)

CYP is/was often at home when abuse takes/took place.
 CYP contact visits are/were used as an opportunity for ongoing abuse.
 CYP is/was directly involved in abuse of parent (e.g. forced to hurt non abusing parent, reporting back).
 CYP has been injured as a result of the abuse of a parent (e.g. in arms during assault).
 The non abusing parent is/was fearful of harm to child.
 CYP is/was fearful of harm to self.
 CYP is/was fearful of harm to parent.
 CYP tries/tried to intervene to stop physical abuse (e.g. getting in between, shouting for help, shouting at them to stop).
 CYP called emergency services.
 CYP feels/felt to blame for causing abuse or responsible for stopping it.

4. CYP's abusive behaviour towards others

*Is the CYP demonstrating behaviour towards others that could be classed as abusive?

Yes (please complete the rest of this section)
 No (please move to section 7)
 Don't know (please move to section 7)

Towards who? (cross all that apply)

Boyfriend/partner Girlfriend/partner
 Father Mother Mother's partner (M)
 Mother's partner (F) Father's partner (F)
 Father's partner (M) Grandparent Sibling
 Other family member (adult) Friend
 Other family member (minor) Associate

Please indicate type, severity and period of abuse.

	Occurrence				Severity			Period	
	Yes	No	Don't know	Not asked	Severe	Moderate	Lower level	Current	Historic
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jealous and controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harassment and stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Identification of risk to CYP

Please indicate type of risk to CYP and level of concern.

	Occurrence			Concern			
	Yes	No	Don't know	Severe	Moderate	Minor	None
Mother/carer mental health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/carer mental health issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother/carer misuses legal or illegal substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/carer misuses legal or illegal substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother/carer physical/learning/cognitive disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/carer physical/learning/cognitive disability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother/carer antisocial or criminal behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/carer antisocial or criminal behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother/carer have experienced or perpetrated domestic abuse in a previous relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/carer have experienced or perpetrated domestic abuse in a previous relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother/carer shows insight and care about risk to CYP's safety and well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/carer shows insight and care about risk to CYP's safety and well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother/carer is unwilling to engage with supportive services to address risks to self/others/CYP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/carer is unwilling to engage with supportive services to address risks to self/others/CYP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conflict over CYP contact/residency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member of/visitor to household is known or suspected to have abused a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CYP/family exposed to violence/harassment/hate crime in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CYP is homeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family is homeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The family are socially isolated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occurrence of other stressful family event i.e. death, unemployment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Safety and well-being

Please think about the previous 3 months and indicate the level of your concern with respect to the following areas of the CYP's functioning. Please provide an indication of concern for each area.

	No concern	Minor problems	Moderate problems	Severe problems	Don't know	Not applicable
Be healthy						
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of blame or responsibility for negative events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk taking behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social development and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a list of statements that may describe children and young people accessing your service now or in the previous 3 months. Please rate your agreement with each statement by crossing the box that best reflects your answer.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	Not applicable
Staying safe							
The CYP is safe from physical harm at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP is safe from psychological harm at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP is safe from physical/psychological harm outside of the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP knows how to get help in the event of further abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP knows how to keep him/herself safe in the event of further abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Safety and well-being continued

Enjoying and achieving

- The CYP has the opportunity to engage in play/interests/activities with others.
- The relationship between mother/carer and the CYP is emotionally warm and supportive.
- Mother/carer is able to respond consistently to the CYP.
- The relationship between father/carer and the CYP is emotionally warm and supportive.
- Father/carer is able to respond consistently to the CYP.
- The CYP has positive relationships with other supportive adults.
- The CYP regularly attends nursery/school/college/work/training.
- The CYP is getting on well at school/college/work/training.
- The CYP is able to form positive relationships with others.

Making a positive contribution

- The CYP has a sense of control over their lives.
- The CYP appears to have a positive sense of self esteem.
- The CYP appears confident in themselves and their ability to achieve.
- The CYP feels valued at home.
- The CYP feels valued outside of the home.
- The CYP is adaptable and able to cope with unexpected events.

Achieving economic well-being

- The CYP is exposed to economic hardship, i.e. income is insufficient to meet the CYP/family's needs.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	Not applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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About you and your life

OFFICE USE ONLY






Consent to monitoring

Parent Yes No
 CYP Yes No

AFFIX BARCODE HERE (CYP)

These statements are about the way that children and young people are thinking and feeling. We are interested to know what you have been thinking and feeling over the last 3 months. Please cross the box that shows us how much you agree or disagree with each statement. If a statement is a lot like you cross the 'really agree' box. If it is nothing like you cross the 'really disagree' box. Please try and answer every question and remember there are no right or wrong answers.

Your answers will be shared with your worker. They will also be shared with researchers, but your name will not be linked with your answers at any time. Your answers will not be shared with your parents, teachers or anyone else. If you do not wish for anyone but your worker to see your answers, please tell your worker before completing the questions.

	REALLY AGREE	AGREE	NEITHER AGREE OR DISAGREE (IN THE MIDDLE)	DISAGREE	REALLY DISAGREE
					

Your safety






I feel safe at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of getting hurt when adults I live with argue or disagree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid about someone else getting hurt when adults I live with argue or disagree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get help when I, or someone I care about, feel afraid of someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to keep myself safe when someone is abusive to me or to someone I care about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your health

I feel physically healthy (my body feels healthy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to fall asleep or stay asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often get into trouble (at home/school/college/work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to control my emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like it's my fault when bad things happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things that I know are dangerous or harmful to myself or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you and your life

CONTINUED

	REALLY AGREE	AGREE	NEITHER AGREE OR DISAGREE (IN THE MIDDLE)	DISAGREE	REALLY DISAGREE
					

Enjoying and achieving

I get to do things I enjoy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have people I trust and can talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good relationship with my mum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good relationship with my dad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy going to school/college/work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on well with most people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have at least one good friend of my own age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am getting on well at school/college/in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Making a contribution

					
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I feel good about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I am good at.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my opinion counts when we are making decisions at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my opinion counts when decisions are being made that concern me away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel positive when I think about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can achieve good things if I try hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can cope when things don't go as expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer these questions if you are aged 11 or over.

Thinking about the future

					
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I hope to go to college/university or do further training when I leave school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to earn my own living when I am no longer in education or training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this form.
When you have finished, please hand the form to your worker.



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Exit Form

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*Denotes a required field.

AFFIX BARCODE HERE
(CYP)

AFFIX BARCODE HERE
(PARENT)



*Client ID (CYP)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

Client ID (parent/carer; if currently engaged with service)

--	--	--	--	--	--	--	--	--	--	--	--	--	--

*Date of initial intake

U	U	MM	MM	YY	YY
---	---	----	----	----	----

*Date of exit

U	U	MM	MM	YY	YY
---	---	----	----	----	----

*Case status at exit (CYP) Closed Inactive

*About You form? Yes No Don't know

*Case status at exit (parent) Ongoing Closed Inactive

1. Identification and assessment of risk and need at exit

Please think about the last month, or since initial intake (whichever is the shortest period), and indicate the level of your concern with respect to the following areas of the CYP's functioning. Please provide an indication of concern for each area.

Be healthy

Physical health

Behaviour problems

Emotional well-being

Feelings of blame or responsibility for negative events

Risk taking behaviour

Social development and relationships

School adjustment

	No concern	Minor problems	Moderate problems	Severe problems	Don't know	Not applicable
Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behaviour problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feelings of blame or responsibility for negative events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk taking behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social development and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Below is a list of statements that may describe the CYP you have worked with. Please think about the last month or since initial intake (whichever is the shortest period) and rate your agreement with each statement by crossing the box that best describes your answer.

Safe from domestic abuse

The CYP is safe from physical harm at home.

The CYP is safe from psychological harm at home.

The CYP is safe from physical/psychological harm outside of the home.

The CYP knows how to get help in the event of further abuse.

The CYP knows how to keep him/herself safe in the event of further abuse.

Enjoying and achieving

The CYP has the opportunity to engage in play/interests/activities with others.

The relationship between mother/carer and the CYP is emotionally warm and supportive.

Mother/carer is able to respond consistently to the CYP.

The relationship between father/carer and the CYP is emotionally warm and supportive.

Father/carer is able to respond consistently to the CYP.

The CYP has positive relationships with other supportive adults.

The CYP regularly attends nursery/school/college/work/training.

The CYP is getting on well at school/college/work/training.

The CYP is able to form positive relationships with others.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	Not applicable
The CYP is safe from physical harm at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP is safe from psychological harm at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP is safe from physical/psychological harm outside of the home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP knows how to get help in the event of further abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP knows how to keep him/herself safe in the event of further abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP has the opportunity to engage in play/interests/activities with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relationship between mother/carer and the CYP is emotionally warm and supportive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother/carer is able to respond consistently to the CYP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The relationship between father/carer and the CYP is emotionally warm and supportive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father/carer is able to respond consistently to the CYP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP has positive relationships with other supportive adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP regularly attends nursery/school/college/work/training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP is getting on well at school/college/work/training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP is able to form positive relationships with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Identification and assessment of risk and need at exit <i>continued</i>		Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know	Not applicable
Making a positive contribution								
The CYP has a sense of control over their lives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP appears to have a positive sense of self esteem.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP appears confident in themselves and their ability to achieve.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP feels valued at home.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP feels valued outside of the home.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The CYP is adaptable and able to cope with unexpected events.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Achieving economic well-being								
The CYP is exposed to economic hardship, i.e. income is insufficient to meet the CYP/family's needs.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Direct victimisation of CYP		Occurrence				Severity		
*Is CYP currently the direct victim of abuse or maltreatment?		Yes	No	Don't know	Not asked	Severe	Moderate	Lower level
<input type="checkbox"/> Yes (please complete the rest of this section)								
<input type="checkbox"/> No (please move to section 3)								
<input type="checkbox"/> Don't know (please move to section 3)								
	Please indicate type, severity and period of abuse/maltreatment.							
	Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jealous/controlling behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Harassment/stalking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Financial abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Forced marriage/risk of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	FGM/risk of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. CYP's exposure to abuse	
*Is the CYP currently exposed to the abuse of a parent/carer/family member?	
<input type="checkbox"/> Yes (please complete the rest of this section)	<input type="checkbox"/> No (please move to section 4) <input type="checkbox"/> Don't know (move to section 4)
Level of abuse to which CYP is exposed.	
<input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Standard <input type="checkbox"/> Don't know

4. CYP's abusive behaviour towards others		Occurrence				Severity		
*Is the CYP currently demonstrating behaviour towards others that could be classed as abusive?		Yes	No	Don't know	Not asked	Severe	Moderate	Lower level
<input type="checkbox"/> Yes (please complete the rest of this section)								
<input type="checkbox"/> No (please move to section 5)								
<input type="checkbox"/> Don't know (please move to section 5)								
	Please indicate type, severity and period of abuse.							
	Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	J&C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H&S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Intervention and support	
Recipient of support (cross one box only)	Duration of contact (cross one box only)
<input type="checkbox"/> CYP <input type="checkbox"/> Parent <input type="checkbox"/> CYP and Parent	<input type="checkbox"/> One off <input type="checkbox"/> Up to 1 month <input type="checkbox"/> 1 - <3 mths
Number of contacts (cross one box only)	<input type="checkbox"/> 3 - <6 mths <input type="checkbox"/> 6 - <9 mths <input type="checkbox"/> 9 mths - <1 year
<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> >20	<input type="checkbox"/> 1 year - <18 mths <input type="checkbox"/> >18 mths

5. Intervention and support continued

Accessed with caseworker support i.e. not in place prior to caseworker support.

Service accessed with case worker support	Outputs achieved		Achieved for CYP	Achieved for Parent
<input type="checkbox"/> Support with education and employment	<input type="checkbox"/> Access to vocational training <input type="checkbox"/> Support with finding employment <input type="checkbox"/> Making use of Job Centre/Connexions/employment and training agencies <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Health advice and support	<input type="checkbox"/> Referral to CAMHS <input type="checkbox"/> Engagement with CAMHS <input type="checkbox"/> Engagement with other health services to meet CYP's needs <input type="checkbox"/> Access to health visitor <input type="checkbox"/> Access to midwife <input type="checkbox"/> Engagement with drug services <input type="checkbox"/> Engagement with alcohol services <input type="checkbox"/> CYP accessing counselling <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wellbeing advice and support	<input type="checkbox"/> Access to children's centre (i.e. Sure Start) <input type="checkbox"/> Improved support network <input type="checkbox"/> Engagement with Connexions or other youth service <input type="checkbox"/> Caring duties addressed <input type="checkbox"/> Access to parenting programmes <input type="checkbox"/> Access to parent support programme (i.e. Home Start) <input type="checkbox"/> Engagement in perpetrator programme <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support with social and leisure activities	<input type="checkbox"/> Support to access social or leisure activities <input type="checkbox"/> Informal play sessions in refuge <input type="checkbox"/> Agency outings accessed <input type="checkbox"/> Engagement with CASP <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Direct support of CYP	<input type="checkbox"/> 121 support sessions delivered <input type="checkbox"/> Internal group work programme accessed <input type="checkbox"/> External group work programme accessed <input type="checkbox"/> Attendance at drop-in group <input type="checkbox"/> Understanding of abusive behaviour addressed <input type="checkbox"/> Self esteem issues addressed <input type="checkbox"/> Management of emotions addressed <input type="checkbox"/> Coping strategies addressed <input type="checkbox"/> Constructive styles of conflict resolution addressed <input type="checkbox"/> Feelings of blame for causing abuse addressed <input type="checkbox"/> Feelings of responsibility for stopping abuse or protecting parent addressed <input type="checkbox"/> Understanding of healthy relationships addressed <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to multi-agency support	<input type="checkbox"/> Engagement with Joint Agency Child Abuse Team (JACAT) <input type="checkbox"/> Engagement with Joint Agency Team (JAT) <input type="checkbox"/> Engagement with FIP <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	<input type="checkbox"/> Access to transport/material goods <input type="checkbox"/> Engagement with another statutory agency <input type="checkbox"/> Engagement with another voluntary agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Intervention and support continued

Accessed with caseworker support i.e. not in place prior to caseworker support.

Service accessed with case worker support	Outputs achieved	Achieved for CYP	Achieved for Parent
<input type="checkbox"/> Safety planning	<input type="checkbox"/> Safety plan in place <input type="checkbox"/> Network of supportive adults informed <input type="checkbox"/> Mobile phone/alarm supplied <input type="checkbox"/> Other		
<input type="checkbox"/> MARAC	<input type="checkbox"/> No. of times case reviewed at MARAC?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Support with criminal justice process	<input type="checkbox"/> Support to give statement to police <input type="checkbox"/> Caseworker served as an 'appropriate adult' <input type="checkbox"/> Protective measures in place <input type="checkbox"/> Arrest of perpetrator <input type="checkbox"/> Pre-trial visit arranged <input type="checkbox"/> Accompanied CYP to court <input type="checkbox"/> Criminal conviction and sentence <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Financial/benefits advice support	<input type="checkbox"/> Maternity grant/healthy start vouchers accessed <input type="checkbox"/> Other benefits or monetary support accessed <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Support with children and young people's social care services	<input type="checkbox"/> CAF completed <input type="checkbox"/> Involvement in the CAF process (initiated by other agency) <input type="checkbox"/> TAC process initiated <input type="checkbox"/> Referral to CYP social care <input type="checkbox"/> Core assessment initiated/undertaken <input type="checkbox"/> Child in need plan (s.17) initiated/in place <input type="checkbox"/> s.31 proceedings initiated/in place <input type="checkbox"/> Child protection plan (s.47) initiated/in place <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Support with child contact	<input type="checkbox"/> Safety issues relating to contact addressed <input type="checkbox"/> Child contact arrangements in place <input type="checkbox"/> Civil orders in relation to CYP granted/in place <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Support with housing	<input type="checkbox"/> Housed/re-housed in the area <input type="checkbox"/> Housed/re-housed outside the area <input type="checkbox"/> Sanctuary <input type="checkbox"/> Perpetrator evicted <input type="checkbox"/> Refuge <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Support with education and employment	<input type="checkbox"/> Liaison with school/nursery <input type="checkbox"/> Access to education or nursery provision <input type="checkbox"/> School uniform obtained <input type="checkbox"/> Free school meals in place <input type="checkbox"/> Change of school implemented or in progress <input type="checkbox"/> Engagement with speech and language services <input type="checkbox"/> Engagement with education welfare service <input type="checkbox"/> Engagement with educational psychologist <input type="checkbox"/> Engaging with further education	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

About you and your life

OFFICE USE ONLY

Consent to monitoring

Parent Yes No
 CYP Yes No

AFFIX BARCODE HERE (CYP)






We are interested to know what you have been thinking and feeling over the last month. Please cross the box that shows us how much you agree or disagree with each statement. If a statement is a lot like you cross the 'really agree' box. If it is nothing like you cross the 'really disagree' box. Please try and answer every question and remember there are no right or wrong answers.

Your answers will be shared with your worker. They will also be shared with researchers, but your name will not be linked with your answers at any time. Your answers will not be shared with your parents, teachers or anyone else. If you do not wish for anyone but your worker to see your answers, please tell your worker before completing the questions.

	REALLY AGREE	AGREE	NEITHER AGREE OR DISAGREE (IN THE MIDDLE)	DISAGREE	REALLY DISAGREE
					
Your safety					
I feel safe at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid of getting hurt when adults I live with argue or disagree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am afraid about someone else getting hurt when adults I live with argue or disagree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to get help when I, or someone I care about, feel afraid of someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know how to keep myself safe when someone is abusive to me or to someone I care about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your health					
I feel physically healthy (my body feels healthy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to fall asleep or stay asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often get into trouble (at home/school/college/work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it difficult to control my emotions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like it's my fault when bad things happen.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do things that I know are dangerous or harmful to myself or others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About you and your life

CONTINUED

	REALLY AGREE	AGREE	NEITHER AGREE OR DISAGREE (IN THE MIDDLE)	DISAGREE	REALLY DISAGREE
					

Enjoying and achieving

I get to do things I enjoy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have people I trust and can talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good relationship with my mum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a good relationship with my dad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy going to school/college/work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on well with most people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have at least one good friend of my own age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am getting on well at school/college/in my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Making a contribution

	REALLY AGREE	AGREE	NEITHER AGREE OR DISAGREE (IN THE MIDDLE)	DISAGREE	REALLY DISAGREE
					

I feel good about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what I am good at.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my opinion counts when we are making decisions at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel my opinion counts when decisions are being made that concern me away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel positive when I think about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can achieve good things if I try hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can cope when things don't go as expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only answer these questions if you are aged 11 or over.

Thinking about the future

	REALLY AGREE	AGREE	NEITHER AGREE OR DISAGREE (IN THE MIDDLE)	DISAGREE	REALLY DISAGREE
					

I hope to go to college/university or do further training when I leave school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to earn my own living when I am no longer in education or training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to complete this form.
When you have finished, please hand the form to your worker.



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Appendix 7. Insights Data from Children and Young People

Intake forms received	105	
About You Intake forms received	34	
Exit forms received	27	
About You Exit forms received	12	
INTAKE FORM		
CASE TRACKING INFORMATION		
Parent Consent	105	
Yes	100	95%
No	0	0%
Missing	5	5%
Child Consent	105	
Yes	82	78%
No	8	8%
Missing	15	14%
Service - CYP	105	
DVAS	30	29%
North Devon Women's Aid	45	43%
SAFE Exeter	30	29%
Missing	30	29%
Worker - CYP	105	
YP Worker	3	3%
CYP repair	5	5%
CYP non repair	84	80%
Refuge children's worker	13	12%
Missing	0	0%
Service - Parent	105	
DVAS	3	3%
North Devon Women's Aid	7	7%
SAFE Exeter	19	18%
Missing	79	75%
Worker - Parent	105	
Outreach	9	9%
Male IDVA	1	1%
Woman's safety worker	1	1%
Refuge Worker	13	12%
MARAC IDVA	4	4%
YP Worker	1	1%
Missing	76	72%
About You form?	105	
Yes	49	47%
No	48	46%
Don't know	2	2%
Missing	6	6%
SOCIO-DEMOGRAPHIC INFORMATION AND VULNERABILITY ISSUES		
Age	105	

Years	9.9	
Months	5.8	
Gender	105	
Female	48	46%
Male	57	54%
Transgender	0	0%
Don't know	0	0%
Missing	0	0%
Ethnicity	105	
White	96	91%
White British	93	89%
White Irish	1	1%
Other White background	2	2%
Asian	2	2%
Asian British	2	2%
Indian	0	0%
Pakistani	0	0%
Bangladeshi	0	0%
Other Asian background	0	0%
Black	0	0%
Black British	0	0%
Caribbean	0	0%
African	0	0%
Other Black background	0	0%
Dual Heritage	5	5%
White & Asian	0	0%
White & Black African	1	1%
White & Black Caribbean	4	4%
Other Dual Heritage	0	0%
Other	2	2%
Chinese	0	0%
Any other ethnic background	2	2%
Not disclosed	0	0%
Not asked	0	0%
Don't know	0	0%
Missing	0	0%
Interpreter required	105	
Parent/carer	0	0%
CYP	0	0%
With whom is the CYP normally resident?	105	
Mother/carer	99	94%
Father/carer	64	61%
Step parent/partner	1	1%
Grandparent	5	5%
Other family member	0	0%
Foster parents	0	0%

Children's home	0	0%
Secure unit	0	0%
Other local authority placement	0	0%
Lives independently	3	3%
Other	0	0%
Don't know	0	0%
How many other children/young people are resident in the household on a regular basis?	1.8	
Contact arrangements with non-resident parent/carer/s		
Mother	105	
Informal - Direct unsupervised	4	4%
Informal - Direct supervised	0	0%
Informal - Indirect	0	0%
Informal - None allowed	0	0%
Informal - None	0	0%
Formal - Direct unsupervised	0	0%
Formal - Direct supervised	1	1%
Formal - Indirect	0	0%
Formal - None allowed	0	0%
Formal - None	0	0%
Father	105	
Informal - Direct unsupervised	34	32%
Informal - Direct supervised	2	2%
Informal - Indirect	6	6%
Informal - None allowed	7	7%
Informal - None	11	10%
Formal - Direct unsupervised	6	6%
Formal - Direct supervised	3	3%
Formal - Indirect	2	2%
Formal - None allowed	10	10%
Formal - None	1	1%
Abuser	105	
Informal - Direct unsupervised	1	1%
Informal - Direct supervised	1	1%
Informal - Indirect	4	4%
Informal - None allowed	2	2%
Informal - None	6	6%
Formal - Direct unsupervised	1	1%
Formal - Direct supervised	0	0%
Formal - Indirect	0	0%
Formal - None allowed	1	1%
Formal - None	0	0%
Does the CYP have a disability?	105	
Yes	9	9%
No	95	90%

Don't know	0	0%
If yes, what is the nature of the disability?	9	
Physical	0	0%
Mental health disorder	2	2%
Learning disability	3	3%
Autism spectrum disorder	1	1%
ADHD	4	4%
Chronis physical illness	0	0%
Other	0	0%
Missing	-1	-1%
Is there a statement of special educational needs?	105	
Yes	6	6%
No	92	88%
Don't know	1	1%
Not applicable	3	3%
Missing	3	3%
Does the CYP misuse legal or illegal substances?	105	
Yes	7	7%
No	92	88%
Don't know	5	5%
Not applicable	0	0%
Missing	1	1%
Does the CYP have children of their own?	105	
Yes	0	0%
No	94	90%
Don't know	0	0%
Not applicable	10	10%
Missing	1	1%
Is the CYP pregnant?	105	
Yes	0	0%
No	92	88%
Don't know	0	0%
Not applicable	11	10%
Missing	2	2%
Is there CYP in trouble with the Police or do they have a criminal record?	105	
Yes	7	7%
No	85	81%
Don't know	3	3%
Not applicable	9	9%
Missing	1	1%
DIRECT VICTIMISATION OF CYP		
Is/was the CYP the direct victim of	105	

abuse or maltreatment?		
Yes	65	62%
No	14	13%
Don't know	1	1%
Missing	25	24%
Indicate who is/was perpetrating abuse against CYP	65	
Father	48	74%
Mother	6	9%
Mother's partner (M)	19	29%
Mother's partner (F)	2	3%
Father's partner (F)	1	2%
Father's partner (M)	0	0%
Grandparent	1	2%
Sibling	5	8%
Other family member (adult)	0	0%
Friend	0	0%
Other family member (minor)	0	0%
Associate	0	0%
CYP's boyfriend/partner	0	0%
CYP's girlfriend/partner	0	0%
Please indicate type, severity and period of abuse/maltreatment		
Neglect - Occurrence	65	
Yes	17	26%
No	39	60%
Don't know	1	2%
Not asked	0	0%
Neglect - Severity	17	26%
Severe	2	12%
Moderate	8	47%
Lower level	7	41%
Neglect - Period	17	
Current	7	41%
Historic	12	71%
Emotional abuse - Occurrence	65	
Yes	65	100%
No	0	0%
Don't know	1	2%
Not asked	0	0%
Emotional abuse - Severity	65	
Severe	26	40%
Moderate	33	51%
Lower level	5	8%
Emotional abuse - Period	65	
Current	25	38%
Historic	28	43%
Physical abuse - Occurrence	65	
Yes	41	63%

No	20	31%
Don't know	3	5%
Not asked	0	0%
Physical abuse- Severity	41	
Severe	9	22%
Moderate	24	59%
Lower level	8	20%
Physical abuse- Period	41	
Current	11	27%
Historic	25	61%
Sexual abuse - Occurrence	65	
Yes	3	5%
No	53	82%
Don't know	4	6%
Not asked	0	0%
Sexual abuse - Severity	3	
Severe	1	33%
Moderate	3	100%
Lower level	0	0%
Sexual abuse - Period	3	
Current	5	167%
Historic	4	133%
Jealous and controlling behaviour - Occurrence	65	
Yes	38	58%
No	19	29%
Don't know	4	6%
Not asked	0	0%
Jealous and controlling behaviour - Severity	38	
Severe	9	24%
Moderate	22	58%
Lower level	5	13%
Jealous and controlling behaviour - Period	38	
Current	15	39%
Historic	16	42%
Harassment and stalking - Occurrence	65	
Yes	13	20%
No	43	66%
Don't know	3	5%
Not asked	0	0%
Harassment and stalking - Severity	13	
Severe	5	38%
Moderate	5	38%
Lower level	2	15%
Harassment and stalking - Period	13	
Current	8	62%
Historic	2	15%

Financial abuse - Occurrence	65	
Yes	14	22%
No	43	66%
Don't know	3	5%
Not asked	0	0%
Financial abuse - Severity	14	
Severe	2	14%
Moderate	9	64%
Lower level	2	14%
Financial abuse - Period	14	
Current	9	64%
Historic	3	21%
Forced marriage/risk of - Occurrence	65	
Yes	1	2%
No	58	89%
Don't know	0	0%
Not asked	0	0%
Forced marriage/risk of - Severity	1	
Severe	0	0%
Moderate	0	0%
Lower level	0	0%
Forced marriage/risk of - Period	1	
Current	2	200%
Historic	0	0%
FGM/risk of - Occurrence	65	
Yes	1	2%
No	58	89%
Don't know	0	0%
Not asked	0	0%
FGM/risk of - Severity	1	
Severe	0	0%
Moderate	0	0%
Lower level	0	0%
FGM/risk of - Period	1	
Current	2	200%
Historic	0	0%
If intimate partner abuse, please indicate client's sexual orientation		
Heterosexual	0	
Bisexual	1	
Lesbian female	0	
Gay male	0	
Don't know/not disclosed	0	
Not asked	0	
CYP'S EXPOSURE TO ABUSE		
Is/was the CYP exposed to the abuse of a parent/carer/family member?	105	
Yes	101	96%
No	3	3%

Don't know	0	0%
Missing	1	1%
Please indicate whether abuse is current or historic	101	
Current	31	31%
Historic	62	61%
Don't know	0	0%
Missing	8	8%
Level of abuse to which CYP is/was exposed to	101	
Severe	45	45%
Moderate	43	43%
Standard	10	10%
Don't know	1	1%
Missing	2	2%
Victim of abuse	101	100%
Father	1	1%
Mother	100	99%
Mother's partner (M)	1	1%
Mother's partner (F)	0	0%
Father's partner (F)	1	1%
Father's partner (M)	0	0%
Grandparent	0	0%
Sibling	25	25%
Other family member (adult)	0	0%
Friend	0	0%
Other family member (minor)	3	3%
Associate	0	0%
CYP's boyfriend/partner	0	0%
CYP's girlfriend/partner	0	0%
Perpetrator of abuse	101	
Father	76	75%
Mother	1	1%
Mother's partner (M)	29	29%
Mother's partner (F)	1	1%
Father's partner (F)	1	1%
Father's partner (M)	0	0%
Grandparent	1	1%
Sibling	6	6%
Other family member (adult)	0	0%
Friend	1	1%
Other family member (minor)	0	0%
Associate	0	0%
CYP's boyfriend/partner	0	0%
CYP's girlfriend/partner	0	0%
Is the victimised party currently receiving support to address domestic abuse?	101	
Not asked	0	0%
No	24	24%

Don't know	3	3%
ADVA service	63	62%
External voluntary service	8	8%
External statutory service	2	2%
Is the abusing party currently engaging with any agency to address behaviour?	101	
Not asked	3	3%
No	63	62%
Don't know	9	9%
ADVA service	18	18%
External voluntary service	4	4%
External statutory service	4	4%
CYP's experience of abuse	101	
CYP is/was often at home with abuse takes/took place.	97	96%
CYP contact visits are/were used as an opportunity for ongoing abuse.	42	42%
CYP is/was directly involved in abuse of parent (e.g. Forced to hurt non abusing parent, reporting back).	12	12%
CYP has been injured as a result of the abuse of a parent (e.g. In arms during assault)	18	18%
The non abusing parent is/was fearful of harm to child.	62	61%
CYP is/was fearful of harm to self.	52	51%
CYP is/was fearful of harm to parent.	85	84%
CYP tries/tried to intervene to stop physical abuse (e.g. Getting in between, shouting for help, shouting at them to stop.	50	50%
CYP called emergency services.	13	13%
CYP feels/felt to blame for causing abuse or responsible for stopping it.	50	50%
CYP'S ABUSIVE BEHAVIOUR TOWARDS OTHERS		
Is the CYP demonstrating behaviour towards others that could be classed as abusive?	105	
Yes	40	38%
No	62	59%
Don't know	1	1%
Missing	2	2%
Towards who?	40	
Boyfriend/partner	1	3%
Girlfriend/partner	2	5%
Father	2	5%
Mother	28	70%
Mother's partner (M)	1	3%
Mother's partner (F)	1	3%
Father's partner (F)	1	3%
Father's partner (M)	0	0%

Grandparent	1	3%
Sibling	17	43%
Other family member (adult)	0	0%
Friend	8	20%
Other family member (minor)	1	3%
Associate	8	20%
Please indicate type, severity and period of abuse.		
Physical - Occurrence	40	
Yes	33	83%
No	5	13%
Don't know	0	0%
Not asked	0	0%
Physical - Severity	33	
Severe	14	42%
Moderate	11	33%
Lower level	9	27%
Physical - Period	33	
Current	24	73%
Historic	8	24%
Sexual - Occurrence	40	
Yes	4	10%
No	25	63%
Don't know	2	5%
Not asked	0	0%
Sexual - Severity	4	
Severe	3	75%
Moderate	2	50%
Lower level	0	0%
Sexual - Period	4	
Current	2	50%
Historic	2	50%
Emotional - Occurrence	40	
Yes	24	60%
No	8	20%
Don't know	0	0%
Not asked	0	0%
Emotional - Severity	24	
Severe	9	38%
Moderate	11	46%
Lower level	4	17%
Emotional - Period	24	
Current	19	79%
Historic	5	21%
Jealous and controlling - Occurrence	40	
Yes	23	58%
No	6	15%
Don't know	2	5%
Not asked	0	0%

Jealous and controlling - Severity	23	
Severe	8	35%
Moderate	7	30%
Lower level	8	35%
Jealous and controlling - Period	23	
Current	17	74%
Historic	3	13%
Harassment and stalking - Occurrence	40	
Yes	6	15%
No	24	60%
Don't know	1	3%
Not asked	0	0%
Harassment and stalking - Severity	6	
Severe	2	33%
Moderate	2	33%
Lower level	1	17%
Harassment and stalking - Period	6	
Current	4	67%
Historic	1	17%
Financial - Occurrence	40	
Yes	3	8%
No	26	65%
Don't know	1	3%
Not asked	0	0%
Financial - Severity	3	
Severe	1	33%
Moderate	0	0%
Lower level	1	33%
Financial - Period	3	
Current	2	67%
Historic	0	0%
IDENTIFICATION OF RISK TO CYP		
Mother/carer has mental health issues - Occurrence	105	
Yes	19	18%
No	72	69%
Don't know	3	3%
Mother/carer has mental health issues - Concern	105	
Severe	4	4%
Moderate	8	8%
Minor	8	8%
None	26	25%
Father/carer has mental health issues - Occurrence	105	
Yes	21	20%
No	39	37%
Don't know	32	30%
Father/carer has mental health issues -	105	

Concern		
Severe	6	6%
Moderate	14	13%
Minor	3	3%
None	20	19%
Mother/carer misuses legal or illegal substances - Occurrence	105	
Yes	6	6%
No	74	70%
Don't know	12	11%
Mother/carer misuses legal or illegal substances - Concern	105	
Severe	2	2%
Moderate	4	4%
Minor	2	2%
None	30	29%
Father/carer misuses legal or illegal substances - Occurrence	105	
Yes	33	31%
No	39	37%
Don't know	21	20%
Father/carer misuses legal or illegal substances - Concern	105	
Severe	5	5%
Moderate	19	18%
Minor	6	6%
None	19	18%
Mother/carer has physical/learning/cognitive disability - Occurrence	105	
Yes	3	3%
No	86	82%
Don't know	2	2%
Mother/carer has physical/learning/cognitive disability - Concern	105	
Severe	1	1%
Moderate	2	2%
Minor	1	1%
None	32	30%
Father/carer has physical/learning/cognitive disability - Occurrence	105	
Yes	3	3%
No	67	64%
Don't know	21	20%
Father/carer has physical/learning/cognitive disability - Concern	105	
Severe	1	1%
Moderate	1	1%

Minor	1	1%
None	30	29%
Mother/carer has antisocial or criminal behaviour - Occurrence	105	
Yes	6	6%
No	83	79%
Don't know	4	4%
Mother/carer has antisocial or criminal behaviour - Concern	105	
Severe	0	0%
Moderate	5	5%
Minor	3	3%
None	31	30%
Father/carer has antisocial or criminal behaviour - Occurrence	105	
Yes	35	33%
No	34	32%
Don't know	24	23%
Father/carer has antisocial or criminal behaviour - Concern	105	
Severe	15	14%
Moderate	16	15%
Minor	2	2%
None	18	17%
Mother/carer have experienced or perpetrated domestic abuse in a previous relationship - Occurrence	105	
Yes	47	45%
No	31	30%
Don't know	18	17%
Mother/carer have experienced or perpetrated domestic abuse in a previous relationship - Concern	105	
Severe	14	13%
Moderate	24	23%
Minor	9	9%
None	8	8%
Father/carer have experienced or perpetrated domestic abuse in a previous relationship - Occurrence	105	
Yes	24	23%
No	17	16%
Don't know	54	51%
Father/carer have experienced or perpetrated domestic abuse in a previous relationship - Concern	105	
Severe	10	10%
Moderate	10	10%
Minor	5	5%
None	17	16%
Mother/carer shows insights and care	105	

about risk to CYP's safety and well-being - Occurrence		
Yes	92	88%
No	9	9%
Don't know	0	0%
Mother/carer shows insights and care about risk to CYP's safety and well-being - Concern	105	
Severe	1	1%
Moderate	18	17%
Minor	14	13%
None	22	21%
Father/carer shows insights and care about risk to CYP's safety and well-being - Occurrence	105	
Yes	25	24%
No	55	52%
Don't know	16	15%
Father/carer shows insights and care about risk to CYP's safety and well-being - Concern	105	
Severe	10	10%
Moderate	20	19%
Minor	6	6%
None	17	16%
Mother/carer is unwilling to engage with supportive services to address risks to self/others/CYP - Occurrence	105	
Yes	13	12%
No	77	73%
Don't know	0	0%
Mother/carer is unwilling to engage with supportive services to address risks to self/others/CYP - Concern	105	
Severe	3	3%
Moderate	11	10%
Minor	3	3%
None	24	23%
Father/carer is unwilling to engage with supportive services to address risks to self/others/CYP - Occurrence	105	
Yes	45	43%
No	28	27%
Don't know	18	17%
Father/carer is unwilling to engage with supportive services to address risks to self/others/CYP - Concern	105	
Severe	16	15%
Moderate	10	10%
Minor	5	5%
None	14	13%

Conflict over CYP contact/residency - Occurrence	105	
Yes	36	34%
No	58	55%
Don't know	2	2%
Conflict over CYP contact/residency - Concern	105	
Severe	5	5%
Moderate	19	18%
Minor	2	2%
None	28	27%
Member of/visitor to household is known or suspected to have abused a child - Occurrence	105	
Yes	7	7%
No	72	69%
Don't know	12	11%
Member of/visitor to household is known or suspected to have abused a child - Concern	105	
Severe	3	3%
Moderate	3	3%
Minor	1	1%
None	26	25%
CYP/family exposed to violence/harassment/hate crime in the community - Occurrence	105	
Yes	6	6%
No	78	74%
Don't know	6	6%
CYP/family exposed to violence/harassment/hate crime in the community - Concern	105	
Severe	1	1%
Moderate	4	4%
Minor	1	1%
None	27	26%
CYP is homeless - Occurrence	105	
Yes	7	7%
No	81	77%
Don't know	0	0%
CYP is homeless - Concern	105	
Severe	2	2%
Moderate	2	2%
Minor	4	4%
None	26	25%
Family is homeless - Occurrence	105	
Yes	6	6%
No	82	78%
Don't know	0	0%

Family is homeless - Concern	105	
Severe	1	1%
Moderate	2	2%
Minor	4	4%
None	26	25%
The family is socially isolated - Occurrence	105	
Yes	26	25%
No	62	59%
Don't know	2	2%
The family is socially isolated - Concern	105	
Severe	2	2%
Moderate	17	16%
Minor	4	4%
None	20	19%
Occurrence of other stressful family event i.e. Death, unemployment - Occurrence	105	
Yes	36	34%
No	54	51%
Don't know	2	2%
Occurrence of other stressful family event i.e. Death, unemployment - Concern	105	
Severe	7	7%
Moderate	12	11%
Minor	9	9%
None	18	17%
SAFETY AND WELL-BEING		
BE HEALTHY		
Physical health	105	
No concern	79	75%
Minor problems	13	12%
Moderate problems	6	6%
Severe problems	3	3%
Don't know	3	3%
Not applicable	0	0%
Missing	1	1%
Behaviour problems	105	
No concern	38	36%
Minor problems	27	26%
Moderate problems	19	18%
Severe problems	16	15%
Don't know	4	4%
Not applicable	0	0%
Missing	1	1%
Emotional well-being	105	
No concern	2	2%
Minor problems	32	30%

Moderate problems	43	41%
Severe problems	20	19%
Don't know	7	7%
Not applicable	0	0%
Missing	1	1%
Feelings of blame or responsibility for negative events	105	
No concern	23	22%
Minor problems	38	36%
Moderate problems	27	26%
Severe problems	7	7%
Don't know	9	9%
Not applicable	0	0%
Missing	1	1%
Risk taking behaviour	105	
No concern	68	65%
Minor problems	19	18%
Moderate problems	8	8%
Severe problems	5	5%
Don't know	5	5%
Not applicable	0	0%
Missing	0	0%
Social development and relationships	105	
No concern	44	42%
Minor problems	26	25%
Moderate problems	20	19%
Severe problems	8	8%
Don't know	5	5%
Not applicable	0	0%
Missing	2	2%
School adjustment	105	
No concern	43	41%
Minor problems	27	26%
Moderate problems	16	15%
Severe problems	8	8%
Don't know	8	8%
Not applicable	2	2%
Missing	1	1%
STAYING SAFE		
The CYP is safe from physical harm at home.	105	
Strongly agree	27	26%
Agree	42	40%
Neutral	12	11%
Disagree	12	11%
Strongly disagree	8	8%
Don't know	3	3%
Not applicable	0	0%
Missing	1	1%

The CYP is safe from psychological harm at home.	105	
Strongly agree	16	15%
Agree	31	30%
Neutral	21	20%
Disagree	17	16%
Strongly disagree	18	17%
Don't know	1	1%
Not applicable	0	0%
Missing	1	1%
The CYP is safe from physical/psychological harm outside of the home.	105	
Strongly agree	7	7%
Agree	40	38%
Neutral	25	24%
Disagree	17	16%
Strongly disagree	9	9%
Don't know	5	5%
Not applicable	0	0%
Missing	2	2%
The CYP knows how to get help in the event of further abuse.	105	
Strongly agree	7	7%
Agree	33	31%
Neutral	24	23%
Disagree	27	26%
Strongly disagree	10	10%
Don't know	2	2%
Not applicable	1	1%
Missing	1	1%
The CYP knows how to keep him/herself safe in the event of further abuse.	105	
Strongly agree	6	6%
Agree	28	27%
Neutral	27	26%
Disagree	25	24%
Strongly disagree	13	12%
Don't know	4	4%
Not applicable	1	1%
Missing	1	1%
ENJOYING AND ACHIEVING		
The CYP has the opportunity to engage in play/interests/activities with others.	105	
Strongly agree	34	32%
Agree	40	38%
Neutral	9	9%
Disagree	17	16%
Strongly disagree	3	3%

Don't know	0	0%
Not applicable	0	0%
Missing	2	2%
The relationship between mother/carer and the CYP is emotionally warm and supportive.	105	
Strongly agree	37	35%
Agree	49	47%
Neutral	7	7%
Disagree	9	9%
Strongly disagree	2	2%
Don't know	0	0%
Not applicable	0	0%
Missing	1	1%
Mother/carer is able to respond consistently to the CYP.	105	
Strongly agree	28	27%
Agree	35	33%
Neutral	18	17%
Disagree	16	15%
Strongly disagree	5	5%
Don't know	3	3%
Not applicable	0	0%
Missing	0	0%
The relationship between father/carer and the CYP is emotionally warm and supportive.	105	
Strongly agree	5	5%
Agree	14	13%
Neutral	22	21%
Disagree	26	25%
Strongly disagree	26	25%
Don't know	8	8%
Not applicable	3	3%
Missing	1	1%
Father/carer is able to respond consistently to the CYP.	105	
Strongly agree	2	2%
Agree	11	10%
Neutral	22	21%
Disagree	25	24%
Strongly disagree	31	30%
Don't know	11	10%
Not applicable	3	3%
Missing	0	0%
The CYP has positive relationships with other supportive adults.	105	
Strongly agree	22	21%
Agree	41	39%
Neutral	23	22%

Disagree	8	8%
Strongly disagree	3	3%
Don't know	6	6%
Not applicable	0	0%
Missing	2	2%
The CYP regularly attends nursery/school/college/work/training.	105	
Strongly agree	40	38%
Agree	46	44%
Neutral	5	5%
Disagree	7	7%
Strongly disagree	4	4%
Don't know	2	2%
Not applicable	1	1%
Missing	0	0%
The CYP is getting on well at school/college/work/training.	105	
Strongly agree	30	29%
Agree	40	38%
Neutral	14	13%
Disagree	8	8%
Strongly disagree	9	9%
Don't know	0	0%
Not applicable	3	3%
Missing	1	1%
The CYP is able to form positive relationships with others.	105	
Strongly agree	24	23%
Agree	46	44%
Neutral	23	22%
Disagree	4	4%
Strongly disagree	4	4%
Don't know	3	3%
Not applicable	0	0%
Missing	1	1%
MAKING A POSITIVE CONTRIBUTION		
The CYP has a sense of control over their lives.	105	
Strongly agree	5	5%
Agree	34	32%
Neutral	22	21%
Disagree	26	25%
Strongly disagree	8	8%
Don't know	2	2%
Not applicable	6	6%
Missing	2	2%
The CYP appears to have a positive sense of self esteem.	105	
Strongly agree	3	3%
Agree	31	30%

Neutral	28	27%
Disagree	26	25%
Strongly disagree	10	10%
Don't know	4	4%
Not applicable	1	1%
Missing	2	2%
The CYP appears confident in themselves and their ability to achieve.	105	
Strongly agree	4	4%
Agree	37	35%
Neutral	25	24%
Disagree	26	25%
Strongly disagree	6	6%
Don't know	4	4%
Not applicable	1	1%
Missing	2	2%
The CYP feels valued at home.	105	
Strongly agree	9	9%
Agree	40	38%
Neutral	21	20%
Disagree	19	18%
Strongly disagree	5	5%
Don't know	8	8%
Not applicable	1	1%
Missing	2	2%
The CYP feels valued outside of the home.	105	
Strongly agree	3	3%
Agree	44	42%
Neutral	23	22%
Disagree	21	20%
Strongly disagree	4	4%
Don't know	7	7%
Not applicable	1	1%
Missing	2	2%
The CYP is adaptable and able to cope with unexpected events.	105	
Strongly agree	3	3%
Agree	28	27%
Neutral	35	33%
Disagree	22	21%
Strongly disagree	9	9%
Don't know	5	5%
Not applicable	1	1%
Missing	2	2%
ACHIEVING ECONOMIC WELL-BEING		
The CYP is exposed to economic hardship, i.e. Income is insufficient to meet the CYP/family's needs.	105	
Strongly agree	11	10%

Agree	20	19%
Neutral	25	24%
Disagree	30	29%
Strongly disagree	6	6%
Don't know	4	4%
Not applicable	0	0%
Missing	9	9%
AGENCIES INVOLVED AT INTAKE		
Had a CAF been completed on this CYP prior to intake?	105	
Yes	10	10%
No	91	87%
Don't know	4	4%
Not asked	0	0%
Missing	0	0%
Has there been a TAC meeting relating to this CYP prior to intake?	105	
Yes	9	9%
No	91	87%
Don't know	5	5%
Not asked	0	0%
Missing	0	0%
Is the CYP known to social services at the point of intake?	105	
Yes	55	52%
No	48	46%
Don't know	2	2%
Not asked	0	0%
Missing	0	0%
If yes, please indicate if involvement is current or historic.		
Current	55	
None	11	20%
S47	8	15%
S17	12	22%
S31	0	0%
Other	8	15%
Don't know	13	24%
Not asked	2	4%
Previous	55	
None	10	18%
S47	7	13%
S17	5	9%
S31	0	0%
Other	11	20%
Don't know	16	29%
Not asked	2	4%
Is there current social services involvement with any other child or	105	

young person living in the household?		
Yes	25	24%
No	68	65%
Don't know	8	8%
Missing	4	4%
What other services are involved with the family to address child's safety and well-being at point of intake?	105	
Police	35	33%
CAF	5	5%
CAFCASS	6	6%
CAMHS	9	8%
Education welfare	17	16%
Education psychologist	7	7%
Speech and language service	0	0%
YOT	3	3%
JACAT	1	1%
JAT	1	1%
CASP	0	0%
FIP	5	5%
Youth Service	1	1%
Other statutory	13	12%
Other voluntary	7	7%
REFERRAL INTO THE SERVICE		
	105	
Criminal justice	1	1%
Housing	0	0%
Self/family referral	12	11%
Internal referral	19	18%
DV or SV service	1	1%
Health	1	1%
Education	3	3%
Specialist CYP services	4	4%
Other	0	0%
Missing	64	61%
	105	
Police	0	0%
CPS/witness care	0	0%
Solicitor	2	2%
YOT	1	1%
Self	0	0%
Parent	17	16%
Other family member/friend	1	1%
Refuge	0	0%
Outreach	26	25%
IDVA	18	17%
Perpetrator programme	12	11%
MARAC	7	7%
Other	1	1%

Statutory perpetrator programme	0	0%
Voluntary perpetrator programme	0	0%
Other DV provider	1	1%
SARC	0	0%
Other SV provider	0	0%
Hospital	0	0%
GP	0	0%
Practice nurse	0	0%
Health visitor	0	0%
CAMHS	1	1%
Midwife	0	0%
Sexual health	0	0%
School nurse	0	0%
Speech and language services	0	0%
School	6	6%
Educational psychologist	0	0%
Welfare officer	0	0%
CYP social care	4	4%
CAFCASS	0	0%
CAF	0	0%
CASP	0	0%
Children's centre (Sure Start)	2	2%
Parenting programme	0	0%
Parent support programme (e.g. Home Start)	1	1%
FIP	0	0%
Connexions or other youth service	0	0%
JAT	0	0%
JACAT	0	0%
Drug and alcohol services for CYPs	0	0%
Children's charity	0	0%
Other statutory agency	0	0%
Other voluntary agency	0	0%
Missing	5	5%
ABOUT YOU AND YOUR LIFE - INTAKE		
CONSENT		
Parent	34	
Yes	32	94%
No	1	3%
Missing	1	3%
CYP	34	
Yes	26	76%
No	0	0%
Missing	8	24%
Service - CYP	34	
DVAS	0	0%
North Devon Women's Aid	19	56%
SAFE Exeter	15	44%
Missing	0	0%
Worker - CYP	34	

YP Worker	2	6%
CYP repair	3	9%
CYP non repair	29	85%
Refuge children's worker	0	0%
Missing	5	15%
YOUR SAFETY		
I feel safe at home		
Really agree	19	56%
Agree	10	29%
Neither agree or disagree (in the middle)	4	12%
Disagree	1	3%
Really disagree	0	0%
Missing	0	0%
I feel safe away from home.		
Really agree	14	41%
Agree	8	24%
Neither agree or disagree (in the middle)	8	24%
Disagree	2	6%
Really disagree	2	6%
Missing	0	0%
I am afraid of getting hurt when adults I live with argue or disagree.		
Really agree	2	6%
Agree	7	21%
Neither agree or disagree (in the middle)	9	26%
Disagree	7	21%
Really disagree	8	24%
Missing	1	3%
I am afraid of someone else getting hurt with adults I live with argue or disagree.		
Really agree	10	29%
Agree	12	35%
Neither agree or disagree (in the middle)	3	9%
Disagree	3	9%
Really disagree	6	18%
Missing	0	0%
I know how to get help when I, or someone I care about, feel afraid of someone else.		
Really agree	8	24%
Agree	9	26%
Neither agree or disagree (in the middle)	8	24%
Disagree	3	9%
Really disagree	6	18%
Missing	0	0%
I know how to keep myself safe when someone is abusive to me or someone I care about.		
	34	

Really agree	11	32%
Agree	11	32%
Neither agree or disagree (in the middle)	7	21%
Disagree	4	12%
Really disagree	1	3%
Missing	0	0%
YOUR HEALTH		
I feel physically healthy (my body feels healthy)		
Really agree	17	50%
Agree	8	24%
Neither agree or disagree (in the middle)	4	12%
Disagree	2	6%
Really disagree	2	6%
Missing	1	3%
I find it difficult to fall asleep or stay asleep.		
Really agree	10	29%
Agree	9	26%
Neither agree or disagree (in the middle)	8	24%
Disagree	3	9%
Really disagree	4	12%
Missing	0	0%
I often feel worried.		
Really agree	5	15%
Agree	12	35%
Neither agree or disagree (in the middle)	6	18%
Disagree	8	24%
Really disagree	3	9%
Missing	0	0%
I am often unhappy.		
Really agree	5	15%
Agree	5	15%
Neither agree or disagree (in the middle)	9	26%
Disagree	10	29%
Really disagree	5	15%
Missing	0	0%
I often feel angry.		
Really agree	4	12%
Agree	11	32%
Neither agree or disagree (in the middle)	4	12%
Disagree	9	26%
Really disagree	5	15%
Missing	1	3%
I often get into trouble (at home/school/college/work).		
Really agree	5	15%
Agree	12	35%
Neither agree or disagree (in the middle)	8	24%

Disagree	5	15%
Really disagree	4	12%
Missing	0	0%
I find it difficult to control my emotions.		
Really agree	8	24%
Agree	7	21%
Neither agree or disagree (in the middle)	8	24%
Disagree	6	18%
Really disagree	5	15%
Missing	0	0%
I feel like it's my fault when bad things happen.		
Really agree	6	18%
Agree	7	21%
Neither agree or disagree (in the middle)	8	24%
Disagree	7	21%
Really disagree	6	18%
Missing	0	0%
I do things that I know are dangerous or harmful to myself or others.		
Really agree	6	18%
Agree	5	15%
Neither agree or disagree (in the middle)	3	9%
Disagree	9	26%
Really disagree	11	32%
Missing	0	0%
ENJOYING AND ACHIEVING		
I get to do things I enjoy.		
Really agree	11	32%
Agree	14	41%
Neither agree or disagree (in the middle)	8	24%
Disagree	0	0%
Really disagree	1	3%
Missing	0	0%
I have people I trust and can talk to.		
Really agree	13	38%
Agree	18	53%
Neither agree or disagree (in the middle)	2	6%
Disagree	1	3%
Really disagree	0	0%
Missing	0	0%
I have a good relationship with my mum.		
Really agree	15	44%
Agree	11	32%
Neither agree or disagree (in the middle)	8	24%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%

I have a good relationship with my dad.		
Really agree	10	29%
Agree	6	18%
Neither agree or disagree (in the middle)	7	21%
Disagree	4	12%
Really disagree	6	18%
Missing	1	3%
I enjoy going to school/college/work.		
Really agree	11	32%
Agree	8	24%
Neither agree or disagree (in the middle)	7	21%
Disagree	6	18%
Really disagree	2	6%
Missing	0	0%
I get on well with most people.		
Really agree	11	32%
Agree	14	41%
Neither agree or disagree (in the middle)	7	21%
Disagree	1	3%
Really disagree	1	3%
Missing	0	0%
I have at least one good friend my age.		
Really agree	21	62%
Agree	10	29%
Neither agree or disagree (in the middle)	1	3%
Disagree	0	0%
Really disagree	2	6%
Missing	0	0%
I am getting on well at school/college/in my job.		
Really agree	12	35%
Agree	14	41%
Neither agree or disagree (in the middle)	4	12%
Disagree	3	9%
Really disagree	1	3%
Missing	0	0%
MAKING A CONTRIBUTION		
I feel good about myself.		
Really agree	13	38%
Agree	10	29%
Neither agree or disagree (in the middle)	6	18%
Disagree	4	12%
Really disagree	1	3%
Missing	0	0%
I know what I am good at.		
Really agree	13	38%
Agree	12	35%
Neither agree or disagree (in the middle)	5	15%
Disagree	2	6%

Really disagree	2	6%
Missing	0	0%
I feel my opinion counts when we are making decisions at home.	34	
Really agree	8	24%
Agree	12	35%
Neither agree or disagree (in the middle)	8	24%
Disagree	2	6%
Really disagree	4	12%
Missing	0	0%
I feel my opinion counts when decisions are being made that concern me away from home.	34	
Really agree	8	24%
Agree	11	32%
Neither agree or disagree (in the middle)	9	26%
Disagree	2	6%
Really disagree	3	9%
Missing	1	3%
I feel positive when I think about the future.	34	
Really agree	13	38%
Agree	7	21%
Neither agree or disagree (in the middle)	8	24%
Disagree	4	12%
Really disagree	2	6%
Missing	0	0%
I can achieve good things if I try hard.	34	
Really agree	14	41%
Agree	13	38%
Neither agree or disagree (in the middle)	6	18%
Disagree	1	3%
Really disagree	0	0%
Missing	0	0%
I can cope when things don't go as expected.	34	
Really agree	8	24%
Agree	8	24%
Neither agree or disagree (in the middle)	11	32%
Disagree	5	15%
Really disagree	2	6%
Missing	0	0%
THINKING ABOUT THE FUTURE		
I hope to go to college/university or do further training when I leave school.	34	
Really agree	8	24%
Agree	7	21%
Neither agree or disagree (in the middle)	2	6%
Disagree	0	0%
Really disagree	0	0%

Missing / NA	17	50%
I plan to earn my own living when I am no longer in education or training.	34	
Really agree	6	18%
Agree	9	26%
Neither agree or disagree (in the middle)	0	0%
Disagree	1	3%
Really disagree	1	3%
Missing / NA	17	50%
EXIT FORM		
Service - CYP	27	
DVAS	0	0%
North Devon Women's Aid	11	41%
SAFE Exeter	16	59%
Missing	0	0%
Worker - CYP	27	
YP Worker	1	4%
CYP repair	2	7%
CYP non repair	19	70%
Refuge children's worker	5	19%
Missing	0	0%
Service - Parent	27	
DVAS	0	0%
North Devon Women's Aid	0	0%
SAFE Exeter	7	26%
Missing	20	74%
Worker - Parent	27	
Outreach	3	11%
Woman's safety worker	0	0%
Refuge Worker	4	15%
MARAC IDVA	0	0%
YP Worker	0	0%
Missing	20	74%
Case status at exit (CYP)	27	
Closed	25	93%
Inactive	2	7%
Missing	0	0%
Case status at exit (parent)	27	
Ongoing	16	59%
Closed	5	19%
Inactive	4	15%
Missing	2	7%
IDENTIFICATION AND ASSESSMENT OF RISK AND NEED AT EXIT		
BE HEALTHLY		
Physical health	27	
No concern	24	89%
Minor problems	0	0%

Moderate problems	1	4%
Severe problems	0	0%
Don't know	1	4%
Not applicable	0	0%
Missing	1	4%
Behaviour problems	27	
No concern	19	70%
Minor problems	5	19%
Moderate problems	1	4%
Severe problems	1	4%
Don't know	1	4%
Not applicable	0	0%
Missing	0	0%
Emotional well-being	27	
No concern	13	48%
Minor problems	7	26%
Moderate problems	2	7%
Severe problems	2	7%
Don't know	3	11%
Not applicable	0	0%
Missing	0	0%
Feelings of blame or responsibility for negative events	27	
No concern	19	70%
Minor problems	3	11%
Moderate problems	1	4%
Severe problems	0	0%
Don't know	4	15%
Not applicable	0	0%
Missing	0	0%
Risk taking behaviour	27	
No concern	20	74%
Minor problems	3	11%
Moderate problems	1	4%
Severe problems	1	4%
Don't know	2	7%
Not applicable	0	0%
Missing	0	0%
Social development and relationships	27	
No concern	21	78%
Minor problems	2	7%
Moderate problems	1	4%
Severe problems	1	4%
Don't know	2	7%
Not applicable	0	0%
Missing	0	0%
School adjustment	27	
No concern	21	78%
Minor problems	1	4%

Moderate problems	0	0%
Severe problems	1	4%
Don't know	3	11%
Not applicable	1	4%
Missing	0	0%
STAYING SAFE		
The CYP is safe from physical harm at home.	27	
Strongly agree	13	48%
Agree	10	37%
Neutral	1	4%
Disagree	2	7%
Strongly disagree	1	4%
Don't know	0	0%
Not applicable	0	0%
Missing	0	0%
The CYP is safe from psychological harm at home.	27	
Strongly agree	12	44%
Agree	8	30%
Neutral	2	7%
Disagree	3	11%
Strongly disagree	1	4%
Don't know	1	4%
Not applicable	0	0%
Missing	0	0%
The CYP is safe from physical / psychological harm outside of the home.	27	
Strongly agree	6	22%
Agree	11	41%
Neutral	4	15%
Disagree	2	7%
Strongly disagree	1	4%
Don't know	2	7%
Not applicable	0	0%
Missing	1	4%
The CYP knows how to get help in the event of further abuse.	27	
Strongly agree	11	41%
Agree	9	33%
Neutral	2	7%
Disagree	3	11%
Strongly disagree	0	0%
Don't know	1	4%
Not applicable	1	4%
Missing	0	0%
The CYP knows how to keep him/herself safe in the event of further abuse.	27	

Strongly agree	7	26%
Agree	13	48%
Neutral	1	4%
Disagree	2	7%
Strongly disagree	1	4%
Don't know	2	7%
Not applicable	1	4%
Missing	0	0%
ENJOYING AND ACHIEVING		
The CYP has the opportunity to engage in play/interests/activities with others.	27	
Strongly agree	17	63%
Agree	7	26%
Neutral	0	0%
Disagree	1	4%
Strongly disagree	1	4%
Don't know	1	4%
Not applicable	0	0%
Missing	0	0%
The relationship between mother/carer and the CYP is emotionally warm and supportive.	27	
Strongly agree	17	63%
Agree	9	33%
Neutral	1	4%
Disagree	0	0%
Strongly disagree	0	0%
Don't know	0	0%
Not applicable	0	0%
Missing	0	0%
Mother/carer is able to respond consistently to the CYP.	27	
Strongly agree	13	48%
Agree	10	37%
Neutral	2	7%
Disagree	1	4%
Strongly disagree	0	0%
Don't know	1	4%
Not applicable	0	0%
Missing	0	0%
The relationship between father/carer and the CYP is emotionally warm and supportive.	27	
Strongly agree	4	15%
Agree	5	19%
Neutral	3	11%
Disagree	4	15%
Strongly disagree	10	37%
Don't know	1	4%
Not applicable	0	0%

Missing	0	0%
Father/carer is able to respond consistently to the CYP.	27	
Strongly agree	2	7%
Agree	6	22%
Neutral	1	4%
Disagree	5	19%
Strongly disagree	12	44%
Don't know	1	4%
Not applicable	0	0%
Missing	0	0%
The CYP has positive relationships with other supportive adults.	27	
Strongly agree	9	33%
Agree	10	37%
Neutral	4	15%
Disagree	1	4%
Strongly disagree	1	4%
Don't know	2	7%
Not applicable	0	0%
Missing	0	0%
The CYP regularly attends nursery/school/college/work/training.	27	
Strongly agree	17	63%
Agree	8	30%
Neutral	0	0%
Disagree	0	0%
Strongly disagree	1	4%
Don't know	1	4%
Not applicable	0	0%
Missing	0	0%
The CYP is getting on well at school/college/work/training.	27	
Strongly agree	14	52%
Agree	7	26%
Neutral	1	4%
Disagree	1	4%
Strongly disagree	1	4%
Don't know	2	7%
Not applicable	1	4%
Missing	0	0%
The CYP is able to form positive relationships with others.	27	
Strongly agree	14	52%
Agree	8	30%
Neutral	0	0%
Disagree	1	4%
Strongly disagree	0	0%
Don't know	3	11%
Not applicable	1	4%

Missing	0	0%
MAKING A POSITIVE CONTRIBUTION		
The CYP has a sense of control over their lives.	27	
Strongly agree	5	19%
Agree	12	44%
Neutral	4	15%
Disagree	1	4%
Strongly disagree	2	7%
Don't know	2	7%
Not applicable	1	4%
Missing	0	0%
The CYP appears to have a positive sense of self esteem.	27	
Strongly agree	11	41%
Agree	8	30%
Neutral	2	7%
Disagree	1	4%
Strongly disagree	2	7%
Don't know	3	11%
Not applicable	0	0%
Missing	0	0%
The CYP appears confident in themselves and their ability to achieve.	27	
Strongly agree	12	44%
Agree	7	26%
Neutral	1	4%
Disagree	3	11%
Strongly disagree	2	7%
Don't know	2	7%
Not applicable	0	0%
Missing	0	0%
The CYP feels valued at home.	27	
Strongly agree	11	41%
Agree	6	22%
Neutral	3	11%
Disagree	2	7%
Strongly disagree	1	4%
Don't know	4	15%
Not applicable	0	0%
Missing	0	0%
The CYP feels valued outside of the home.	27	
Strongly agree	7	26%
Agree	9	33%
Neutral	6	22%
Disagree	1	4%
Strongly disagree	0	0%
Don't know	4	15%
Not applicable	0	0%

Missing	0	0%
The CYP is adaptable and able to cope with unexpected events.	27	
Strongly agree	1	4%
Agree	14	52%
Neutral	6	22%
Disagree	3	11%
Strongly disagree	0	0%
Don't know	3	11%
Not applicable	0	0%
Missing	0	0%
ACHEIVING ECONOMIC WELL-BEING		
The CYP is exposed to economic hardship, i.e. Income is insufficient to meet the CYP/family's needs.	27	
Strongly agree	2	7%
Agree	3	11%
Neutral	7	26%
Disagree	10	37%
Strongly disagree	4	15%
Don't know	0	0%
Not applicable	0	0%
Missing	1	4%
DIRECT VICTIMISATION OF CYP		
Is CYP currently the direct victim of abuse of maltreatment	27	
Yes	5	19%
No	21	78%
Don't know	1	4%
Missing	0	0%
Neglect - Occurrence	5	
Yes	1	2%
No	3	5%
Don't know	1	2%
Not asked	0	0%
Neglect - Severity	1	
Severe	0	0%
Moderate	1	100%
Lower level	0	0%
Emotional abuse - Occurrence	5	
Yes	4	6%
No	1	2%
Don't know	0	0%
Not asked	0	0%
Emotional abuse - Severity	4	
Severe	1	25%
Moderate	2	50%
Lower level	1	25%
Physical abuse - Occurrence	5	

Yes	2	3%
No	3	5%
Don't know	0	0%
Not asked	0	0%
Physical abuse - Severity	2	
Severe	1	50%
Moderate	0	0%
Lower level	1	50%
Sexual abuse - Occurrence	5	
Yes	0	0%
No	5	8%
Don't know	0	0%
Not asked	0	0%
Sexual abuse - Severity	0	
Severe	0	0%
Moderate	0	0%
Lower level	0	0%
Jealous/controlling behaviour - Occurrence	5	
Yes	3	5%
No	2	3%
Don't know	0	0%
Not asked	0	0%
Jealous/controlling behaviour - Severity	3	
Severe	1	33%
Moderate	2	67%
Lower level	0	0%
Harassment/stalking - Occurrence	5	
Yes	1	2%
No	4	6%
Don't know	0	0%
Not asked	0	0%
Harassment/stalking - Severity	1	
Severe	1	100%
Moderate	0	0%
Lower level	0	0%
Financial abuse - Occurrence	5	
Yes	0	0%
No	5	8%
Don't know	0	0%
Not asked	0	0%
Financial abuse - Severity	0	
Severe	0	0%
Moderate	0	0%
Lower level	0	0%
Forced marriage/risk of - Occurrence	5	
Yes	0	0%
No	5	8%

Don't know	0	0%
Not asked	0	0%
Forced marriage/risk of - Severity	0	
Severe	0	0%
Moderate	0	0%
Lower level	0	0%
FGM/risk of - Occurrence	5	
Yes	0	0%
No	5	8%
Don't know	0	0%
Not asked	0	0%
FGM/risk of - Severity	0	
Severe	0	0%
Moderate	0	0%
Lower level	0	0%
CYP'S EXPOSURE TO ABUSE		
Is the CYP currently exposed to the abuse of a parent/carer/family member?	27	
Yes	6	22%
No	20	74%
Don't know	1	4%
Missing	0	0%
Level of abuse to which CYP is exposed?	6	
Severe	0	0%
Moderate	3	50%
Standard	3	50%
Don't know	0	0%
Missing	0	0%
CYP'S ABUSIVE BEHAVIOUR TOWARDS OTHERS		
Is the CYP currently demonstrating behaviour towards others that could be classed as abusive?	27	
Yes	2	7%
No	23	85%
Don't know	0	0%
Missing	2	7%
Physical - Occurrence	2	
Yes	0	0%
No	1	50%
Don't know	0	0%
Physical - Severity	0	
Severe	0	0%
Moderate	0	0%
Lower level	0	0%
Sexual - Occurrence	2	
Yes	0	0%

No	1	50%
Don't know	0	0%
Sexual - Severity	0	
Severe	0	0%
Moderate	0	0%
Lower level	0	0%
Emotional - Occurrence	2	
Yes	2	100%
No	0	0%
Don't know	0	0%
Emotional - Severity	2	
Severe	1	50%
Moderate	0	0%
Lower level	1	50%
J&C - Occurrence	2	
Yes	2	100%
No	0	0%
Don't know	0	0%
J&C - Severity	2	
Severe	1	50%
Moderate	0	0%
Lower level	1	50%
H&S - Occurrence	2	
Yes	1	50%
No	1	50%
Don't know	0	0%
H&S - Severity	1	
Severe	0	0%
Moderate	1	100%
Lower level	0	0%
Financial - Occurrence	2	
Yes	1	50%
No	1	50%
Don't know	0	0%
Financial - Severity	1	
Severe	0	0%
Moderate	1	100%
Lower level	0	0%
INTERVENTION AND SUPPORT		
Recipient of support		
CYP	12	44%
Parent	0	0%
CYP and Parent	13	48%
Missing	-4	-15%
Number of contacts		
1 - 5	15	56%
6 - 10	8	30%
11 - 15	4	15%
16 - 20	0	0%

> 20	0	0%
Missing	0	0%
Duration of contact		
One off	0	0%
Up to 1 month	3	11%
1 - <3 mths	13	48%
3 - <6 mths	11	41%
6 - <9 mths	0	0%
9 mths - < 1 year	0	0%
1 year - < 18 mths	0	0%
> 18 mths	0	0%
Missing	0	0%
Service accessed with case worker support		
Safety planning	22	81%
MARAC	0	0%
Support with criminal justice process	0	0%
Financial/benefits advice support	0	0%
Support with children and young people's social care services	5	19%
Support with child contact	10	37%
Support with housing	2	7%
Support with education and employment	16	59%
Support with education and employment	2	7%
Support with education and employment	18	67%
Health advice and support	2	7%
Wellbeing advice and support	11	41%
Support with social and leisure activities	10	37%
Direct support of CYP	22	81%
Access to multi-agency support	0	0%
Other	6	22%
Outputs achieved		
Safety planning		
Safety plan in place	21	78%
Safety plan in place - Achieved for CYP	20	74%
Safety plan in place - Achieved for Parent	6	22%
Network of supportive adults informed	12	44%
Network of supportive adults informed - Achieved for CYP	12	44%
Network of supportive adults informed - Achieved for Parent	3	11%
Mobile phone/alarm supplied	0	0%
Mobile phone/alarm supplied - Achieved for CYP	0	0%
Mobile phone/alarm supplied - Achieved for Parent	0	0%
Other	0	0%
Other - Achieved for CYP	0	0%
Other - Achieved for Parent	0	0%
MARAC		

No. of times case reviewed at MARAC?	0	0%
No. of times case reviewed at MARAC? - Achieved for CYP	0	0%
No. of times case reviewed at MARAC? - Achieved for Parent	0	0%
Support with criminal justice process		
Support to give statement to police	0	0%
Support to give statement to police - Achieved for CYP	0	0%
Support to give statement to police - Achieved for Parent	0	0%
Caseworker served as an 'appropriate adult'	0	0%
Caseworker served as an 'appropriate adult' - Achieved for CYP	0	0%
Caseworker served as an 'appropriate adult' - Achieved for Parent	0	0%
Protective measures in place	0	0%
Protective measures in place - Achieved for CYP	0	0%
Protective measures in place - Achieved for Parent	0	0%
Arrest of perpetrator	0	0%
Arrest of perpetrator - Achieved for CYP	0	0%
Arrest of perpetrator - Achieved for Parent	0	0%
Pre-trial visit arranged	0	0%
Pre-trial visit arranged - Achieved for CYP	0	0%
Pre-trial visit arranged - Achieved for Parent	0	0%
Accompanied CYP to court	0	0%
Accompanied CYP to court - Achieved for CYP	0	0%
Accompanied CYP to court - Achieved for Parent	0	0%
Criminal conviction and sentence	0	0%
Criminal conviction and sentence - Achieved for CYP	0	0%
Criminal conviction and sentence - Achieved for Parent	0	0%
Other	0	0%
Other - Achieved for CYP	0	0%
Other - Achieved for Parent	0	0%
Financial/benefits advice support		
Maternity grant/healthy start vouchers accessed	0	0%
Maternity grant/healthy start vouchers accessed - Achieved for CYP	0	0%
Maternity grant/healthy start vouchers accessed - Achieved for Parent	0	0%
Other benefits or monetary support accessed	0	0%
Other benefits or monetary support accessed - Achieved for CYP	0	0%
Other benefits or monetary support accessed	0	0%

- Achieved for Parent		
Other	0	0%
Other - Achieved for CYP	0	0%
Other - Achieved for Parent	0	0%
Support with children and young people's social care services		
CAF completed	0	0%
CAF completed - Achieved for CYP	0	0%
CAF completed - Achieved for Parent	0	0%
Involvement in the CAF process (initiated by other agency)	0	0%
Involvement in the CAF process (initiated by other agency) - Achieved for CYP	0	0%
Involvement in the CAF process (initiated by other agency) - Achieved for Parent	0	0%
TAC process initiated	0	0%
TAC process initiated - Achieved for CYP	0	0%
TAC process initiated - Achieved for Parent	0	0%
Referral to CYP social care	3	11%
Referral to CYP social care - Achieved for CYP	3	11%
Referral to CYP social care - Achieved for Parent	1	4%
Core assessment initiated/undertaken	2	7%
Core assessment initiated/undertaken - Achieved for CYP	1	4%
Core assessment initiated/undertaken - Achieved for Parent	0	0%
Child in need plan (s.17) initiated/in place	0	0%
Child in need plan (s.17) initiated/in place - Achieved for CYP	0	0%
Child in need plan (s.17) initiated/in place - Achieved for Parent	0	0%
s.31 proceedings initiated/in place	0	0%
s.31 proceedings initiated/in place - Achieved for CYP	0	0%
s.31 proceedings initiated/in place - Achieved for Parent	0	0%
Child protection plan (s.47) initiated/in place	1	4%
Child protection plan (s.47) initiated/in place - Achieved for CYP	1	4%
Child protection plan (s.47) initiated/in place - Achieved for Parent	0	0%
Other	4	15%
Other - Achieved for CYP	4	15%
Other - Achieved for Parent	2	7%
Support with child contact		
Safety issues relating to contact addressed	9	33%
Safety issues relating to contact addressed - Achieved for CYP	8	30%
Safety issues relating to contact addressed -	7	26%

Achieved for Parent		
Child contact arrangements in place	2	7%
Child contact arrangements in place - Achieved for CYP	2	7%
Child contact arrangements in place - Achieved for Parent	2	7%
Civil orders in relation to CYP granted/in place	0	0%
Civil orders in relation to CYP granted/in place - Achieved for CYP	0	0%
Civil orders in relation to CYP granted/in place - Achieved for Parent	0	0%
Other	3	11%
Other - Achieved for CYP	2	7%
Other - Achieved for Parent	2	7%
Support with housing		
Housed/re-housed in the area	0	0%
Housed/re-housed in the area - Achieved for CYP	0	0%
Housed/re-housed in the area - Achieved for Parent	0	0%
Housed/re-housed outside the area	0	0%
Housed/re-housed outside the area - Achieved for CYP	0	0%
Housed/re-housed outside the area - Achieved for Parent	0	0%
Sanctuary	0	0%
Sanctuary - Achieved for CYP	0	0%
Sanctuary - Achieved for Parent	0	0%
Perpetrator evicted	0	0%
Perpetrator evicted - Achieved for CYP	0	0%
Perpetrator evicted - Achieved for Parent	0	0%
Refuge	0	0%
Refuge - Achieved for CYP	0	0%
Refuge - Achieved for Parent	0	0%
Other	2	7%
Other - Achieved for CYP	1	4%
Other - Achieved for Parent	0	0%
Support with education and employment		
Liaison with school/nursery	15	56%
Liaison with school/nursery - Achieved for CYP	15	56%
Liaison with school/nursery - Achieved for Parent	1	4%
Access to education or nursery provision	2	7%
Access to education or nursery provision - Achieved for CYP	2	7%
Access to education or nursery provision - Achieved for Parent	0	0%
School uniform obtained	7	0%

School uniform obtained - Achieved for CYP	0	0%
School uniform obtained - Achieved for Parent	0	0%
Free school meals in place	0	0%
Free school meals in place - Achieved for CYP	0	0%
Free school meals in place - Achieved for Parent	0	0%
Change of school implemented or in progress	2	7%
Change of school implemented or in progress - Achieved for CYP	2	7%
Change of school implemented or in progress - Achieved for Parent	0	0%
Engagement with speech and language services	0	0%
Engagement with speech and language services - Achieved for CYP	0	0%
Engagement with speech and language services - Achieved for Parent	0	0%
Engagement with education welfare service	2	7%
Engagement with education welfare service - Achieved for CYP	2	7%
Engagement with education welfare service - Achieved for Parent	0	0%
Engagement with education psychologist	0	0%
Engagement with education psychologist - Achieved for CYP	0	0%
Engagement with education psychologist - Achieved for Parent	0	0%
Engaging with further education	2	7%
Engaging with further education - Achieved for CYP	2	7%
Engaging with further education - Achieved for Parent	0	0%
Access to vocational training	0	0%
Access to vocational training - Achieved for CYP	0	0%
Access to vocational training - Achieved for Parent	0	0%
Support with finding employment	1	4%
Support with finding employment - Achieved for CYP	1	4%
Support with finding employment - Achieved for Parent	0	0%
Making use of Job Centre/Connexions/employment and training agencies	1	4%
Making use of Job Centre/Connexions/employment and training agencies - Achieved for CYP	1	4%
Making use of Job Centre/Connexions/employment and training agencies - Achieved for Parent	0	0%

Other	1	4%
Other - Achieved for CYP	1	4%
Other - Achieved for Parent	1	4%
Health advice and support		
Referral to CAMHS	0	0%
Referral to CAMHS - Achieved for CYP	0	0%
Referral to CAMHS - Achieved for Parent	0	0%
Engagement with CAMHS	0	0%
Engagement with CAMHS - Achieved for CYP	0	0%
Engagement with CAMHS - Achieved for Parent	0	0%
Engagement with other health services to meet CYP's needs	1	4%
Engagement with other health services to meet CYP's needs - Achieved for CYP	1	4%
Engagement with other health services to meet CYP's needs - Achieved for Parent	0	0%
Access to health visitor	1	4%
Access to health visitor - Achieved for CYP	1	4%
Access to health visitor - Achieved for Parent	1	4%
Access to midwife	0	0%
Access to midwife - Achieved for CYP	0	0%
Access to midwife - Achieved for Parent	0	0%
Engagement with drug services	0	0%
Engagement with drug services - Achieved for CYP	0	0%
Engagement with drug services - Achieved for Parent	0	0%
Engagement with alcohol services	0	0%
Engagement with alcohol services - Achieved for CYP	0	0%
Engagement with alcohol services - Achieved for Parent	0	0%
CYP accessing counselling	0	0%
CYP accessing counselling - Achieved for CYP	0	0%
CYP accessing counselling - Achieved for Parent	0	0%
Other	0	0%
Other - Achieved for CYP	0	0%
Other - Achieved for Parent	0	0%
Wellbeing advice and support		
Access to children's centre (i.e. Sure Start)	0	0%
Access to children's centre (i.e. Sure Start) - Achieved for CYP	0	0%
Access to children's centre (i.e. Sure Start) - Achieved for Parent	0	0%
Improved support network	7	26%
Improved support network - Achieved for CYP	7	26%
Improved support network - Achieved for Parent	1	4%

Engagement with Connexions or other youth service	1	4%
Engagement with Connexions or other youth service - Achieved for CYP	1	4%
Engagement with Connexions or other youth service - Achieved for Parent	0	0%
Caring duties addressed	3	11%
Caring duties addressed - Achieved for CYP	3	11%
Caring duties addressed - Achieved for Parent	1	4%
Access to parenting programmes	2	7%
Access to parenting programmes - Achieved for CYP	0	0%
Access to parenting programmes - Achieved for Parent	2	7%
Access to parent support programme (i.e. Home Start)	1	4%
Access to parent support programme (i.e. Home Start) - Achieved for CYP	0	0%
Access to parent support programme (i.e. Home Start) - Achieved for Parent	1	4%
Engagement in perpetrator programme	1	4%
Engagement in perpetrator programme - Achieved for CYP	1	4%
Engagement in perpetrator programme - Achieved for Parent	1	4%
Other	0	0%
Other - Achieved for CYP	0	0%
Other - Achieved for Parent	0	0%
Support with social and leisure activities		
Support to access social or leisure activities	6	22%
Support to access social or leisure activities - Achieved for CYP	6	22%
Support to access social or leisure activities - Achieved for Parent	0	0%
Informal play sessions in refuge	4	15%
Informal play sessions in refuge - Achieved for CYP	4	15%
Informal play sessions in refuge - Achieved for Parent	0	0%
Agency outings accessed	5	19%
Agency outings accessed - Achieved for CYP	5	19%
Agency outings accessed - Achieved for Parent	0	0%
Engagement with CASP	0	0%
Engagement with CASP - Achieved for CYP	0	0%
Engagement with CASP - Achieved for Parent	0	0%
Other	0	0%
Other - Achieved for CYP	0	0%
Other - Achieved for Parent	0	0%

Direct support of CYP		
121 support sessions delivered	21	78%
121 support sessions delivered - Achieved for CYP	18	67%
121 support sessions delivered - Achieved for Parent	2	7%
Internal group work programme accessed	0	0%
Internal group work programme accessed - Achieved for CYP	0	0%
Internal group work programme accessed - Achieved for Parent	0	0%
External group work programme accessed	0	0%
External group work programme accessed - Achieved for CYP	0	0%
External group work programme accessed - Achieved for Parent	0	0%
Attendance at drop-in group	0	0%
Attendance at drop-in group - Achieved for CYP	0	0%
Attendance at drop-in group - Achieved for Parent	0	0%
Understanding of abusive behaviour addressed	18	67%
Understanding of abusive behaviour addressed - Achieved for CYP	17	63%
Understanding of abusive behaviour addressed - Achieved for Parent	6	22%
Self esteem issues addressed	14	52%
Self esteem issues addressed - Achieved for CYP	13	48%
Self esteem issues addressed - Achieved for Parent	1	4%
Management of emotions addressed	18	67%
Management of emotions addressed - Achieved for CYP	17	63%
Management of emotions addressed - Achieved for Parent	8	30%
Coping strategies addressed	18	67%
Coping strategies addressed - Achieved for CYP	16	59%
Coping strategies addressed - Achieved for Parent	4	15%
Constructive styles of conflict resolution addressed	13	48%
Constructive styles of conflict resolution addressed - Achieved for CYP	12	44%
Constructive styles of conflict resolution addressed - Achieved for Parent	7	26%
Feelings of blame for causing abuse addressed	10	37%
Feelings of blame for causing abuse addressed - Achieved for CYP	8	30%

Feelings of blame for causing abuse addressed - Achieved for Parent	1	4%
Feelings of responsibility for stopping abuse or protecting parent addressed	10	37%
Feelings of responsibility for stopping abuse or protecting parent addressed - Achieved for CYP	9	33%
Feelings of responsibility for stopping abuse or protecting parent addressed - Achieved for Parent	0	0%
Understanding of health relationships addressed	14	52%
Understanding of health relationships addressed - Achieved for CYP	13	48%
Understanding of health relationships addressed - Achieved for Parent	1	4%
Other	0	0%
Other - Achieved for CYP	0	0%
Other - Achieved for Parent	0	0%
Access to multi-agency support		
Engagement with Joint Agency Child Abuse Team (JACAT)	0	0%
Engagement with Joint Agency Child Abuse Team (JACAT) - Achieved for CYP	0	0%
Engagement with Joint Agency Child Abuse Team (JACAT) - Achieved for Parent	0	0%
Engagement with Joint Agency Team (JAT)	0	0%
Engagement with Joint Agency Team (JAT) - Achieved for CYP	0	0%
Engagement with Joint Agency Team (JAT) - Achieved for Parent	0	0%
Engagement with FIP	0	0%
Engagement with FIP - Achieved for CYP	0	0%
Engagement with FIP - Achieved for Parent	0	0%
Other	0	0%
Other - Achieved for CYP	0	0%
Other - Achieved for Parent	0	0%
Other		
Access to transport/material goods	0	0%
Access to transport/material goods - Achieved for CYP	0	0%
Access to transport/material goods - Achieved for Parent	0	0%
Engagement with another statutory agency	3	11%
Engagement with another statutory agency - Achieved for CYP	1	4%
Engagement with another statutory agency - Achieved for Parent	2	7%
Engagement with another voluntary agency	4	15%
Engagement with another voluntary agency - Achieved for CYP	2	7%
Engagement with another voluntary agency - Achieved for Parent	2	7%

Achieved for Parent		
ABOUT YOU AND YOUR LIFE - EXIT		
Parent Consent		
Yes	11	92%
No	1	8%
Missing	0	0%
CYP Consent		
Yes	10	83%
No	0	0%
Missing	2	17%
Service - CYP		
DVAS	0	0%
North Devon Women's Aid	8	67%
SAFE Exeter	4	33%
Missing	0	0%
Worker - CYP		
YP Worker	0	0%
CYP repair	0	0%
CYP non repair	12	100%
Refuge children's worker	0	0%
Missing	0	0%
YOUR SAFETY		
I feel safe at home		
Really agree	7	58%
Agree	5	42%
Neither agree or disagree (in the middle)	0	0%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
I feel safe away from home.		
Really agree	1	8%
Agree	6	50%
Neither agree or disagree (in the middle)	3	25%
Disagree	1	8%
Really disagree	1	8%
Missing	0	0%
I am afraid of getting hurt when adults I live with argue or disagree.		
Really agree	0	0%
Agree	2	17%
Neither agree or disagree (in the middle)	3	25%
Disagree	4	33%
Really disagree	3	25%
Missing	0	0%
I am afraid of someone else getting hurt with adults I live with argue or disagree.		
Really agree	3	25%
Agree	3	25%

Neither agree or disagree (in the middle)	2	17%
Disagree	2	17%
Really disagree	1	8%
Missing	1	8%
I know how to get help when I, or someone I care about, feel afraid of someone else.		
Really agree	6	50%
Agree	6	50%
Neither agree or disagree (in the middle)	0	0%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
I know how to keep myself safe when someone is abusive to me or someone I care about.		
Really agree	5	42%
Agree	7	58%
Neither agree or disagree (in the middle)	0	0%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
YOUR HEALTH		
I feel physically healthy (my body feels healthy)		
Really agree	6	50%
Agree	4	33%
Neither agree or disagree (in the middle)	2	17%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
I find it difficult to fall asleep or stay asleep.		
Really agree	4	33%
Agree	0	0%
Neither agree or disagree (in the middle)	2	17%
Disagree	4	33%
Really disagree	2	17%
Missing	0	0%
I often feel worried.		
Really agree	1	8%
Agree	2	17%
Neither agree or disagree (in the middle)	5	42%
Disagree	2	17%
Really disagree	2	17%
Missing	0	0%
I am often unhappy.		
Really agree	2	17%
Agree	0	0%

Neither agree or disagree (in the middle)	2	17%
Disagree	6	50%
Really disagree	2	17%
Missing	0	0%
I often feel angry.		
Really agree	1	8%
Agree	1	8%
Neither agree or disagree (in the middle)	4	33%
Disagree	2	17%
Really disagree	4	33%
Missing	0	0%
I often get into trouble (at home/school/college/work).		
Really agree	0	0%
Agree	1	8%
Neither agree or disagree (in the middle)	4	33%
Disagree	3	25%
Really disagree	4	33%
Missing	0	0%
I find it difficult to control my emotions.		
Really agree	0	0%
Agree	4	33%
Neither agree or disagree (in the middle)	1	8%
Disagree	3	25%
Really disagree	4	33%
Missing	0	0%
I feel like it's my fault when bad things happen.		
Really agree	0	0%
Agree	2	17%
Neither agree or disagree (in the middle)	5	42%
Disagree	1	8%
Really disagree	4	33%
Missing	0	0%
I do things that I know are dangerous or harmful to myself or others.		
Really agree	2	17%
Agree	1	8%
Neither agree or disagree (in the middle)	3	25%
Disagree	3	25%
Really disagree	3	25%
Missing	0	0%
ENJOYING AND ACHIEVING		
I get to do things I enjoy.		
Really agree	6	50%
Agree	5	42%
Neither agree or disagree (in the middle)	1	8%
Disagree	0	0%

Really disagree	0	0%
Missing	0	0%
I have people I trust and can talk to.		
Really agree	7	58%
Agree	4	33%
Neither agree or disagree (in the middle)	1	8%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
I have a good relationship with my mum.		
Really agree	7	58%
Agree	4	33%
Neither agree or disagree (in the middle)	1	8%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
I have a good relationship with my dad.		
Really agree	4	33%
Agree	3	25%
Neither agree or disagree (in the middle)	1	8%
Disagree	2	17%
Really disagree	2	17%
Missing	0	0%
I enjoy going to school/college/work.		
Really agree	6	50%
Agree	2	17%
Neither agree or disagree (in the middle)	3	25%
Disagree	1	8%
Really disagree	0	0%
Missing	0	0%
I get on well with most people.		
Really agree	4	33%
Agree	5	42%
Neither agree or disagree (in the middle)	2	17%
Disagree	1	8%
Really disagree	0	0%
Missing	0	0%
I have at least one good friend my age.		
Really agree	7	58%
Agree	5	42%
Neither agree or disagree (in the middle)	0	0%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
I am getting on well at school/college/in my job.		
Really agree	6	50%
Agree	5	42%

Neither agree or disagree (in the middle)	1	8%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
MAKING A CONTRIBUTION		
I feel good about myself.		
Really agree	6	50%
Agree	4	33%
Neither agree or disagree (in the middle)	2	17%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
I know what I am good at.		
Really agree	8	67%
Agree	4	33%
Neither agree or disagree (in the middle)	0	0%
Disagree	0	0%
Really disagree	0	0%
Missing	0	0%
I feel my opinion counts when we are making decisions at home.		
Really agree	1	8%
Agree	6	50%
Neither agree or disagree (in the middle)	3	25%
Disagree	2	17%
Really disagree	0	0%
Missing	0	0%
I feel my opinion counts when decisions are being made that concern me away from home.		
Really agree	2	17%
Agree	0	0%
Neither agree or disagree (in the middle)	7	58%
Disagree	3	25%
Really disagree	0	0%
Missing	0	0%
I feel positive when I think about the future.		
Really agree	4	33%
Agree	6	50%
Neither agree or disagree (in the middle)	0	0%
Disagree	2	17%
Really disagree	0	0%
Missing	0	0%
I can achieve good things if I try hard.		
Really agree	7	58%
Agree	5	42%
Neither agree or disagree (in the middle)	0	0%
Disagree	0	0%

Really disagree	0	0%
Missing	0	0%
I can cope when things don't go as expected.		
Really agree	2	17%
Agree	4	33%
Neither agree or disagree (in the middle)	4	33%
Disagree	2	17%
Really disagree	0	0%
Missing	0	0%
THINKING ABOUT THE FUTURE		
I hope to go to college/university or do further training when I leave school.		
Really agree	3	25%
Agree	2	17%
Neither agree or disagree (in the middle)	1	8%
Disagree	0	0%
Really disagree	0	0%
Missing / NA	6	50%
I plan to earn my own living when I am no longer in education or training.		
Really agree	3	25%
Agree	2	17%
Neither agree or disagree (in the middle)	0	0%
Disagree	0	0%
Really disagree	0	0%
Missing / NA	7	58%

Appendix 8. Structured interview questionnaire with children and young people

Views and feelings
How were you feeling when you came to [service]
How did the DV effect...
What did you hope would happen?
Experience of Service provision
What kind of things did you do?
What did you find helpful?
Impact of Service provision
How are you doing now? How does it compare to when you first came to [service]?
Do you think that working with [caseworker] made any difference to...?
What advice would you give to other children?
Advice to Service?
Hopes and expectations
Did anyone talk to you or explain to you about working with [caseworker]?
What did you expect?
Other comments

Appendix 9. Stakeholder Questionnaire Responses

Question 1

Please fill in the fields below.		
Answer Options	Response Percent	Response Count
Name:	100.0%	149
Role/Job Title:	100.0%	149
Agency Name:	100.0%	149
Agency Type:	100.0%	149
Email Address:	100.0%	149
Phone Number:	100.0%	149
answered question		149
skipped question		0

Question 2

Please select the area covered by your agency from the following (Please tick all that apply):		
Answer Options	Response Percent	Response Count
North Devon	26.7%	39
Torridge	13.7%	20
Mid Devon	25.3%	37
East Devon	21.2%	31
Exeter	26.7%	39
Teignbridge	19.2%	28
South Hams	21.9%	32
West Devon	18.5%	27
All Devon	12.3%	18
Other (please specify)		10
answered question		146
skipped question		3

- * South Devon
- * Plymouth
- * Plymouth
- * Torbay
- * Buckfastleigh & Ashburton
- * Torbay
- * Ilfracombe and Braunton Learning Communities
- * please note - I cover mainly North Devon and Torridge
- * We receive call from right across Devon and other counties in the UK
- * Not yet funded to cover West Devon

Question 3

Is your role at a strategic (planning services) or operational (delivering services to clients) level?		
Answer Options	Response Percent	Response Count
Operational	81.5%	119
Strategic	18.5%	27
answered question		146
skipped question		3

Question 4

Does your role bring you into contact with the ADVA Partnership?		
Answer Options	Response Percent	Response Count
Yes	84.6%	22
No	15.4%	4
answered question		26
skipped question		123

Question 5

In your opinion, to what extent has the ADVA Partnership contributed to the following local strategic objectives? Please use the comment box below to explain your response.							
Answer Options	Very positive contribution	Positive contribution	No contribution	Negative contribution	Very negative contribution	Unable to comment	Response Count
Increasing the safety of victims	16	5	0	0	0	1	22
Increasing public awareness of domestic abuse	11	11	0	0	0	0	22
Increasing awareness amongst professionals of domestic abuse	16	6	0	0	0	0	22
Encouraging joined-up working	11	11	0	0	0	0	22

between agencies								
Encouraging a consistent response from local agencies	7	14	0	0	0	1	22	
Supporting sustainable funding for domestic abuse services	8	10	1	0	0	3	22	
Comments:							4	
							answered question	22
							skipped question	127

- I am new to role so to date have not attended any partnership meetings/forums. I am however aware of the work undertaken by ADVA and members of our team have attended ADVA training
- An employee of ADVA attended a practitioner meeting at the Children's Centre to raise awareness of the services available and update members on changes to those services. Very informative presentation positively received by all who attended.
- The training courses provided have been invaluable in raising awareness of staff to issues and appropriate responses to domestic abuse.
- Domestic abuse is quite a complex concept to get across to the general public. the simpler the message, the better.

Question 6

Prior to this questionnaire, were you aware [AGENCY?]		
Answer Options	Response Percent	Response Count
Yes	100.0%	25
No	0.0%	0
	answered question	25
	skipped question	124

Question 7

Which of the following services provided by [AGENCY] are you aware of locally? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
Outreach service	80.0%	20
Male Independent Domestic Violence Advisor/ Male outreach	72.0%	18
MARAC Independent Domestic Violence Advisor	80.0%	20
SDVC Independent Domestic Violence Advisor	52.0%	13
Women's Support Service (where partner is attending REPAIR perpetrator programme)	76.0%	19
Children and Young People's Worker	76.0%	19
Helpline	84.0%	21
	answered question	25
	skipped question	124

Question 8

To the best of your knowledge, which specific activities that are undertaken by each of the individual services listed below? (Please tick all that apply)												
Answer Options	Don't Know	Support for high risk victims	Support for Medium & Standard Risk victims	Advice for agencies	Training for agencies on domestic abuse	Support at MARAC	Support where partner is going through REPAIR perpetrator programme	Support through legal proceedings	1 to 1 support	Group work	Drop in sessions	Response Count
Outreach	7	8	16	8	5	6	9	5	18	10	9	25
Male IDVA/ Male Outreach	8	9	14	8	4	5	4	4	14	7	4	25
MARAC IDVA	5	18	5	10	1	16	2	5	7	1	1	25
SDVC IDVA	17	7	3	2	0	1	0	6	5	0	0	25
Children and Young Person's Worker	8	8	12	9	4	8	1	3	15	9	4	25
Women's Support Service (Repair)	6	8	11	5	3	3	11	5	13	6	3	25
Helpline	4	20	14	9	3	3	2	3	12	8	1	25
	answered question											25
	skipped question											124

Question 9

In what way does your agency interact with [AGENCY]? (Please tick all that apply.)		
Answer Options	Response Percent	Response Count

Refer clients to [AGENCY]	64.0%	16
Training provided by [AGENCY]	44.0%	11
Via MARAC	36.0%	9
Via another strategic forum (please specify)	36.0%	9
No contact	4.0%	1
Other (please specify)		12
answered question		25
skipped question		124

- ADVA Partnership
Local DV Forum
- In past have had contact with young persons worker but thought that this posts funding had been cut about 3 years ago
- Support client to use the telephone helpline
- via ADVA partnership
- co- delivered pattern changing, As partners in multi agency support to families through the CAF process
- Not sure
- Regular support offered in our centre. Planning to deliver joint pattern changing in Jan 2012
- DSGC
- East Devon DV Forum
- SAFE are members of our local domestic violence forum
- East & Mid Devon DV Forum, Local Action Groups
- Contact via East & Mid Devon DV Forum

Question 10

How frequently does your agency interact with [AGENCY]?		
Answer Options	Response Percent	Response Count
Very frequent - About once a week	17.4%	4
Quite frequent - About once a month	43.5%	10
Infrequent - About once 2-3 months	26.1%	6
Quite rare - About once every 6 months	8.7%	2
Rare - About once a year	4.3%	1
answered question		23
skipped question		126

Question 11

Has [AGENCY] been proactive in making contact with your agency?		
Answer Options	Response Percent	Response Count
Yes	78.3%	18
No	21.7%	5
Comment:		3
answered question		23
skipped question		126

- Usually emails informing us of training opportunities or conferences
- Through the ADVA Partnership
- This has fluctuated over time. When good relationships have been established it has been excellent with effort made on both sides, these obviously take time to re-establish when there are changes

Question 12

In your opinion, has working with [AGENCY] had an impact on the way in which your agency as a whole is able to support clients experiencing domestic abuse?		
Answer Options	Response Percent	Response Count
No impact	8.7%	2
A positive impact	91.3%	21
A negative impact	0.0%	0
Other (please specify)		4
answered question		23
skipped question		126

- I am based in the Plymouth Cafcass Office so we tend to link up with Plymouth Services mostly although we also cover West Devon and South Hams and part of East Cornwall. We do get information about training events although these are often too far away for people to attend
- Training has provided practitioners with a wider knowledge of D.V issues and this helped them with approaches to practice.
- Staff training and knowing support for clients is available on the end of the phone
- We are not able to refer clients from Exeter to the Exeter refuge as this doesn't provide enough distance for them to flee. In addition the sometimes adversarial approach taken by SAFE does not encourage joint working around move on from the refuge.

Question 13

How would you describe the nature of this impact? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
Better understanding of domestic abuse	85.7%	18

Improved joined up working around domestic abuse	81.0%	17
Information resource for our agency	90.5%	19
Assistance with complex cases	52.4%	11
Reduced demand on our agency	9.5%	2
Reduced costs to our agency	9.5%	2
Saves time at our agency	9.5%	2
Other impact (please specify)	4.8%	1
Other (please specify)		2
answered question		21
skipped question		128

- This only applies to my strategic role. I am unable answer in relation to cases
- Increased awareness actually increases workload, as cases that were previously missed get picked up. This is a good thing, not a negative.

Question 14

How would you describe the nature of this impact? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
Confusion around identifying domestic abuse	0.0%	0
Difficulty coordinating work when sharing clients with [AGENCY]	0.0%	0
Difficult to understand what services are available for clients	0.0%	0
Too many/ inappropriate referrals to our agency from [AGENCY]	0.0%	0
Poor communication complicates case work	0.0%	0
Increases demand on our agency	0.0%	0
Cases take longer	0.0%	0
Other negative impact (please specify)	0.0%	0
Other (please specify)		0
answered question		0
skipped question		149

Question 15

When working alongside [AGENCY], has your agency encountered any difficulties around any of the following issues? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
Difficult to make contact with workers at the service	8.7%	2
Hard to refer clients into the service	4.3%	1
Difficult to obtain information about shared clients	4.3%	1
Confusion around case ownership when sharing clients	4.3%	1
Not enough communication when sharing clients	13.0%	3
Never encountered any problems	65.2%	15
Encountered a different problem (please specify below)	26.1%	6
Comments:		9
answered question		23
skipped question		126

- Lack of services for professionals to refer to when DV is identified
- It was a problem for us when there was uncertainty over funding and Yp worker posts were in jeopardy as we need to be able to refer
- We do not work directly with service users so this question is not relevant to SEEDS interaction with DV&AS
- Have had very little contact with service
- Not applicable - strategic level
- Clients have sometimes not been contacted soon enough and this has caused reluctance to engage with the services at a later time
- don't know
- Can't answer from a strategic point of view. Our homelessness manager should also be responding from a case management point of view
- Focus on social housing as only realistic move on option - which is not realistic

Question 16

In your opinion, to what extent has [AGENCY] contributed to the following local strategic objectives? Please use the comment box below to explain your response.							
Answer Options	Very positive contribution	Positive contribution	No contribution	Negative contribution	Very negative contribution	Unable to comment	Response Count
Increasing the safety of victims	9	12	0	0	0	2	23
Increasing public awareness of domestic abuse	5	16	0	0	0	2	23
Increasing awareness amongst professionals of domestic abuse	13	7	2	0	0	1	23
Encouraging joined-up working between agencies	4	14	3	0	0	2	23
Encouraging a consistent	4	11	2	1	0	5	23

- Helped out at womans health day
- Support social workers in referring to NDWA
- pattern changing groups based at the Gables
- phone advice
- contact via MASH
- via ADVA
- regular consultation with refuge staff and childrens worker about families staying at the refuge
- Referrals received from NDWA
- Members of team co-ran Post Pattern Changing Group
- have provided information on childcare
- Advice for SAFE clients given at bureau
- worker attends the centre where a work to see clients
- Telephone contact for advice/outreach
- In connection with court related domestic violence work
- Trained SAFE re specific CAMHS issues
- AGM
- Taken referrals from SAFE. Agency supervising workers at SAFE.

Question 21

How frequent is your contact with [AGENCY]? (This could be where you contact the [AGENCY] team, or where they make contact with you.)		
Answer Options	Response Percent	Response Count
Very frequent - Around once a week	19.0%	16
Quite frequent - Around once a month	32.1%	27
Infrequent - Around once 2-3 months	21.4%	18
Quite rare - Around once every 6 months	16.7%	14
Rare - Around once a year	10.7%	9
answered question		84
skipped question		65

Question 22

Do you know how to access the individual services provided by [AGENCY] in your area? Please tick all that apply				
Answer Options	Don't Know	Directly via telephone	Face to face	Response Count
Outreach	19	60	20	83
Male IDVA/ Male outreach	47	33	7	83
MARAC IDVA	34	46	11	83
SDVC IDVA	51	30	6	83
Children and Young Person's Worker	44	38	10	83
Women's Support Service (Repair)	36	45	5	83
Helpline	17	64	10	83
Other (please specify):				3
answered question				83
skipped question				66

- We meet colleagues in meetings
- Would contact agencies through IDVA officer on behalf of the court
- I am sure that an internet search would inform me

Question 23

Within your role, have you used any of the services offered by [AGENCY] (i.e. to refer a client, access support/ information around clients experiencing domestic abuse)?		
Answer Options	Response Percent	Response Count
Yes	88.0%	73
No	12.0%	10
answered question		83
skipped question		66

Question 24

Which [AGENCY] services have you used, and why? (Please tick all that apply)						
Answer Options	Haven't used the service	Refer a client	Gave the service's number to a client	Gave number to client's friend or family member	Gave number to a colleague	Response Count
Outreach	15	41	37	10	24	70
Male IDVA/ Male Outreach	51	9	11	1	4	70
MARAC IDVA	39	13	5	1	7	70
SDVC IDVA	52	8	7	0	2	70
Children and Young Person's Worker	39	19	8	1	9	70
Women's Support Service	40	17	17	3	8	70

(Repair)						
Helpline	21	29	26	6	15	70
Other Reason (please specify):						2
						answered question
						70
						skipped question
						79

- pattern changing course
- Referral for the Pattern Changing Course (which was EXCELLENT)

Question 25

Where you have referred a client to [AGENCY], was this part of a case work plan?		
Answer Options	Response Percent	Response Count
Yes (please specify below)	54.4%	37
No	47.1%	32
(Please specify case plan)		15
	answered question	68
	skipped question	81

- Part of CP planning or CIN planning. My role is supervising the SWs who make these referrals, but we discuss through supervision as to the roles DV&AS provide.
- Built into action plan to support client in addressing issues that underpin their substance misuse alongside ongoing support
- CAF level case changed to MASH referral CIN level Case
- Automatic procedure once the perpetrator has signed the agreement with Repair, ex/partner will be contacted by WSW
- Pattern Changing group, support, legal support excellent and valuable service
- dont understand the question
- Some referrals are urgent and non planned. Referrals planned are usually for Pattern changing
- Particularly Pattern Changing Groups but seek to refer to a number of parts of the service dependent on presentaton. CRHT attend MARAC meetings locally
- Pattern changing course. Outreach support.
- Joint work with child & parent.
- Supervision of Children's worker on case
- As part of summary outcome plan as detailed in one-off assessment within Wellbeing and Access
- safety planning or pattern changing course
- The client had been experiencing DV for some time, but it took some time for her to decide that she wanted to be referred to SAFE, she had been very apprehensive and had also spent some sessions minimising what she had previously disclosed.
- Dependent on need of client depended whether there was a need for work usually outreach/support for parent

Question 26

Where you have referred clients to [AGENCY] services, what has the impact been on their safety?						
Answer Options	Don't Know	Very negative	Neither negative nor positive	Positive	Very positive	Response Count
Outreach	13	0	3	25	14	55
Male IDVA/ Male outreach	32	0	1	5	1	39
SDVC IDVA	32	0	1	5	3	41
MARAC IDVA	23	0	2	12	4	41
Women's Support Worker (Repair)	26	0	0	13	8	47
Children and Young Person's Service	25	0	1	11	10	47
Helpline	18	0	0	16	16	50
Comments:						5
						answered question
						64
						skipped question
						85

- once assessed and referred onto DVAS feedback not received from clients or the DVAS service so cannot answer, but would be nice to know outcomes
- I have only referred to pattern changing
- I have had contact with Outreach regarding several clients so answers range in fact from neither neg or pos, to pos and v pos.
- Short term intervention service - signpost from CRHT but genererally positive feedback at points of future contact
- Parent did not engage.

Question 27

Are there are services provided by [AGENCY] that you have not used yet - can you indicate why? Please tick all that apply.					
Answer Options	Not aware of the service	Not sure how to access it	Not relevant for my client group	Don't believe it to be an effective service	Response Count
Outreach	5	3	1	0	25
Male IDVA/ Male Outreach	13	11	3	0	59
SDVC IDVA	23	11	0	0	57
MARAC IDVA	8	10	1	0	38
Children and Young People's Worker	14	8	2	0	48
Women's Support Service (Repair)	6	10	0	0	43

Helpline	1	3	2	0	25
Other/ Comments:					7
					<i>answered question</i> 76
					<i>skipped question</i> 73

- I have used all of the services
- Re Male IDVA/Outreach and Refuge, have passed on contacts but not known if clients/others close to them eventually chose to make contact or not over time. Re MARAC IDVA - liaison takes place through Probation colleague who attends MARAC mtgs for our team.
- I have linked my team with all of these services over a period
- Probably use can't work out the acronym
- We signpost people to services, we don't refer
- Haven't had any client's who's partners are attending Repair.
- Although I am aware of the services I have not thought to access it.

Question 28

Has working alongside [AGENCY] had a positive or a negative impact on your work with clients experiencing domestic abuse?		
Answer Options	Response Percent	Response Count
A positive impact - it has improved my work with clients experiencing abuse	93.3%	70
A negative impact - it has made it more difficult for me to work with clients experiencing abuse	0.0%	0
No impact - it hasn't changed the way I work with clients experiencing abuse	6.7%	5
	<i>answered question</i>	75
	<i>skipped question</i>	74

Question 29

How would you describe the nature of this impact? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
Better identification of domestic abuse cases	65.7%	46
Better understanding of the issues around domestic abuse	72.9%	51
Increased confidence in dealing with the issue	80.0%	56
Increased awareness of support available locally	82.9%	58
Other impact (please specify)	18.6%	13
Other impact (please specify)		15
	<i>answered question</i>	70
	<i>skipped question</i>	79

- I have found that the Pattern changing course has been really valuable to be able to refer clients to and have often either worked before or after the course with clients. It has helped them move forward and aided their recovery, in changing the lasting patterns left behind after the abuse.
- positive recovery focused intervention for clients
- Staff feel that they can support families when there is Domestic abuse incident and can access expertise in this area to make a positive impact for the families
- Understanding the effects of domestic abuse on small children under 5
- By co-delivering Pattern Changing with a creche we can provide a weekly support service to the children under 5 and build awareness and skills in supporting families with DV as an issue in our Children's Centre
- Impact on the safety of the whole family as Repair is a family approach to DV.
- It has addressed some of the issues in the family that have been relevant to children I have worked with whilst being outside my specific remit. Therefore, I feel it has augmented and reinforced work I have been doing and made it more likely that any changes can be sustained.
- made life better for the client
- I don't know, I only attended a one day event
- Increased confidence of client helped in dealing with issues in therapy work
- increased safety
- Enhanced working with all family members holistically (including perpetrator)
- Raising clients awareness and acceptance of level of seriousness of domestic violence including the impact on their own mental health and that of their children.
- Great co-working between the agencies, including the relationship that the police DV officers evidently had with the SAFE workers really helped in supporting my client at exactly the time she needed it.

Question 30

How would you describe the nature of this negative impact? (Please tick all that apply)		
Answer Options	Response Percent	Response Count
Confusion around identification of domestic abuse	0.0%	0
Confusion around responses available for clients experiencing abuse	0.0%	0
Inappropriate referrals to me from by [AGENCY]	0.0%	0
Lack of communication from [AGENCY] about shared cases	0.0%	0

Other negative impact (please specify below)	0.0%	0
Other (please specify)		0
answered question		0
skipped question		149

Question 31

In your opinion, has working with [AGENCY] had an impact on the way in which your agency as a whole is able to support clients experiencing domestic abuse?

Answer Options	Response Percent	Response Count
No impact	6.7%	5
A positive impact	93.3%	70
A negative impact	0.0%	0
Other (please specify)		7
answered question		75
skipped question		74

- Yes we need these services as they are a vital support with their expertise and knowledge
- We have learned a lot about how to support families where DV is an issue. We have both built on our capacity to deliver services
- Working together enables similar issues to be dealt with at different levels. It is very difficult for example to work with children in isolation from the issues their children are experiencing and we are quite limited in the amount of family support we can provide.
- I dont know, I only attended a one day event
- supprts clients who present with mental health problems as consequence of current abuse and prevents this from being addressed as if it were a mental health problem not a consequence of abuse
- we don't know who acts on the information we provide
- A large number of our clients are victims or perpetrators of domestic violence - we should have a very close relationship with DV services, and we are hoping to invite the MARAC SAFE worker and the two DV officers she works alongside to come and train the drugs workers to encourage early identification of DV problems to avoid unnecessary delays in offering support to vulnerable clients.

Question 32

How would you describe the nature of this impact? (Please tick all that apply)

Answer Options	Response Percent	Response Count
Better understanding of domestic abuse	81.4%	57
Improved joined up working around domestic abuse	91.4%	64
Information resource for our agency	74.3%	52
Assistance with complex cases	78.6%	55
Reduced demand on our agency	25.7%	18
Reduced costs to our agency	20.0%	14
Saves time at our agency	27.1%	19
Other impact (please specify)	8.6%	6
Other (please specify)		9
answered question		70
skipped question		79

- It compliments the work that we do offering specialist support for clients experiencing these difficulties.
- Improves positive outcomes for clients
- Domestic abuse is a complex subject which has a huge impact on a family which increases the workload for the Children's \centre without these services we would be evn more stretched than we are now
- Improved quality of life for client
- Reduces the impact of DV on children

Question 33

How would you describe the nature of this impact? (Please tick all that apply)

Answer Options	Response Percent	Response Count
Confusion around identifying domestic abuse	0.0%	0
Difficulty coordinating work when sharing clients with [AGENCY]	0.0%	0
Difficult to understand what services are available for clients	0.0%	0
Too many/ inappropriate referrals to our agency from [AGENCY]	0.0%	0
Poor communication complicates case work	0.0%	0
Increases demand on our agency	0.0%	0
Cases take longer	0.0%	0
Other negative impact (please specify)	0.0%	0
Other (please specify)		0
answered question		0
skipped question		149

Question 34

When working alongside [AGENCY], has your agency encountered any challenges around the following issues?

(Please tick all that apply)		
Answer Options	Response Percent	Response Count
Making contact with workers at the service	9.3%	7
Referring clients into the service	8.0%	6
Obtaining information about shared clients	10.7%	8
Sharing clients/issues of case ownership	5.3%	4
Communicating about shared clients	9.3%	7
Never encountered any problems	69.3%	52
Encountered a different problem (please specify below)	5.3%	4
Comments:		11
	answered question	75
	skipped question	74

- yet!
- Clients not
- Recently the information leaflets that have been used the telephone numbers are out of date this has caused distress to families who are trying to access the services
- Often NDWA would be able to work with clients but are unable to because of their own lack of resources. This is especially the case with the Pattern Changing Courses which are so valuable but now less available.
- More staff required
- Issues around data protection and confidentiality. Trying to work more holistically within the CAF arena to include perpetrators. Domestic abuse services taking on lead professional in the CAF arena
- No longer able to refer to Pattern Changing
- The length of time it has taken to have the referral met by a worker
- confusion following reports about funding cuts
- The service has been short staffed and not able to allocate a worker.

Question 35

In your opinion, how well do the services provided by [AGENCY] meet the needs of the client groups listed below?							
Answer Options	Don't Know	Not at all	Adequately	Well	Very well	Rating Average	Response Count
All clients experiencing abuse	21	0	12	31	17	3	87
LGBT clients	65	0	8	7	6	3	87
BME clients	59	1	7	10	8	3	87
Vulnerable clients (i.e. people with a physical, learning or other disability)	47	0	12	11	12	3	87
Clients with alcohol or substance misuse	39	1	7	18	10	3	87
Clients with mental health concerns	38	0	9	15	14	3	87
Male victims	59	1	7	10	5	3	87
Children & Young People	39	0	10	18	15	3	87
Victims of forced marriage, honour based violence or female genital mutilation	68	1	7	3	3	3	87
Comments:							
	answered question						
	skipped question						

- In our work we are predominately aware of the impact on women and young people
- No disabled access which restricts a member visiting the premises
- unable to answer as feedback not received from clients or DVAS
- What is lgbt and b&me
- Cuts to the service especially pattern changing and repair are vital and cuts will have a huge impact for prevention
- N/A
- Some are only partly because these issues can be dealt with completely by joint agency working, also Women's Aid can only partly do their job when funds are being cut and services being lessened as a result.
- Difficult to gauge from outside the service, but I would imagine WA strives to meet all needs of all groups to high standard.
- Previously it was very good however being unable to provide Pattern changing means the service is lacking in a valuable therapy.
- I have ticked very well for all areas as these services are specialist in their area
- I think the overall support given by SAFE is excellent. Male victims support has been introduced only recently therefore I don't really know if it has been successful so far. According to some research done not so long ago BME women seeking for support was quite low for several reasons (e.g. community inclusion) but another important aspect that probably needs to be taken into consideration is that awareness around diversities needs to be raised among support workers and agencies in order to offer an equal service for everybody.
- As have no direct experience
- I have no direct experience of forced marriage in D&A service
- Joint work clients with mh problems usually
- As a partnership we rarely get involved in individual cases.
- I don't know the answer to Q2,8, and 9 but there is no "don't know" option

Question 36

If [AGENCY] STOPPED providing the following services, how would this impact on the safety of victims across South Devon? Please

explain your answer using the comment box provided below.					
Answer Options	Strong negative impact	Some negative impact	Some positive impact	Strong positive impact	Response Count
Outreach	73	10	0	0	87
Male IDVA/ Male Outreach	54	24	1	0	87
SDVC IDVA	57	21	1	0	87
MARAC IDVA	63	18	0	0	87
Women's Support Worker (Repair)	65	16	1	1	87
Children and Young People's Service	73	12	0	0	87
Helpline	75	7	1	0	87
Please explain your response below:					60
					<i>answered question</i> 87
					<i>skipped question</i> 62

- Awareness of DV in our work has increased hugely and to not have access to services [particularly for women and yp] is unthinkable
- Although our organisation currently has a limited involvement we are very aware of the need across the community and the lack of alternative, specialist support with these potentially life threatening issues.
- All the services listed above provide essential support to people in dangerous and damaging situations.
- I do not know in relation to South Devon services but as there is not a DK box I am answering as Strong negative impact as all services are of great value.
- Not having specialist support for clients suffering previous or current domestic violence would be a huge loss. We are already missing being able to refer to the pattern changing course due to the funding cuts and as we assess many women who have experienced domestic violence the need is great for the service.
- Have had very positive experience with clients of my service however; Male idva, SDVC IDVA Womens Support Worker and Childrens Services I have marked as strong impact based on the fact that these services would be very useful if I required them/not sure if I have used them, but all experience of DV & AS positive.
- These services need more funding to raise awareness initially and to continue building services not have them reduced or stopped
- Nowhere to refer someone to who can support client identify DV or abuse and ways in which they can change their situation. Those marked no impact as didn't realise service existed
- Difficult to comment as although I know of the existence of ADVA (DV & AS) I am not directly involved in referring people or liaising with the service.
- Unable to respond and ideally would have liked to have ticked a box that said this apart from the the C&YP Service
- There needs to be one to one help/advice and support from professionals who have specialist knowledge of abuse and are independent from health/social care and police. Then clients may well access help and support where they might not otherwise.
- The services provided are needed to protect individuals who are experiencing abuse. If the services were stopped, would have a knock-on affect to other statutory agencies, and prevent individuals from breaking the cycle of abuse.
- there should be more services not a decrease as a lot of families would be affected and more at risk.
- limited experience being forced to make a response on a question i have limited knowledge of
- My clients work with young children (mainly under 5 years) and with out SV&AS services they wouldn't be able to access advice, support or training in these respects.
- There would be no where locally to direct victims for help and support
- All areas MUST HAVE/NEED a women's aid service
- The specialist service that is provided is not possible within other community resources or statutory agencies. All of the research shows how important it is to have timely support for being in crises. The delivery and availability of high quality specialist dv services will improve outcomes for the most vulnerable children and families. There is also added value in awareness raising, training and information, advice and guidance services.
- Over the years of working with ND W A I like to think we have developed a positive working relationship; We would feel the negative impact of cessation of services for children very keenly as D C and offending are closely linked
- A strong first response is often needed by women/men experiencing DV - if the service isn't there how many of these people will end up remaining in situations that are dangerous? Or even end up losing their lives?
- Don't know for 2 and 3 but the question forces me to give an answer other than "don't know" so the results of this question might be dubious.
- Outreach and Refuge are, to me, the best know services that are invaluable to women who have experienced abuse. I can't distinguish between the impact of the others but all appear to have a useful role to play.
- Even if I do not know what some of these services are I am sure they are equally, if not more important. Agencies can work together to effectively support victims of DV but without WA services we may not know how or where to get appropriate support.
- NB q'aire software insisted on an answer which is unfair for following reasons: Again this is difficult to answer as it relies on research, proven performance, comparisons etc. But my intuition is that victims' safety would be strongly negatively impacted by loss of WA services in our area. Hence 'some negative impact' mainly chosen as had to tick something.
- Put vulnerable children at increased risk of significant harm
- Although I am unaware of all the above services, from my service point of view the clients I am aware of have greatly benefited from ND Women's Aid and it would leave an important need unmet.
- A huge number of victims would be isolated, at risk and unable to flee. If the above services were stopped the impact would be disastrous.
- Impact on limited resources
- Women's Aid provides a vital service to vulnerable people who are at risk and can feel disenfranchised as a result of abuse, often not trusting statutory services. There has been a long standing good working relationship with local NHS services and the service needs to be expanded not cut back.
- women's aid has a huge role to play in the delivery of DA services but feel it has the potential to expand and become more family focused and using the CAF process to help address this.
- There is no alternatives to these valuable services and therefore lives would be put at risk.
- These services are vital for the mental wellbeing of our clients. The services promote recovery and independence in what can be extremely difficult circumstances. Training provided also ensure that our awareness and knowledge is up to date.
- The thought of reducing Women's Aid funding is horrific. Other agencies do not have the experience to help this extremely vulnerable group of people. If funding is reduced further I know it will lead to not only increased violence but will most likely result in a death from a physical assault
- Outreach, Repair and Children's Service are vital to clients in the N.Devon community experiencing DV. Refuge is part of wider network
- NDWA offer a range of extremely valuable services to children and women. The stop children and women from being killed. The children and young people's service is essential to support children who have experience DVA
- I have had to answer no impact for five responses as there is no don't know option

- It is very important that individuals experiencing domestic violence have NDVA as a first point of contact and as a continuing support.
- Specialised skills / knowledge available; supporting those access in understanding options / possibilities. Domestic Violence is not a mental health issue per say and the support needed by an individual will be broader than MH services. Workers within service who have had experience of DV provides a level of insight / understanding that is valuable
- SAFE is a vital service to all those affected by domestic violence, I believe that if it were stopped it would have a very negative impact on a huge number of people.
- Victims of DV would lose a very specialist service that they would not receive from any other agency in Devon
- SAFE is a valued service for all types of service user
- Mental health services are required to target and support people with mental health specific difficulties this often includes domestic violence and without SAFE there would be nowhere to access specialist advice, support and valuable joint working. From time to time we have individuals referred to our service who do not have mental health difficulties per say but in fact are distressed due to domestic violence. We do not see these clients but refer them on to SAFE. Without SAFE there would be no one to support these individuals.
- these are essential services
- Loss of essential expertise and professionalism- quite often front line services do not have the experience or time to deal effectively with all the complexities of an abuse case
- Minimal contact with safe as yet but hoping to make referral in the near future. Any reduction in this type of service is likely to have a strong negative impact but my knowledge of the service is minimal and survey has reminded me to update my training in this area! Perhaps work is needed to ensure the needs of people with learning disabilities are met. Many of these individuals are vulnerable in relationships and adapted individual or group work would be extremely helpful
- would increase the risks for clients
- While I cannot comment on the services I have not used, there are no alternative services that provide support to this already marginalised client group. Not only would the impact on their safety be negative but the overall impact on support services across the county also. This would of course include the NHS, Police and criminal justice system.
- From my position with the Courts Service, I am aware of the nature of the work carried out by SAFE, in particular the excellent work of the SDVC IDVA officer who has provided a consistently high level of support for the complainants in domestic violence cases before the courts whilst providing invaluable information to the prosecution.
- Without SAFE we could not support victims in or area. In the children's centre many of our staff's background is around child development, play and learning. Although we have accessed ADVA training we are no way near experienced as the SAFE workers. I gives me great fear to think the service may be cut. I don't think people holding the purse strings are aware of the impact upon children and families at ground level.
- Domestic violence and abuse will not go away and so support for victims is essential.
- This is not a prevention service - this is a service for the most vulnerable people at the most vulnerable - and sometimes entrenched - time of their life. It save lives, and therefore people will die if SAFE stops providing the services it delivers.
- I have more experience of the last 4 categories that influences my scoring
- I feel there is strong support of varying needs supplied by these different agencies which would have a negative impact on potential users if stopped.
- These services are crucial to supporting this client group in conjunction with other services. We are all stretched but this would pose more safety aspects to the victims without being able to access support and programmes such as pattern changing.
- clients may well continue to live with domestic violence and not be supported to make changes, staff need the training and support provided
- Absolutely essential service to the community
- I believe a dispersed accommodation model would be safer than the current refuge provision.
- Any service reduced or stopped would have severe impact on local victims. We have concerns about the East Devon Refuge closing in the near future.
- SAFE work gives victims an opportunity to understand, build confidence, self esteem in order that they and their children live free of harm.
- SAFE provides a highly valuable service

Question 37

Are there any developments or changes to the services provided by [AGENCY] that you would like to see over the next six to twelve months?		
Answer Options	Response Percent	Response Count
Yes (Please specify below)	66.7%	58
No	33.3%	29
Please specify:		61
	answered question	87
	skipped question	62

- Continuity of the service
- For it to continue being provided
- parenting - we could join with the organisation in setting up specialist parenting provision as we have the skilled workers here and you have the clients. we have had this discussion some years ago but there was no funding to take it further
- For our service the awareness raising and training aspect of the service has had the most impact.
- Improved information sharing systems with other agencies to enable us to discuss joint cases
- Disabled access
- better communication / feedback would be a useful tool for mental wellbeing & access teams to determine whether referral to DVAS results in positive outcome for our clients
- Bringing the pattern changing courses back
- To ensure service provision in coming years to provide confidence to staff and clients that it will be there to support vulnerable people.
- A DV@AS worker in our A/E dept
- Increased funding
- more publicity to agencies about services available also more education to public on da
- It might be good to have someone visit our team to raise our awareness of DV&AS and what they can offer as this questionnaire suggests that we might be able to suggest you to a wider range of people than we do for support or training.
- Unable to comment - no provision to provide this answer
- Links with our service for example sharing information about vulnerable young people living in houses where there is a substance misusing parent. Likely D.V service or CYPS will be in contact with the families and risk that needs of young people could be overlooked

- dont know
- the provision of pattern changing and the repair programme. The provision of the freedom project. Additional training helps staff to deal with issues and knowing where to signpost families
- More publicity and more localised training.
- Honour Based Violence Lead to be in post
- Refuge provision could be fine-tuned. Fear that services that exists would go.
- They need much more support financially to continue to provide the staff and resources to provide the service needed also recognition of the fantastic job they do
- We are keen to continue to develop our integrated working with the most vulnerable families embedded.
- Definately more multi agency work - sometimes information sharing is difficult around clients .
- Change name/role of Women's Safety Worker to Women's Support Worker.
Bring back pattern changing type of course to help bring women out of isolation and despair, but also examine the liklihood that such a short, educational programme is really likely to change "patterns" formed in childhood.
- Reinstatement of more Pattern Changing Courses. In Exeter, JACAT used to also run a Post pattern changing course in conjunction with the equivalent of NDWA. It would be so useful to link our work in this way. At the moment, there are not enough pattern changing courses in their basic form to refer clients to. Group work with children and young people who have witnessed DV would also be a great development.
- Return to official joint working with Probation.
- More children workers to work directly with children
- In particular, the Pattern Changing group has fulfilled an important function for the prevention of further abusive relationship involvement and coming to terms with current domestic violence. I hope to see this develop further as well as more individual working.
- Please start running the Pattern Changing course (and training staff in how to run these courses).
- Extended outreach service as very rural area
- increase in out reach hours
- Increased staff and interevtions sucha s individual support and Pattern Cahngeing to respocne to the need and cleint demand for the service.
- As stated in previous question
- We need more of it and we need Pattern changing back in a big way!!
- Pattern Canging to be reinstated and for Outreach to be avaiable to all at risk clients not just high risk.
- Re-introduction of the Pattrns changing course. A change in the name to encourage more support for male victims.
- more funding for children and young people's service
- This doesn't just relate to NDWA but to all agencies a need for better communication and joined up thinking about care plans for families
- It would be great to see NDWA have funding to provide further service in North Devon and in particular for the refuge to have 'high support' cover.
- maintain service
- Wider availability of pattern changing courses.
- More awareness to other agencies, more information about the service provided and how to refer.
- I would like to see an increase in investment for services to children & young people - especially as the service I manage will no longer be able to take referrals for C&YP impacted on by DA
- I would like to see SAFE being able to offer more more adequate support to BME community, LGBT clients, and victims of forced marriage, honour based violence or female genital mutilation
- More opportunities for training for Housing providers like ourselves
- would like IDVA based in the emergency department to support staff asking about DV and picking up patients post disclosure
- more info on available vacancies and if clients are being asked to leave it is essential that we know prior to the eviction.
- as above
- More outreach staff so the clients are reached sooner. Also more training as i feel the training I have received so far has been invaluable.
- Secure funding to ensure the future of the service.
- Better engagement with other services involved at MARAC - some of my colleagues look for the DV 'expert' in the service - we should all feel confident to undertake a MARAC assessments. It might be an idea for a SAFE worker to be located at the service where I work - maybe one for the victims and one for perpetrators.
- To continue current service. More Training about services provided, perhaps even in literature form would be useful and enhance current service, it would be available without having to release our staff
- More pattern changing and availability for referrals as they are greatly reduced resource that has been cut by the government.
- just to continue
- More information about the availability of outreach services
- A move to a dispersed accommodation model with floating support
- Continued financial support of this service with minimum reductions in staffing. In a time of ressession cases of DV are highly likely to rise and national figures already have indicated such a rise, so services need to be in place to support vicitims.
- More PATTERN CHANGING places available
- It would be good if there could be some training sessions on the pattern changing course for professionals and whether there are any aspects of this that could be delivered in house whilst waiting for the next course to run.
- Pattern Changing courses in all Children's Centres
- Being given more funding

Question 38

In your opinion, are there any gaps/ problems in the delivery of effective support to all victims of domestic abuse in [AREA]?		
Answer Options	Response Percent	Response Count
No	35.2%	38
Yes (please specify below)	66.7%	72
Yes - please specify		72
	answered question	108
	skipped question	41

- none of which I am aware apart form in parenting as detailed previously

- Only in capacity, particularly with specialist one to one support and advice for individuals
- Difficult for anyone using a wheelchair.
- Appropriate range of augmentative communication tools for individuals with a learning disability
- Awareness and accessibility of services for people with significant communication difficulties
- The demand for services; for clients, agencies, victims, children and perpetrators outstrips the resources available.
- As with many of our services there are often changes to service delivery, service names etc. Being clear about specific care pathways for all allied agencies is challenging, relying on agencies to disseminate to all clinical staff and for them to hold all current information is even more so. Therefore I think the major challenge is in communicating available services and maintaining a high profile.
- Greater Awareness and streamlined referral pathways through a single agency rather than specific agencies
- Lack of clear understanding of what/where support is available
- being called different names across county
- Knowledge of what you offer to whom may not be known widely enough.
- Answer is don't know but can't check this. I hear services are being cut so assumedly this results in gaps.
- Insufficient resources and lack of information.
- Developing links between D.V and young persons substance misuse services- eg exploring referral pathways between agencies. DSCB training website Training- ensuring training within both D.V and y.p substance misuse makes references to services provided by each agency Ensuring that there is an under 18's rep within the MARAC process More publicity- leaflets and flyers which can be handed-out
- My understanding is that there is no refuge facility and we have had to deal with Exeter services.
- unsure but services to males is limited and long waiting list
- need for preventative work as this would reduce the need for reactive services
- Training - there is very little training ever offered in West Devon (Tavistock/Okehampton area) where I am based. I have tried to arrange training for clients and have had around 15-20 people interested but there was a cost implication for those attending and as the majority came from voluntary managed organisations, they couldn't afford to pay.
- Very hard with the most high risk cases who are not engaging with anyone
- It's patchy coverage due to limitations of the few workers in place as they have to prioritise.
- Children are overlooked. Concern about the outcomes at SDVC. We need to focus on performance at SDVCs because if these results fall off, victim confidence in reporting to the police will drop. This relationship is already fragile and it doesn't take much to undermine it. The current trends and changes, not just in Devon, but across the country, are very damaging and reversing the good work which has happened in the last 10 years.
- Emotional and mental abuse is not fully understood and people who suffer this think it is normal behaviour from their partner. Physical abuse is far easier to understand as it is visible. I have suffered emotional and mental abuse and have had to fund and find my own support.
- as previous response they need to be better funded
- There are always funding challenges. The energy spent on managing staff and services through transitions when funding ends is energy diverted from the front line. Services, most especially the refuge require infrastructure costs to be funded on an ongoing basis. Acknowledgment of the impact of the issues of Domestic abuse on all areas of the public sector: health, police, social care, education, welfare system is important in achieving a shared responsibility for contributing to infrastructure funding
- Real problems of support for families involved with child protection due to the poor communication of social workers who appear to switch off if Repair is involved with the family until possibly a last minute request comes in for info just prior to a full child protection meeting.
- See previous answers!
- Unfortunately due to decreased funding, the outreach service has been cut which means less support for families in rural areas resulting in services without appropriate experience and/or training trying to carry the load.
- Only those due to resource cuts
- Current lower levels of contact between Probation as criminal justice agency and WA re clients towards whom we both have some responsibility.
- Need more pattern changing groups, male workers for children and more one to one workers for children
- I am making an assumption that there might not be enough funding for the delivery of effective support.
- Many men (and women for that matter) ask for anger management treatment but none appears to exist in North Devon (certainly within the mental health services)
- Pattern changing needs to be available for all victims if required and they should not be put on a waiting list - this is such a beneficial course and absolutely should not be cut back in anyway.
- Reduced outreach, needs to be increased
- Increases services for males, further groups for abuse and individual support
- funding has stopped provision of group work
- Services need to include perpetrators in service delivery. This would make them visible in the community, more accountable and less onus on the victim. However, this approach needs to be planned and assessed.
- Pattern changing. Could use more outreach - the refuge as I understand it is well used and often full. We know that Domestic Violence has increased with the current economic climate.
- It appears that referrals are for only high risk clients due to the reduced working hours of the Outreach Workers.
- Not enough advertisement for male victims
- Withdrawal of pattern changing has had serious effect
- There is not enough funding for the children and young people's service as there are a huge number of children who would benefit from support but there is not the personnel to provide this.
- We don't know all the victims, both adults and the children involved
- With the limited funding they have NDWA provides a very positive service, however as previously stated it would be great for Barnstaple refuge to have cover to provide 'high' needs accommodation for women fleeing DV.
- Cost pressure and decreasing service will undoubtedly impact elsewhere (children services, MH, etc etc)
- Only in being under resourced - like a lot of agencies
- The only gap that I can see and that can be easily dealt with is to raise awareness around diversity among workers and agencies in general.
- My only comment is about boundaries. Our Mid Devon service also covers Okehampton (West Devon) which I think is covered by South Devon. I sometimes get confused about who to call and whether there is equity across Devon with regard to what is available.
- need to increase routine enquiry within the hospital. need to have support services to help clients post disclosure.
- there are never enough spaces or available outreach workers.
- Making sure services are available to people with learning disabilities (However this may already be in hand?)
- I think it is apparent that the services are stretched so sometimes someone may wait to be contacted if referred by us. Also the lack of pattern changing courses is unfortunate. More regular e-mails to agencies detailing the support provided, any changes, any new services would be helpful.
- I am not confident that I have full information re Domestic Abuse services, so I would identify communication as a problem in the delivery of effective support.
- I know for a fact that not all victims of domestic violence receive the same treatment from the police after reporting domestic violence. I know

of one case in particular where the offender phoned the police before attacking the victim and said he had been attacked and proceeded to cut his own hand before trying to kill his partner. The police arrested the partner upon arrival despite the obviousness of the victim's serious injuries. The victim was taken to the police station as a criminal and put into the cells overnight with open wounds and broken bones.

- It would be helpful if there were sufficient SDVC IDVA's to enable them to support all complainants in domestic violence cases rather than just the high risk cases. This may prevent standard or medium risk cases becoming high risk cases at a later stage.
- Don't know
- Adva provide a good, professional service; in particular the pattern changing course. However, their resources were inadequate to meet the need before the cuts.
- Not enough workers across the area
- further support to the victims, pattern changing group to re start. support for perpetrators increased
- Closure of Women's Refuge in Honiton will lead to a gap in this support
- Under resourced
- access for people in rural areas such as Bow
- Not aware of the support offered
- possibly as elsewhere with funding and not enough staff to support
- The refuge does not provide for local victims and therefore the funding supporting this would be better spent on local services - eg floating support / prevention activities.
- I'm afraid I don't know enough about the situation to give a meaningful answer
- Due to cutbacks some services have already been affected this year including the Pattern Changing Courses that have been well attended and are most beneficial to victims to enable them to look at their relationships and changing the dynamics or move away from that relationship.
- Child care so that parents can access services
- As previously mentioned there can be gaps between pattern changing courses. There has been a turnover of staff which can be difficult for clients whom have built up a professional trusting working relationship with a particular worker. There can be long waiting times for clients to be allocated a worker & more staff are required.
- Funding gap
- Just that it is so hidden everywhere
- The East Devon Refuge is closing

Question 39

Additional Comments

- good luck with your funding
- These services are vital to the work of supporting families within the Children's Centre arena, cuts have a huge impact on the families and the work loads
- I think the service you provide is essential. Couples and families are in need of your services, particularly in this economic climate when everyone seems to be stretched beyond their means.
- I have found NDWA Outreach and Children's workers to be exceptionally helpful and supportive service in this area.
- Please can you send me information on what services you offer nowadays and how to refer to you
- Any cuts to this service would be a disaster as we deal with victims who first disclose during housing interviews and we refer immediately to Womens Aid and work together to assist in rehousing.
- Excellent service,needs to continue.
- NDWA have provided a valuable service for many years which has proven to be invaluable for our service within community mental health.
- I have filled this in for Exeter, Mid & East Devon but my answers would apply the same for the Specialist DA Services across the whole of Devon, as my experience personally and from the team covers the county. If these services were reduced in any way it would put the lives of children & young people and their parent at significant risk in numerous ways, which would have not only catastrophic impact on them personally but it will have massive impact on the budgets long-term!!
- I think that it is a big shame that funding as been cut for a vital service as SAFE is.
- would like more info about your services. Thanks
- I would be great if we had a specific contact from safe who could drop into our office for the occasional chat. Due to our client group we often have a woman who is not ready to engage, or that we may have concerns they are experiencing DV, so it would be good to be able to talk this through with an expert for advice etc.
- Keep going - great work.
- an excellent service which is well thought of. just completed some training which was excellent and will change my practice
- Brilliant service.
- Enjoyed all training with ADVA and found it very informative, relevant and eye opening!!
- it took longer than 10 minutes. good luck with maintaing your services
- I was baffled by all the initials. MAROC? REPAIR? It would be useful to spell them out...
- DV support services have be built up to an excellent standard of the last few years. If that now reduces incidents of serious harm or even death will increase, which in the longer-term costs all support services much more than the preventative services.
- Everyone who works at SAFE does an amazing job and all of the hard work is really appreciated by our team. Thank you for providing an excellent service.
- This organisation is of major importance and should be protected from cuts.
- As the team leader I do not have day to day contact with clients. But I did discuss this survey with my team and they said the usual contact was from SAFE to us rather than the other way around

Appendix 10. Adva partnership meeting to discuss the data

The data in this evaluation was presented at the adva partnership meeting in December 2011 with the intention of validating the emerging themes and discussing any issues. The group's responses centred on what needed to be done next to improve the overall quality and effectiveness of the combined response to domestic violence and abuse, and the challenges that presented.

Improving the response

Partner agencies felt that the evaluation data highlighted the need for greater clarity around the services offered by each of the partner agencies, and that there was vital work to do initially to map the full range of services contributing to provision, including the private sector. The belief was that this would enable all agencies to see exactly how they could and do contribute to making an effective response, along the breadth of the service user journey, and where they need to improve. This will enable all stakeholders to take joint responsibility for improving the offer, as well as individual responsibility of improving delivery.

Linked to this was the need for a single access point for information about where to signpost victims for need different levels and types of support. This reinforced perception of gaps in the current system where many agencies do not know enough about the roles of other agencies to signpost effectively.

Individual agencies also highlighted elements of improving the effectiveness of the overall response through their own particular contribution:

- Mental Health representation identified the need to raise awareness of domestic abuse in that sector to improve how practitioners respond to victims and refer them across services.
- Police representatives highlighted the need to bridge the gap between the reporting of offences and ensuring an effective response, particularly for victims suffering psychological distress. They felt this was about not just around increasing awareness amongst police officers, but also developing clear guidance on how to act, including the application of civil remedies.
- Practitioners working directly with victims highlighted the lack of current provision in terms of post-crisis support, particularly for families with children.
- Other representatives talked about having a clearer sense of the impact of cuts, and a greater awareness of the dangers of further cuts in terms of loss of valuable services, further reducing capacity to make an effective response.
- Representative also talked about the need for all agencies to demonstrate that they were 'on board' in terms of making a joint effort to provide a more effective response. This could be through the circulation of good practice cases, as well as a focus on what is not working to facilitate discussion of what makes an effective response.

How might the partnership move forward?

It was clear that much of findings from the evaluation was not surprising, but that seeing the evidence of impact 'in black and white' served to crystallise some of the current thinking across the sector around strengths and weaknesses, and what needed to be done to move forward. Thinking clustered into steps of a process of development that reflected a four stage intelligent commissioning cycle:

1. Respond to needs and gaps in service
2. Planning of future services
3. Implementation of joint working practices
4. Learning and improvement

Respond to needs and gaps in service

Partner agencies identified the need for a common shared vision for next five years with clear and protected funding streams. There was a suggestion for a Joint Strategic Needs Assessment (JSNA) refresh that would generate a new document representative of joint needs, including those of service users. There was also a need for time and support to both contribute to developing the needs assessment, and interpreting how the work each agency does links to this document.

A clear and agreed strategic vision would help break down silos that currently exist through the development of shared goals and individual responsibilities in reaching them. This would be supported by a service delivery plan which balanced service provision in crisis situations with awareness raising and early intervention and post-crisis work.

Planning of future services

In terms of delivering strategy, partner stakeholders identified a need to articulate what the partnership of the future might look like. The information had generated the need to look at what governance structures existed and how agencies actually work together - with making an effective joint response an overarching aim for that process. One idea was to explore the role of volunteers and making their input more standardised and targeted.

Mental health agency representation suggested the need to raise awareness of the psychological issues for clients suffering domestic abuse, to improve the response and referral pathways through training and better systems, and a clearer sense of joint outcomes.

Implementation of joint working practices

The need for clearer decision-making processes and governance structures was identified. Stakeholders felt that there was some good joint working already taking place but that this needed to be more formalised through joint working arrangements, for example between sexual and domestic violence teams.

Participants felt that developing an optimum delivery model was a priority, and that identifying what funding was needed to deliver that model would follow, not the other way around.

Learning and improvement

Priorities identified were the need for training and awareness-raising across agencies, the need to encourage and protect scope for innovation and the diversity of services offered. This was seen as a crucial part providing an effective response.

The idea of developing a care pathway was raised by some participants in the discussion, however it was clear that there was minimal awareness about what a care pathway exactly is or does. There was strong interest in looking at what care pathways do, what a care pathway for a domestic abuse client might look like, what outcomes might exist at each stage and where agencies fit in to the overall process.

Police representative suggested that there should be mandatory training about risk assessment for officers, to improve the response for non-high risk victims.

Small group discussions

Following whole group discussion, key topics were explored in greater depth within small discussion groups. Partner stakeholders looked at development opportunities emerging from the data to see how they wanted to take things forward. Discussion areas were as follows:

1. Strategic direction
2. Improving effectiveness of the overall response to domestic violence and abuse
3. Developing a common care pathway
4. Commissioning readiness of the sector

Strategic direction

What strategy guides your practice currently? Are you clear about where responsibility lies for decision making?

- There is no one strategy guiding practice – there are a number of strategic directives, causing confusion amongst agencies and individuals around which to work to
- Individual agencies have their own directives and working arrangements, which exacerbates silo working
- Work is still not well joined up
- People are unclear about lines of responsibility

And what still needs to be done?

- Use of the same assessment tools
- Ensure development is both bottom up and top down
- Ensure MARAC sign up – in practice not just lip service
- Reduce duplication e.g. joint plans and outcomes
- Clear ownership across agenda – from all agencies
- Nominated strategic lead from each agency with membership on a governance body and supported by a clear governance infrastructure

Improving effectiveness of the overall response to domestic violence and abuse

What in your view is needed now to improve the effectiveness of the overall response in Devon?

- Channels of communication to be formalised so that information (bottom up and top down) channels are clear
- Bottom up action – drawing on local knowledge and expertise. This perspective is a key part of future planning and delivery of services
- Encourage service user led development
- Commissioning framework and implementation plan
- Better use of tools that already exist – such as risk assessment
- Development of new tools e.g. care pathways

What are the challenges in delivering that?

- Balance between police objective to reduce demand on services and the need to provide a more effective response for both high and non-high risk victims
- Some elements of local authority lack awareness of DV and how it links to priorities – need to make this message more visible through training

Developing a common care pathway

Is development of a common care pathway the best way forward? Who would need to be involved in that work, and what support would they need to succeed?

- Awareness raising/training/opportunity to discuss care pathways – what a care pathway is, what it looks like, what a pathway for an 'effective DV response' might look like?
- Training on risk assessment tools, including the CAADA DASH RIC
- Training on DV awareness – what makes an effective response in each agency?
- How to recognise abuse, what to do about it once recognised?
- Principles of good practice visible within individual agency organisational plans

Commissioning readiness of the sector

Is the sector commissioning ready?

- Need for awareness raising/training on what intelligent commissioning is
- Identify what is needed to improve commissioning readiness across the sector
- Need for a commissioning strategy that reflects joint outcomes and is informed by the JSNA
- Need an implementation plan based on commissioning strategy, joint outcomes and JSNA
- Clear identification of resources needed to deliver plan
- Would value opportunities for networking and clearer identification of what people do and how they fit into the system

What was clear from the exercise was that stakeholders have strong ideas about what future joint provision might look like and an appetite to be involved in the work needed to implement this on the ground.

Appendix 11. Cost Benefit Analysis: Key Assumptions

Adva budget

Service	
Outreach	£412,220
MARAC IDVA	£146,400
SDVC IDVA	£109,800
REPAIR	£65,000
ADVA	£161,100
Project costs	£98,200
Training	£25,000
To be allocated	£25,530
Children and Young People	£248,600
Total	£1,291,850

Cessation of abuse

Weighted average for services with a high risk focus: 67%

MARAC IDVA 58%

SDVC IDVA 80%

Weighted average for services with a non high risk focus: 51%

Women's Safety Worker 33%

Young Person's Worker 38%

Outreach 47%

Male IDVA 48%

Refuge 71%

Long term sustainability of risk reduction

Weighted average for services with a high risk focus: 34%

MARAC IDVA 39%

SDVC IDVA 27%

Weighted average for services with a non high risk focus: 39%

Women's Safety Worker 0%

Male IDVA 13%

Refuge 19%

Young Person's Worker 33%

Outreach 46%

Cost of public service use

Estimated cost of public service use as a result of abuse for high risk victims of domestic violence and abuse is £20,000 using the Saving Lives Saving Money methodology:

http://www.caada.org.uk/policy/Saving_lives_saving_money_FINAL_REFERENCED_VERSION.pdf

Estimated cost of public service use as a result of abuse for non high risk victims of domestic violence and abuse is £6,000 which reflects the difference in the frequency and severity of incidents experienced by victims of high risk abuse compared to non high risk victims of abuse as evidenced in the metrics below:

	MARAC IDVA	SDVC IDVA	Male IDVA	Outreach	Refuge	WSW	YP Worker
Severe physical abuse	55%	62%	20%	16%	28%	8%	21%
Severe sexual abuse	16%	9%	0%	7%	11%	0%	6%
Severe harassment & stalking	43%	34%	10%	21%	34%	0%	30%
Severe jealous & controlling behaviour	64%	56%	13%	32%	55%	0%	48%
Escalation in severity	76%	78%	35%	40%	76%	15%	48%
Escalation in frequency	78%	78%	38%	44%	77%	15%	52%
Police call outs	2.17	2.43	1.28	1.35	2.65	1.08	2.25
Visits to A&E	0.41	0.24	0.11	0.12	0.23	0.17	0.23
GP	3.60	1.85	0.77	3.66	5.42	7.70	1.08

For each service the costs have been adjusted to reflect the range of risks supported.

Weighted average cost of domestic abuse for services focusing on high risk: £17,200

MARAC IDVA 98% high risk 97% MARAC threshold

SDVC IDVA 62% high risk 58% MARAC threshold

Weighted average cost of domestic abuse for services focusing on non high risk: £8,100

Women's Safety Worker 0% high risk 0% MARAC threshold

Male IDVA 30% high risk 25% MARAC threshold

Refuge 47% high risk 36% MARAC threshold

Young Person's Worker 33% high risk 33% MARAC threshold

Outreach 16% high risk 9% MARAC threshold

Appendix 12. Glossary of Terms

adva – Against Domestic Violence and Abuse partnership comprising different agencies from across Devon, including Devon County Council, Women’s Aid services, the Police, probation, education, social care and the CPS, among others.

BME – Black and minority ethnic. In this report, BME describes service users from an ethnic background other than white British or white Irish.

CAADA – Co-ordinated Action Against Domestic Abuse is Co-ordinated Action Against Domestic Abuse (CAADA) is a national charity supporting a strong multi-agency response to domestic abuse. Our work focuses on saving lives and saving public money. CAADA provides practical help to support professionals and organisations working with domestic abuse victims. The aim is to protect the highest risk victims and their children – those at risk of murder or serious harm.

CAADA-DASH Risk Identification Checklist – a tool used by agencies involved in the MARAC process to identify high risk cases of domestic abuse, decide which should be referred to MARAC and what support might be required

CPS – The Crown Prosecution Service are responsible for making charging decisions following a report to the Police.

CYP – Children and Young People

CYP Worker – Children and Young People Workers support those experiencing, exposed to and/or demonstrating abusive behaviour who are aged less than 21 years old

CYPS – Statutory Children and Young People’s Services

DV&AS – Domestic Violence and Abuse Service provides support to those experiencing domestic violence and abuse in the South Hams, West Devon and Teignbridge area. Formally known as South Devon Women’s Aid

Helpline – Helpline service enables those experiencing domestic violence or abuse to talk to a specialist support worker and find out more information about the options available to them

IDAP/CDVP – Integrated Domestic Abuse Programme / Community Domestic Abuse Programme are perpetrator programmes run by the Probation Service and designed to change abusive behaviour.

IDVA – Independent Domestic Violence Advisors address the safety of victims at high risk of harm 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.

LGBT – Service users who identify themselves as Lesbian, Gay, Bisexual or Transgender

MARAC – Multi Agency Risk Assessment Conferences are meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, a risk focused, coordinated safety plan can be drawn up to support the victim.

NDWA – North Devon Women’s Aid provides support to those experiencing domestic violence or abuse in the North Devon and Torridge areas

REPAIR - A programme to help men understand their abusive behaviour, how it affects their partner and children and take responsibility for stopping their abuse

SAFE – Stop Abuse for Everyone supports those experiencing domestic violence and abuse in Exeter city and East and Mid Devon. Formally known as Exeter Women’s Aid

Severity of Abuse Grid – enables caseworkers to document change over time by recording the experience, severity and escalation of each abuse type

SDVC – Specialist Domestic Violence Court. SDVCs are organised differently to regular Magistrates' courts by clustering domestic violence cases and have specific time set aside for them. Cases can be fast-tracked by the SDVC holding a pre-trial plea and case management hearing, and by allocating specific slots for further hearings or trials.

WSW – Women's Safety Workers support the IDAP perpetrator programme and their main role is sharing information for assessment and evaluation for the programme.

YP Worker – Young Person Worker supports people experiencing domestic violence or abuse aged between 14 and 25 years old.