Evaluation of Early Intervention Models for Change in Domestic Violence: Northern Rock Foundation Domestic Abuse Intervention Project, 2004–2009

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Dr Catherine Donovan
Dr Sue Griffiths
Nicola Groves

With
Dr Hilary Johnson
Jeffrey Douglass

Foreword

Northern Rock Foundation is interested in supporting research and evaluation to learn about new approaches. When the Foundation launched its Domestic Abuse Initiative in 2004 our aim was to demonstrate a model of working which encouraged multi-agency working and ensured that families got the support they needed, when they needed it. This evaluation sheds light on the realities of different agencies trying to work together and the challenges of delivering services in a rapidly changing policy environment.

The Initiative supported work in the rural area of Carlisle and Eden in Cumbria and the urban area of Gateshead in Tyne and Wear and the evaluation highlights some clear differences between work in rural and urban areas. Initiative projects were early adopters of the Co-ordinated Community Response and the evaluation includes some indications of the impact of services, both on victim safety and on attrition rates in the criminal justice system. The multi-agency partnerships in both areas struggled to engage with perpetrators to the extent they had originally intended and the research team draw some important conclusions about how perpetrators are viewed and dealt with, particularly by social care agencies. One of the strengths of this evaluation is that it goes beyond the usual aggregate presentation of findings, undertaking a micro-level analysis to explore some of the (sometimes complex) explanations for recorded outcomes.

The over-arching aim of the Initiative was to learn all we could collectively about how best to provide joined-up services to families affected by domestic abuse. We would like to applaud the commitment to learning shown by the two multi-agency partnerships who participated in this longitudinal study. Being open and honest about the things that went wrong as well as the things that worked out is not easy, especially in a challenging economic climate. Service provision in both areas has moved on a great deal since the time period covered by this evaluation and both partnerships are to be congratulated for their on-going commitment to best practice in this field.

We at the Foundation have also learnt a great deal over the last five years. Independent funders are always keen to find ways of maximising the impact of our investments and this experience will inform our future work. Most of all we, the partnerships and the evaluation team have all learnt the importance of good base-line data when seeking to evidence impact.

Domestic abuse is a complex social problem with deep roots. We continue to be deeply concerned both by its prevalence and by its long-term impact on families. As a community of practitioners, policy-makers, academics and funders concerned with eradicating domestic abuse we know that the road is littered with setbacks, unintended consequences and sudden breakthroughs; this too has been our experience with the Initiative. This evaluation report provides detailed information about the impact of services in this area. It contains evidence both about what works well and about what works less well and we commend this as a contribution to the growing body of knowledge in this area, upon which we know others will build.

Cullagh Warnock
Programme Manager
Northern Rock Foundation

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Executive Summary

1. Introduction

In 2004 the Northern Rock Foundation (NRF) Domestic Abuse Intervention Project (DAIP) provided £3.5 million to two Multi-Agency (MA) partnerships to address domestic violence in innovative ways. The aims were to provide holistic, early intervention, specialist services to victim/survivors of domestic violence, their children and perpetrators. New services were created to act as a hub to liaise with and coordinate MA working with the eleven partner agencies that, together with the new service, constituted each Project. In Gateshead the new service was developed within an existing one, Safer Families. In Cumbria the Project was set up as a pilot in rural Carlisle and Eden with Letgo as the new service. The objectives were to improve the health and wellbeing of victim/survivors and their children, increase perpetrator accountability and promote MA working by focusing on early intervention at crisis. In the Gateshead Project this resulted in the police being the sole referrer to the new service. In the Cumbria Project this meant that the police were the primary but not the only referral source.

Both Projects provided tailored, one-to-one support to victim/survivors, both one-to-one and group work for children and voluntary perpetrator programmes. Independent Domestic Violence Advisors (IDVAs) undertook a risk assessment (RA), offered safety planning and undertook an assessment of need, the outcome of which resulted in referrals to, and acting as an advocate with, appropriate partner agencies. Contact with victim/survivors varied in frequency and type depending on need. IDVAs also provided emotional and practical support and undertook regular reviews of victim/survivors' risk.

2. Impact of the Early Intervention Model for Victim/survivors and their Children

The Gateshead Project: Outcomes for Victim/survivors

The police operated an opt-in system of consent: victim/survivors gave consent for a referral to Safer Families and this resulted in approximately 12% of police incidents being referred to Safer Families. Four hundred and sixty victim/survivors were referred to Safer Families during the evaluation period of which 340 (61%) engaged, the vast majority of whom were women. This resulted in an engagement rate of 105 per 10,000 of the Gateshead population. The average age of referrals was 32 years.

Eight indicators of effectiveness of the early intervention model suggested that the Project had a positive impact for victim/survivors of domestic violence. The first three focus on engagement and indicate that the early intervention model had some success engaging victim/survivors at an early point in their help-seeking. The remaining five indicators focus on the outcomes for those victim/survivors who engaged with the Project.
1. Repeat referrals. Engagement with Safer Families reduced the likelihood of repeat referrals as 96% of referrals arising from a first police report were the sole referral for the victim/survivor during evaluation period. This suggested that risk reduction was sustained over the evaluation period.

2. The engagement rate of victim/survivors depending on risk assessment. Engagement rates were higher for those assessed at standard and medium risk. This suggests that the early intervention model had some positive impact and provided an opportunity to prevent further escalation in these cases.

3. Identifying domestic violence. There was evidence that engagement with the Project enabled some victim/survivors to recognise their experience as domestic violence. This has been identified as a crucial step on the journey to help-seeking and addressing domestic violence.[1]

I didn't realise until Safer Families showed me the power and control wheel. I really didn't realise I was experiencing violence to tell anyone. Louise, April 2008.

4. Risk reduction. This was experienced by the majority for whom it was calculated (61%, N=96 of 157). Most victim/survivors interviewed (N=31) also said their risk had reduced (86%, N=26).

5. Most victim/survivors had between three and five sources of support from partner agencies. MA working was positively correlated with both those victim survivors at the highest risk and with risk reduction which suggests that MA working can be effective in reducing risk. MA working increasingly focused on criminal justice system (CJS) agencies, the Multi-Agency Risk Assessment Conference (MARAC) and housing. The involvement of other agencies, e.g. health and children's services decreased. This may, in part, be explained by the fact that these agencies were represented at the MARAC, however it might be expected that these agencies would also be in contact with Safer Families outside the MARAC. In addition not all of those at high/very high risk were referred to a MARAC which may indicate an issue of capacity for the MARAC. Given the average age of victim/survivors (and their children) engaging with Safer Families, it may be of some concern that MA working with health and children's services decreased.

6. Confidence of victim/survivors in the Project. The majority (59%, N=33 out of 56) of repeat referrals engaged every time and all of those interviewed said that Safer Families provided a good or excellent service.

7. Improved health and well-being. Over half of those interviewed who responded to the question (62%, N=16 out of 26) felt that their health and well-being had improved and most felt safer (83%, N=24 out of 29) as a result of their engagement with the Project. Emotional support was identified by the majority as the most important type of support received.

[T]*hey helped me, calmed me nerves. Helped me get through it.* [since her contact with Safer Families she felt safer with] *somebody else to understand.* [Before contact with the Project she had felt at increasing risk]: *very at risk, I had a broken jaw, black eyes and all sorts.* [She felt at less risk because] *I get to know about court and* [IDVA] *rings us and asks how I'm feeling; if I'm good.* Beryl, April 2008.

8. Confidence in future help-seeking. The majority of those interviewed (68%, N=21 out of 31) said they felt more confident contacting sources of support after engaging with Safer

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[1] Hester, M. & Westmarland, N. (2005). Tackling domestic violence: effective interventions and approaches (PDF). Home Office Research Study 290. London: Home Office.

Families. This suggests that engagement with the Project made it more likely that victim/survivors would seek help in the future.

> *I felt much safer. I always ended up going back* [to the perpetrator] *'cos I didn't know what to do or where to go. If it wasn't for them I'd gone back again this time. I think honestly Safer Families are excellent; I'd never heard of them before and I tell everyone about them now. They're excellent. I've gone from trying to jump off the bridge to now feeling absolutely smashing! They're excellent!* Sonia, October 2008.

The Gateshead Project: Outcomes for Children

Twenty-eight of the interviewed victim/survivors were mothers of 57 children who had an average age of eight years (17 [30%] were under five years, 36 [63%] were 5–16 years, and five [9%] were over 16 years). Mothers were reluctant to talk about the impact of domestic violence on their children and many cited their children's relative youth as a protection from ill effects.

Between August 2006 and January 2008, Safer Families provided one-to-one work with 81 children and group work with six children indicating that this service was filling a gap in provision. Thirteen mothers interviewed said their children had received a service from Safer Families and nine rated the service as good or excellent indicating their confidence in the service provided.

> *My daughter had support, a girl came out from Safer Families; she was absolutely brilliant. She would take her out once a week even though it was for a limited time. This afternoon for a final time she's coming to do a final assessment.' She came out after I went to Safer Families. I've noticed her* [daughter's] *confidence has gone a little bit up 'cos I've noticed she was very angry, now not as much as she was.* Patty, October 2008.

The Cumbria Project: Outcomes for Victim/survivors

Letgo received 751 referrals from multiple sources. Of these, 303 victim/survivors (40%) engaged (the vast majority of whom were women with an average age of 36 years), giving an engagement rate of 61 per 10,000 population in the Letgo area. Letgo worked with victim/survivors of adult couples and other familial relationships.[2] For adult couple relationships the engagement rate was 43%. Police in Cumbria operated an opt-out system of referral which assumed every victim/survivor would be referred unless they stated otherwise. Two thirds (66%) of the recorded referral sources to Letgo were from the police. The engagement rate of all police referrals was 34% and for adult couples it was 40%.

Eight indicators of effectiveness of the early intervention model suggested that the Project had a positive impact on victim/survivors of domestic violence. The first two focus on engagement and indicate that the early intervention model had some success engaging victim/survivors at an early point in their help-seeking. The remaining six indicators focus on the outcomes for those victim/survivors who engaged with the Project.
1. In the majority of incidents of domestic violence reported to the police (57%), for which records exist, victim/survivors reported only one police incident. Letgo had a policy of

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[2] Sibling relationships and, usually, mother/son relationships. These are not in the analysis unless stated.

encouraging victim/survivors to report incidents to the police so this suggests that the early intervention model had some measure of success in preventing further reported incidents. In addition, nearly half of the 118 victim/survivors for whom there were records registered with Letgo within seven days of the first reported police incident. This suggests that the early intervention of Letgo resulted in early engagement by victim/survivors.

2. Recognising domestic violence. There was also evidence that engagement with the Project enabled some victim/survivors to recognise their experience as domestic violence.

3. Risk reduction. Risk reduction occurred in the majority of cases where it was possible to calculate (using one measure, 86% (N=107), experienced risk reduction; and with another the largest group (N=61, 49%) experienced risk reduction.[3]) Victim/survivors were engaged, on average for 8 months which suggests that risk reduction was sustained in the medium term. IDVAs also recorded their perception of victim/survivors' risk at four monthly reviews and 78% of the victim/survivors for whom there was a record were perceived to be at significantly or moderately less risk at review than at their first RA. The majority of victim/survivors interviewed (N=25) also felt at less risk (N=13, 57%) since their engagement with the Project.

> *I don't feel like I'm putting people out, they've encouraged me to keep in touch and got me a flat. They've made me feel safe. There was no phone box nearby and I couldn't run so now I've got a phone. They mentioned an alarm but I don't need one.* Tanya, April 2009

4. Factors affecting risk reduction. Analysis of victim/survivor characteristics identified four groups of intimate partner relationships for whom outcomes were different:
   - Typical (45%, N=137): heterosexual women who experienced domestic violence from their male partners. These required least Project effort, were most likely to experience risk reduction and were engaged with the Project for the least amount of time.
   - Complex–Typical (35%, N=106): heterosexual women who experienced domestic violence from their male partners and had complex needs: drug/alcohol use (also correlated with drug/alcohol use of the perpetrator); a child 'at risk'; disability; housing need (who tended to also be younger); a history of previous abusive relationships; unemployment; perpetrator with a previous criminal record. This group required more Project effort, remained engaged for longer, and were less likely to experience risk reduction.
   - Complex–Atypical (11%, N=33): those in same sex relationships; heterosexual relationships where the male partner is identified as a victim/survivor; heterosexual relationships where the victim/survivor is also identified as a perpetrator. The majority in this group had complex needs. Effects experienced by the Complex–Typical group were increased for those in Complex–Atypical relationships and these victim/survivors were most likely to experience an increase in risk. The length of time

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[3] These data, along with the perceptions about risk reduction and increased safety of IDVAs and victim/survivors respectively, support level and changes made were all kindly shared with this evaluation by the Henry Smith/SigHestia IDVA evaluation: Howarth, E.; Stimpson, L.; Barran, D.; Robinson, A. (2009) *Safety in Numbers A Multi-site Evaluation of Independent Domestic Violence Advisor Services*, London: The Henry Smith Charity.

victim/survivors stayed engaged was significantly correlated to the changes they made suggesting that Complex–Typical and Complex Atypical groups required more time to address their needs and make changes.

- Non-intimate partner relationships (9%, N=27) typically involved parents (usually mothers) being abused by their child(ren) (usually their son[s]); and some sibling relationships.

Complex needs were not correlated with the RA fields and suggest that a more systematic checklist of victim/survivors' needs might assist operational, strategic and funding agendas.

5. Multi-agency working. Most victim/survivors had between four and seven sources of support from partner agencies. MA working increasingly focused on CJS, housing and children's services. Other agencies' involvement (e.g. health, benefits) decreased.[4] Referrals to the MARAC were also low (27 over the 18 months since the MARAC had started) and fewer than the numbers being assessed as high/very high risk. This may reflect an issue of capacity for the MARAC process. There was no correlation between the support given and risk reduction. This may have been because only a small proportion of victim/survivors who engaged with the Project were assessed at high or very high risk (15%, N=41 over the three year sample period), which meant that there were fewer with demonstrable risk reduction that could be statistically linked to the support given.

6. Improved health and well-being. At review, victim/survivors were asked whether they felt safer and of those whose perception of safety had been recorded, 93% (N=73 out of 79) said they felt much or a bit safer. The majority (80%, N=20) of interviewed victim/survivors felt their health and well-being had improved and 80% (N=20) felt safer as a result of engagement with the Project. At review, IDVAs assessed victim/survivors' use of alcohol/drugs, housing, their networks, their coping and their use of pattern-changing course. The most common changes made by victim/survivors were in coping, housing and networking which again indicates the impact of the Project on victim/survivors health and wellbeing. Emotional support was the most cited form of support received.

> *If it wasn't for them being there I wouldn't be here today. I can't fault them, they're brilliant.* Sharon, July 2008

7. Confidence in the Project. Confidence in the Project was expressed by the majority of victim/survivors (N=24, 96%) who said Letgo provided a good or excellent service.

> *Excellent. Just for the back up and support as and when you need them. They've been so helpful to me from what they've given.* Vera, April 2009

8. Confidence for future help-seeking. The majority of those interviewed (63%, N=15 out of 25) said they felt more confident contacting sources of support subsequent to engaging

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[4] This may be the result of inconsistencies in recording.

with Letgo. This suggests that engagement with the Project made it more likely that victim/survivors would seek help in the future.[5]

The Cumbria Project: Outcomes for Children

The Project provided a service to 177 children/young people, 40% of whom were referred by statutory agencies in health, education or children's services. This suggests that these children/young people may not have received a service if the Project had not been available. Twenty-four of the women interviewed were mothers of 56 children who had an average age of 10 years (10 [12%] were under five years, 36 [68%] were 5–16 years, and seven [13%] were over 17 years). Of the 11 who said that their children had received a service from Letgo, 10 rated the service as good or excellent. The majority of those who answered the question (eight out of ten) said their children's health and wellbeing had improved as a result of engagement with the Project.

> *The eldest had* [a skin condition] *and after six months it cleared up. She's so confident and open now and before she was so clingy. I took them to* [sports club] *and the coach was shouting so loud that they all burst into tears, but now they're all fine . . . It* [Letgo children's work] *gives the kids someone else to talk to outside of the situation. If they're getting things said to them by their dad it gives them someone else to make sense of things.* Liz, April 2009.

3. Points of Comparison between the Gateshead and Cumbria Projects

Different Engagement Rates

Safer Families' higher engagement rate raises interesting questions about the opt-out/opt-in referral systems: perhaps the opt-in system encouraged self-motivated referrals who were more likely to engage. However, two further factors should also be considered:

- The age of the victim/survivors: The Letgo victim/survivors were older than Safer Families' which may reflect living/material circumstances that make relationship changes more difficult and a reluctance to engage with services. It is also possible that domestic violence has been experienced for longer and/or may be more severe which may also make accessing help more difficult.
- Rurality: this can make decisions to engage with services and/or leave an abusive relationship more difficult because of the problems of transport, alternative housing (with potential additional problems of accessing schools) and close-knit communities in which privacy is difficult to achieve.

Working with children

The difference in the average ages of victim/survivors and their children may have different implications for each Project.

- Nine percent of the Letgo workload was non-intimate partner relationships, most of whom were mothers abused by their sons. This together with the relatively older age of victim/survivors and their children may require different approaches to children's and young people's work.

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[5] The low response rate to this question may be explained by the fact that Letgo accepted referrals other than the police and these victim/survivors may not have sought formal help before engaging with the Project.

- In Safer Families the relative youth of children may also have implications for the type of service offered but also for work done with parents to sensitively encourage them to see that, regardless of their children's ages, living with domestic violence may still have an impact on their health and well-being.

- Most of the few negative comments about both Projects were made in relation to the work with children but not in relation to the service received. These comments were more related to issues of capacity – waiting times for appointments or referrals – and reflected issues both Projects had with staff recruitment and absences.

4. Impact on Perpetrator Accountability

Another way of understanding the significance of repeat referrals is to focus on perpetrators. In Gateshead, 35% of perpetrators were responsible for 62% of the referrals. In Cumbria, 39% of perpetrators were responsible for 67% of reported police incidents. This impact is substantial and provides evidence for the need to sustain work promoting perpetrator accountability.

The positive impact of the Projects was seen in the substantially increased workloads of the police and Crown Prosecution Service during the evaluation period. In the Gateshead Project the number of cases finalised increased from 180 in 2005/06 to 393 in 2008/09. For the Cumbria Project the number of cases finalised increased from 29 in April 2006 to 111 in 2008.

In the Gateshead Project sentencing might not reflect the fact that the Project increasingly worked with high/very high risk victim/survivors: of the convicted cases where the victim/survivor was referred to the Project just under a quarter (N=8, 24%) resulted in imprisonment compared to just under a half (N=11, 46%) of cases where the victim/survivors was not referred to the Project (though numbers are small and conclusions are tentative).

Whilst discontinuances as a whole decreased in both areas, those identified as the result of reasons identified as victim/survivor related increased in Gateshead, Northumbria and Cumbria but decreased in the Letgo area. This may be the result of the combined impact of the IDVA service and Specialist Domestic Violence Court (SDVC) in Cumbria. This reflects findings from other research[6]

5. Including Perpetrators

The original intention of the Gateshead Project to expand the remit for working with perpetrators was stalled by a lack of credibility afforded the work from within the CJS; and fears that intentions to participate with a voluntary perpetrator programme (VPP) would be used in mitigation within the CJS. Subsequently, work with perpetrators focused on the provision of voluntary perpetrator programmes. However, both Projects found this aspect of the work the most difficult to promote. Whilst in the Gateshead Project the numbers referred and assessed compared favourably with other VPPs they were not as high as expected given the increase in resources resulting from the NRF funding. In the Cumbria

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[6] Home Office (2008) *National Domestic Violence Delivery Plan*. Crown: London.

Project the referrals of perpetrators was very low, partly because the VPP was perceived as somewhat separate to the work of Letgo. Other reasons for the low numbers of referrals to both Projects included: the belief of many partner agencies that work with perpetrators is the remit of CJS agencies; the belief of CJS agencies that perpetrators should be criminalised; the remit of some partner agencies which was to work with victims and not perpetrators of crime; those partner agencies whose remit could include men as perpetrators, because their remit was work with families, in reality understood this to mean work with mothers and children; a reluctance, by predominantly female practitioners, to engage with potentially violent men, especially when their work was conducted in the homes of their clients. The exceptions to this were some social workers in both Projects who said they referred perpetrators to the programmes and some police officers in the Cumbria Project who said they promoted self-referrals of perpetrators.

6. Multi-Agency (MA) Working

Setting up new MA working initiatives can be understood as two-phased. In the development phase, which occurs in the pre-launch period, developmental factors indicate how robust the MA partnership is. The importance of this phase cannot be underestimated as the degree of partnership resource an initiative has may dictate its ability to be effective in the operational phase. The Cumbria Project was able to establish more effective MA working than the Gateshead Project because the following developmental factors were present giving them a positive partnership working resource to draw on when the Project was launched:
- Strong existing MA working relationships across partner agencies;
- Strong domestic violence infrastructure in the Strategic Management Board and Domestic Violence Project Manager;
- Processes for the development of the new Project which promoted shared ownership of the Project, particularly at senior management and strategic levels;
- Processes for management of (including accountability within) the new Project;
- Processes for monitoring the new Project;
- Taking account of the scope/size of the new initiative.

The Cumbria Project was able to achieve success in developing monitoring systems within Letgo but not any other partner agencies. This continued into the operational phase of the Project.

In the operational phase, when a new initiative is launched, operational factors concerning issues of communication, power and resources can arise that prevent or assist MA working. These factors were faced by both Projects but Letgo was able to respond more successfully to them because of its existing partnership ethos.
- Communication: Gateshead particularly faced challenges with communication between and within partner agencies, including about the aims and objectives of the Project and each agency's role within it; service level agreements between partner agencies; and information sharing protocols.
- Power: Practitioners in both new services faced some challenges to their credibility in the early years of the Project and were seen as a threat to other, voluntary sector, agencies. Both Projects faced challenges securing senior enough management representatives of health and children's services at the strategic boards. Gateshead faced further challenges including achieving shared ownership of the Project, having

senior enough management from other partner agencies involved at the strategic level; having clarity about structures of management and accountability, particularly within Safer Families; and having MA working relationships that were inclusive and non-hierarchical.

- Resources: Both Projects also faced recruitment and staffing challenges.

7. Recommendations

The Early Intervention Model

1. There was evidence that the early intervention, specialist model was effective in Gateshead in terms of its impact on victim/survivors and, through the work of the police and CPS, perpetrator accountability. The Project should be funded to continue the work they do with victim/survivors and on perpetrator accountability.

2. The numbers of children provided a service by the Projects indicated that the children's services were filling an important gap in provision and should be maintained.

3. Early identification of Complex and Atypical victim/survivors using a needs assessment checklist could benefit strategic, funding and operational agendas to more purposefully:
   a. plan equitable workloads of IDVAs recognising the extra effort and time needed with Complex-Typical and Complex-Atypical victim/survivors;
   b. target partnership working and identify gaps in provision;
   c. develop funding strategies.

4. Training should be developed to build confidence in practitioners to motivate and undertake preparatory work with perpetrators so that they engage with voluntary perpetrator programmes. The question of which practitioners might have the remit to undertake this work is a moot one but social workers, health visitors, probation workers, practitioners in youth offending teams and GPs might all be considered.

5. New MA initiatives require a development phase in which to test the robustness of developmental factors. This should also include a lead-in period, the length of which depends on the scope and size of the initiative, which would allow an incremental increase in staff teams and drawing down of funding. Having clear structures of management and accountability are crucial to the effectiveness of MA working so that operational factors can be more effectively addressed.

Monitoring and Evaluation

6. Monitoring and evaluation systems should be agreed and embedded in new initiatives as early as possible, and management and practitioners should be encouraged to recognise the usefulness of monitoring for operational as well as strategic, funding and evaluation agendas.

7. MA initiatives wishing to monitor and evidence the impact of complex issues such as domestic violence should explore ways of 'stitching together' and tracking cases across as well as within agencies to facilitate monitoring the trajectory of cases both individually and globally.

8. The numbers processed through the CJS are small, making conclusions tentative. However, further monitoring of sentencing could confirm a need for focused work on sentencing.

Acknowledgements

Section 1: Introduction

Domestic violence accounts for 16% of all violent incidents reported to the police and has more repeat victims than any other crime. Most recently, domestic violence incidents were reported to the police by 33% women and 4% of men.[7] Defining domestic violence can focus on individual incidents[8] or, as in this evaluation, on the cumulative impact of different behaviours (including physical, sexual, emotional and financial) that together result in power and control being exerted over an individual. Typically, the perpetrator is the male intimate partner of the victim/survivor, but it is also possible for members of a family or community to collude with or actively take part in violent behaviours that control the behaviour and life of a relative and/or partner.[9]

In 2004, the Northern Rock Foundation (NRF) set up the Domestic Abuse Intervention Project (DAIP) and funded two multi-agency (MA) Projects to provide early crisis intervention services, one in rural Carlisle and Eden in Cumbria (Letgo) and one in the more urban setting of Gateshead (as part of Safer Families). The vision of the NRF was to facilitate the provision of innovative new domestic violence services based on the research evidence that early intervention in domestic violence increases the chances of improving the outcomes for victim/survivors and their children, attrition rates in domestic violence are amongst the highest in the criminal justice system (CJS), and that MA working increases the chances that victim/survivors and their children will receive an appropriate and joined-up response.[10]

Note about terminology: In this report we refer to victim/survivors when we are talking about those who have experienced domestic violence and perpetrators when we are talking about those who enact domestic violence on others. We refer to the 'Project[s]' when we are discussing anything related to the collective of partner agencies, including the new services, that were responsible for the successful bids to NRF.

1.1 Aims and Objectives of DAIP

In setting up the DAIP, the NRF made clear that the Projects should be given the opportunity to pilot new ideas and learn from experiences. Accordingly, the NRF committed five years of funding (£1.9 million to the Gateshead Project, tapered after three years, and £1.4 million to

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[7] Kershaw, C., Nicholas, S. and Walker, A. (2008) *Crime in England and Wales* 2007/08. Home Office Statistical Bulletin http://www.homeoffice.gov.uk/rds/pdfs08/hosb0708.pdf.

[8] Home Office (2009b) http://www.homeoffice.gov.uk/crime-victims/reducing-crime/domestic-violence last accessed 21/May/09; http://www.acpo.police.uk/asp/policies/Data/Domestic_Abuse_2008.pdf.

[9] For a full definition of domestic violence visit: Women's Aid (2009) http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200410001&itemid=1272 21/ last accessed May/2009.

[10] See Hester, M. (2005) 'Making it through the Criminal Justice System: Attrition and Domestic Violence' in *Social Policy and Society*. Vol. 5 (1): 79–90 (according to this research, less than a third of arrests in domestic violence cases resulted in criminal charges); HMCPSI (2004) Violence at Home: A Joint Thematic Inspection and prosecution of cases involving domestic violence (www.hmcpsi.gov.uk/reports found that overall attrition rate from recording to conviction indicated that only 3% of cases resulted in criminal convictions); Hanmer, J. and Griffiths, S. (2000) *Reducing Domestic Violence . . . What Works? Policing Domestic Violence*, Policing and Reducing Crime Series, London: Home Office.

the Cumbrian Project) to allow both Projects time to develop the innovative new services. Both Projects had similar aims and objectives, reflecting those of the DAIP:

Aims:

- To improve the health and well-being of victim/survivors and their children;
- To make perpetrators accountable for their behaviour.

Objectives:

- To provide an early intervention service for victim/survivors, regardless of any assessment of their risk, which responded to their immediate needs and then acted as the hub of a web of support provided by partner agencies;
- To provide a holistic service to victim/survivors of domestic violence, their children and perpetrators;
- To promote MA partnership-working in order to facilitate best practice in service delivery for those experiencing domestic violence.

The key innovatory aspect of the Projects was the early intervention model. This relied on the police as key partners in both Projects, since most reported incidents of domestic violence are made to the police. In Cumbria, self-referrals were also accepted as well as referrals from any other agencies. A further innovative aspect of both Projects was the holistic service being offered to victim/survivors, their children and perpetrators. Embedding the new services within multi-agency partnerships also provided the opportunity for the specialist domestic violence workers in each new service to coordinate partner agencies' interventions, act as advocates where appropriate with partner and other agencies and, through a case-worker approach, provide continuity of service to victim/survivors and their children. In addition, a rural and an urban Project were selected to allow opportunities for comparison across geographical settings. To demonstrate the impact of these MA initiatives on the health and well-being of victim/survivors and their children, perpetrator accountability and also to identify learning, the NRF also commissioned a seven-year external evaluation of both Projects.

1.2 Structure of Projects

To fulfil the criteria of the NRF, both Projects were led by voluntary sector agencies which were both, coincidentally, housing agencies. These agencies were to be the financial and operational managers of the new services. Both Projects were set up as MA partnerships based on their strategic domestic violence partnerships. In Gateshead this was originally the domestic violence forum (DVF), which in 2007 became the domestic violence partnership (DVP) and in 2009 the Domestic Violence Executive Forum. In Cumbria, this was the Cumbria-wide Strategic Management Board (SMB). These strategic partnerships submitted the original bids to the NRF and, in partnership with the lead agency, oversaw the development of each Project. In addition, both Projects set up smaller steering groups that focused on operational issues. In Gateshead this started out as the Domestic Abuse Rapid Response Service (DARRS) operational group and became in the autumn of 2006 the Crisis

Intervention Operational Group (CIOG). In the autumn of 2007, this group stopped meeting as a result of an external review of the new service (see below). In Cumbria an operational steering group was set up which reported to the SMB.

The team at Safer Families included a manager, three senior case workers (who did not have line-management responsibilities) for the victim/survivors', perpetrators' and children's work, six women's case workers (who became Independent Domestic Violence Advocates [IDVAs]), two perpetrator workers, two children's workers and three administrative staff. In Letgo the team included a manager, four case workers (who became IDVAs), one children's worker seconded from children's services, one administrator and a part-time play therapist. Both Projects also utilised volunteers in their provision of services.

1.3 Role of Partner Agencies

Both Projects had 11 partner agencies.

In the Gateshead Project these were:

Aquila Housing Association	National Probation Service (Northumbria)
Crown Prosecution Service	Northumbria Police
Gateshead Council	Safer Families Project
Gateshead Health NHS Trust	Stonham Housing
and Gateshead PCT	Thomas Magnay and Company (Solicitors)
Mulcahy Solicitors	Witness Support

In the Cumbria Project these were:

Impact Housing Association	Eden District Council/Carlisle and Eden Crime
Criminal Justice Board	Reduction Partnership
Crown Prosecution Service	Existing Domestic Violence Services within
Cumbria Constabulary	the County
Cumbria County Council	National Probation Service (Cumbria)
Cumbria Social Services	North Cumbria Mental Health and Learning
Eden and Carlisle Domestic Violence Forums	Disabilities Trust

The role of partner agencies included: developing best practice within their own agencies and service-level agreements and referral protocols between partner agencies to facilitate best MA practice; providing specific resources to each crisis-intervention service, (for example, both children's services agreed to second a specialist practitioner to work with children); undertaking processes to build capacity within their own agencies by developing training and awareness-raising and to identify and share best practice; identifying ways in which existing best practice in domestic violence work for each agency could be embedded

within existing infrastructures; and identifying ways to monitor domestic violence and responses to it within their own agencies and link across partner agencies.[11]

1.4 The Individual Projects

The Gateshead Project had the following features.

- The context in which the Project was launched was that baseline police domestic violence incidence rates at the start of the Project were approx 307/month and the total yearly cost of domestic violence to the Gateshead population in 2006 was approximately £91,476,000, which, based on the population size of 191,151 as at the 2001 census, is equivalent to £478.55 per head per annum.[12]

- The crisis service developed as a new service within an existing agency called Safer Families. The original Safer Families model providing holistic services to victim/survivors, their children and perpetrators was expanded upon but, initially at least, a distinction was made between crisis (for the new service) and non-crisis (for the existing service) referrals.

- The financial criteria of NRF meant that Safer Families had to be seconded from Gateshead Council to the lead voluntary-sector housing agency.

- Existing staff at Safer Families applied for and became the senior management team.

- Police referrals were dependent on victim/survivors 'opting in', i.e. consent was sought by attending police officers to make a referral to the Crisis Service at Safer Families, and were not made automatically.

- The original city-centre location of Safer Families quickly became inappropriate as the staff team expanded from 4 to 18 and accommodation became an immediate concern.

The Cumbrian Project had the following features.

- The context in which the Project was launched was that baseline police domestic violence incidence rates in the rural Carlisle and Eden area were approximately 22/month and the total yearly cost of domestic violence to the Cumbrian population was £228,690,000 which, based on the population size of 487,606 as at the 2001 census, is equivalent to £469 per head per annum.[13]

- Letgo developed as a new service acting as a pilot for the county with the intention that it would be rolled out across the county if it was successful. In addition, in order to build capacity within the county and address strategic issues of parity, the original intention

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[11] See Appendix 1A for a list of partner agency commitments and information about the achievements of these.
[12] See Appendix 1B.
[13] See Appendix 1C.

had been to 'buy in' services from agencies across the county that Letgo could not provide, for example, domestic-violence training and work with perpetrators.

- Letgo was always centrally located; in the initial stages it was located within the lead agency premises before locating to its own, independent, location.

- Police referrals were dependent on the victim/survivor 'opting out', i.e. the attending officer was to make a referral to Letgo unless the victim/survivor declined to be referred.

- Letgo accepted referrals from all partner and other agencies and self-referrals.

- Reach-out and awareness-raising were seen as a core part of business in order to address the particular issues associated with rurality.

1.5 The Changing National Context

After the Projects were launched in Gateshead in July 2005 and in Cumbria in January 2006, the National Community Coordinated Response (CCR) for Domestic Violence was rolled out by the government in 2006. This focuses on a triumvirate of interventions[14]: Multi-agency Risk Assessment Conferences (MARACs); IDVAs[15]; and Specialist Domestic Violence Courts (SDVCs).

In Gateshead, Safer Families women's support workers undertook IDVA training during 2005–2007 and MARACs were introduced in October 2006. The SDVC was not introduced until autumn 2008. In Cumbria, Letgo victim/survivors' support workers undertook IDVA training during 2006–2007, the SDVC was started in March 2007 and MARACs were introduced in June 2007.

The national initiative proved significant to both Projects in several respects, for example in relation to promoting multi-agency working and the use of a common risk-assessment tool and providing domestic violence specialist (IDVA) training for the staff in each new service. In addition, the original aims and objectives of the Projects regarding early intervention became influenced in Cumbria and superseded in Gateshead by the implementation of the National agenda which focuses on those victim/survivors and their children at the highest risk.

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[14] The Home Office National Domestic Violence Delivery Plan. Annual progress Report 2006/07 p. 14 'Developing a Co-ordinated Community Response' at http://www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence066.pdf.
[15] CAADA is the national charity promoting the development of MARACs and providing nationally accredited training for IDVAs, as well as undertaking research to evaluate these interventions. For further information about CAADA and their work go to http://www.caada.org.uk/index.html.

1.6 The Evaluation[16]

The evaluation used a multi-method approach and focused on both process and impact outcomes. An essential part of the evaluation's remit was to be reflective: to identify learning and allow key informants to reflect on their own learning during the course of the evaluation. Regular reports fed back to both Projects on provisional findings. Quantitative and qualitative data were analysed to provide evidence about how each Project developed and what impacts each had on victim/survivors, their children and perpetrators of domestic violence.

For the impact evaluation, data was collected from both Safer Families and Letgo databases and from the police and Crown Prosecution Service (CPS). In the Gateshead Project, four sample periods were identified for the evaluation: January to March between 2006 and 2009. In the Cumbria Project, the evaluation period was 36 months between January 2005 and December 2008. For the process evaluation exploring MA working, interviews were conducted with senior management and frontline practitioners in partner agencies every six months (depending on availability) during the first three years of each Project and minutes of and observations recorded by attending strategic and operational meetings in both Projects were analysed. These data were also used to explore the work with perpetrators. Various methods were adopted to explore the views of victim/survivors in both Projects and 31 victim/survivors from the Gateshead Project and 25 victim/survivors from the Cumbria Project took part in interviews which also included questions, where appropriate, about the experiences of their children.

The original intention of the NRF to conduct a seven-year longitudinal evaluation of the Projects was reduced to five years when it became clear that available data about indicators agreed as evidence of the impact and outcomes of the Projects was going to be much more limited than originally envisaged.

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[16] For a full discussion of the evaluation methods, go to Appendix 1D.

Section 2: Impact of Safer Families and Letgo on Victim/Survivors and their Children

2.1 Introduction

In this section there are four parts. In the first, there is a description of the role of practitioners within each service and the range of services they provided. In the second part, there is a discussion about the effectiveness of the early intervention model and the outcomes for victim/survivors and children using the Gateshead Project and, in the third part, the discussion focuses on the Cumbria Project. In the final part, conclusions are drawn and some comparisons between the two Projects are discussed.

2.2 Part 1: An overview of the early intervention model in both Projects

At the core of each Project was the new service: Safer Families in Gateshead and Letgo in Cumbria. These services acted as a hub. Independent Domestic Violence Advocates (IDVAs) and children's workers acted not only as case workers, assessing and responding to the risk and needs of victim/survivors and their children, but also as advocates, coordinating multi-agency MA working with relevant partner agencies.[17] The underpinning philosophy of both Projects was to provide as early an intervention as possible when a victim/survivor was in crisis. Police referrals were central to this model, but Letgo also accepted referrals from any partner agencies and self-referrals. Not only were referrals to be made as soon as possible, but the response from Safer Families and Letgo was also to be swift: within 24 hours some contact was to be made with the victim/survivor, if possible. A risk assessment (RA) was conducted as soon as possible after contact was made with the referral so that a safety plan could be put in place and appropriate actions taken to address the victim/survivors' safety. This might mean liaising with partner agencies and information-sharing, acting as an advocate with appropriate or other partner agencies and/or providing emotional support.

At Safer Families, cases were reviewed, originally, at monthly team meetings, but later in monthly supervision with IDVAs. Case closure by Safer Families occurred as risk and need reduced. At Letgo, cases were reviewed once a week at intake review. Cases could be closed then if the victim/survivor did not engage. Case reviews involving a risk review took place at four months, but before then cases were closed once the work was completed.

Between formal case reviews, regular contact was made by IDVAs in both Projects with victim/survivors. This was often daily or on alternate days in the first weeks, dropping gradually to weekly or monthly as time passed, but this could also increase if circumstances changed. Victim/survivors could contact their IDVA at any time. Contact in both Projects was primarily over the telephone and also included texting.

A victim/survivor engaging with Safer Families or Letgo was offered a package of support that addressed each victim/survivor's specific needs (depicted as a web of support in Diagram 2.1 below). Interventions could include:

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[17] See Section 4 for a discussion of the approach to MA working taken by each Project.

- Risk assessment (RA)
- Assessment of need, which could result in:
  - Securing permission to contact and information-share with other agencies.
  - Referral to other agencies and advocacy with other agencies when appropriate.
  - Referral to children's workers within Safer Families or Letgo.
  - Safety Planning.
  - Practical support, which included: organising target hardening – installation of alarms, lights, locks, provision of telephones, panic buttons; making telephone calls on behalf of victim/survivors and liaising with other agencies; accompaniment of victim/survivors to appointments with other agencies; supporting relocation; accompaniment to court; explanation of criminal and civil remedies and procedures; keeping victim/survivors informed of criminal/civil processes.
  - Emotional support, which included: believing victim/survivors; validating victim/survivors' experience; advocacy; listening; identifying domestic violence; fostering self-esteem; promoting self-confidence; encouragement to make decisions; encouragement to pursue legal remedies (criminal and/or civil); being available; making regular contact to reassure victim/survivors that they were not alone/isolated.

Diagram 2.1: Web of support from the Projects
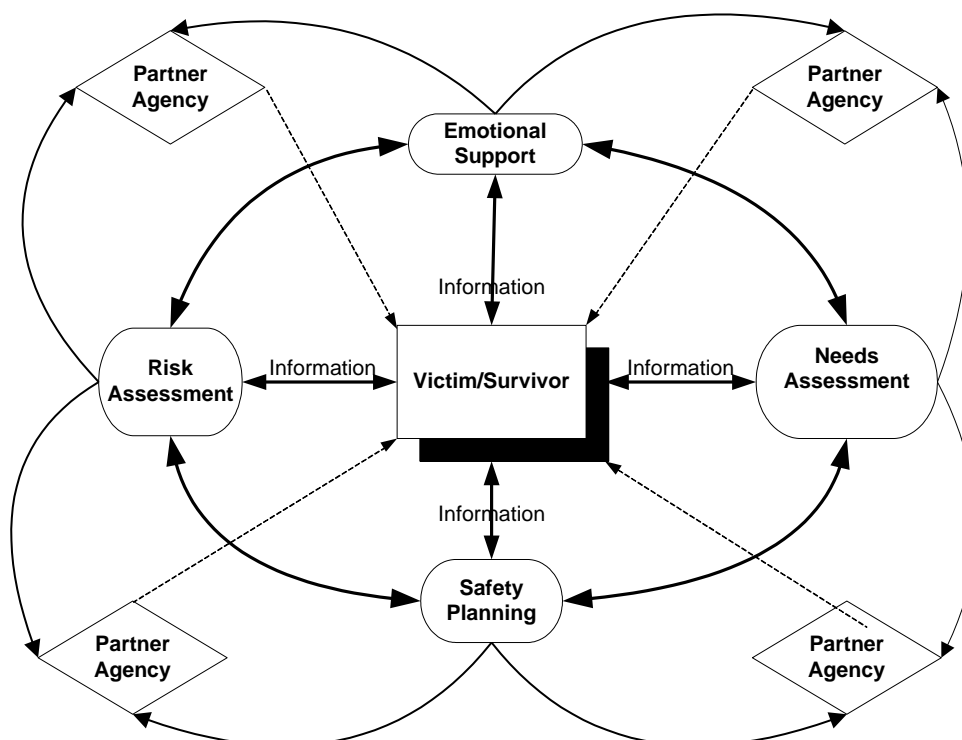
Case study: Safer Families

Maxine[18] is a white British woman in her late 20s who works part-time but is currently on sick leave as a result of the impact domestic violence has had on her life. She has one child under three years old. Maxine had called the police *a few times* before the incident that resulted in her agreeing to a referral to Safer Families. April 2008.

Diagram 2.2 below indicates the web of support she received and how different kinds of support were interrelated. As has been found elsewhere,[19] emotional support was identified by many of the victim/survivors as the most important aspect of their involvement with the Project. As Maxine said, just having somebody *keeping in touch to see how you are* is enormously valuable for people so that they do not feel that they are on their own.

Diagram 2.2 showing web of support offered by the Gateshead Project

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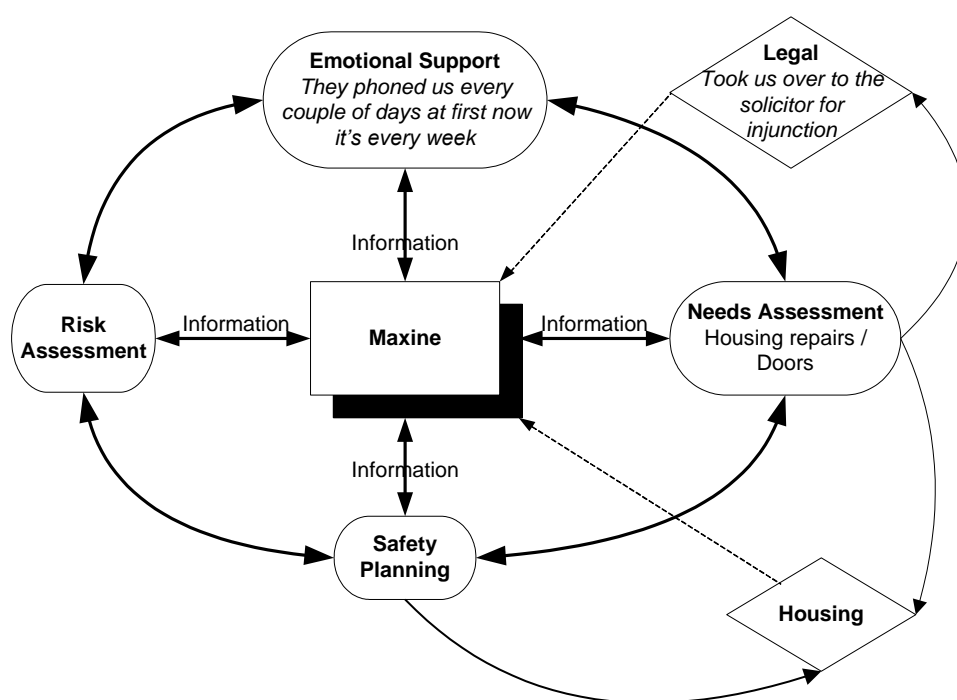
[18] All names of victim/survivors are fictitious.
[19] Hester, M. and Westmarland, N. (2005) Tackling domestic violence: effective interventions and approaches (PDF). Home Office Research Study 290. London: Home Office.

Case study: Letgo

Tanya is a 56-year-old white British woman who is not in a relationship and has two adult children. She lives on her own in social housing.

Diagram 2.3 showing web of support offered by Cumbria Project
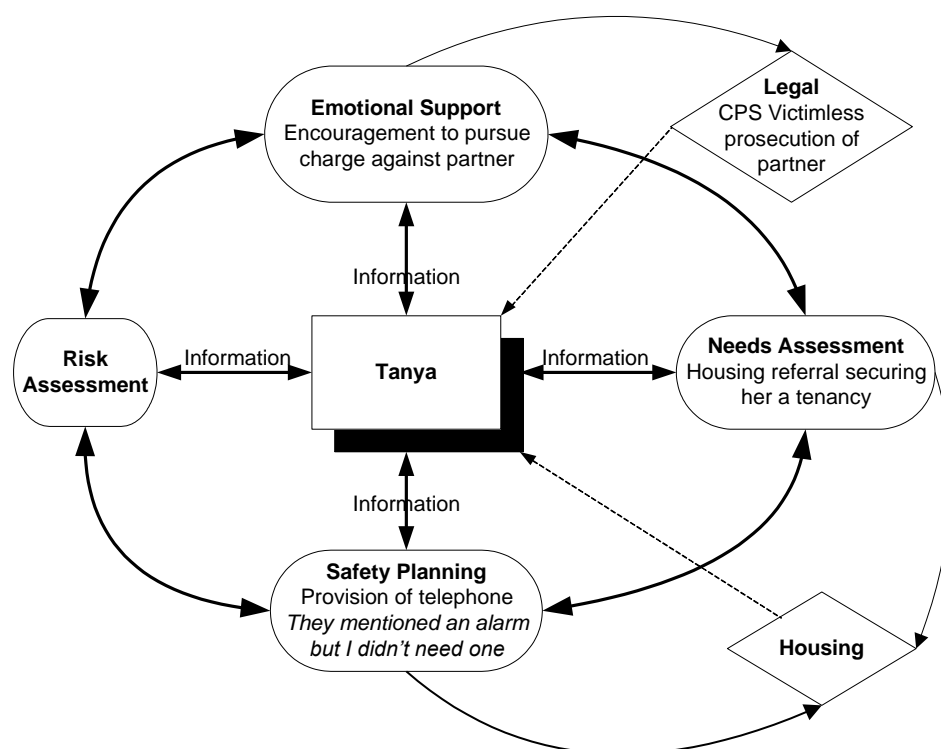
Tanya explains the value of the emotional and practical support that Letgo provide:

They [Letgo] *encourage me and without that he'd probably be here. I wouldn't do it without them. He would have completely controlled me by now. They're* [Letgo] *so clever, like talking to a really good friend. . . . I can't say enough how much they've done for me and made a difference to my life. I hope all the other women that you've spoken to have said the same because I really can't stress what a difference they've made. They're wonderful people; they give you that little nudge and encourage you saying 'come on'; and friendliness and warmth that you get down the phone. If I haven't got credit on my phone, they'll ring me back. I wouldn't be here without them.* Tanya, April 2009.

2.3 Part 2: Effectiveness of the Gateshead Project

2.3.1 The Context

Before discussing the outcomes for victim/survivors using the Gateshead Project, information about how referrals were made and the numbers, gender and age of referrals provide a context for the work.[20]

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[20] Other demographic data were not available.

- The police were the only referring agency to the crisis service at Safer Families. This resulted in approximately 12% of victim/survivors reporting incidents to the police being referred to Safer Families.

- During the evaluation sample periods, January–March, 2006 to 2009, 566 crisis referrals were made to Safer Families, of which 558 records were usable. Of these 558 referrals, 540 referrals were female and 18 were male. Most referrals were in their 20s and 30s with an average age of 32 years.

- Of the 558 referrals, 340 (61%) engaged[21] with Safer Families. These 340 referrals represented 271 victim/survivors, of whom 267 were women and 4 were men (the engagement rate for victim/survivors is 59%), who engaged with Safer Families (see Table 2.1). This is the equivalent of an engagement rate of 105 per 10,000 of the Gateshead population.[22]

- Referrals to Safer Families decreased over time (see Table 2.1). This can be explained in three ways.

  o The peak in 2007 came as result of the police making referrals to Safer Families a performance indicator for police officers. This was a response to the disappointing numbers of referrals that were made to Safer Families in the first six months after its launch. In spring 2007, this order was rescinded because the increased referral rate resulted in problems with capacity in Safer Families. Referrals subsequently reduced.

  o As a result of a review of the service in the summer of 2007[23] the decision was made to make Safer Families an IDVA service responding only to high and very high-risk victim/survivors. It was therefore anticipated that the numbers of victim/survivors referred might decrease over time and that other agencies, particularly Victim Support, would pick up those previously assessed by the police at standard or medium risk.

  o Since those victim/survivors at high and very high risk engaged at a lower rate,[24] it would be expected that there would be fewer referrals in 2008–09 when the service only responded to those at high and very high risk.

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[21] Engagement in both Projects was defined as any contact with a victim/survivor by Safer Families or Letgo that resulted in a conversation with them, arrangements for further contact and/or taking action on their behalf. Engagement included those who engaged until their case was closed, those who were still engaged when the evaluation period ended, and those who had disengaged.
[22] Based on the global referral figure (1,414) for the evaluation period (July 2005–March 2009), an average engagement rate of 60% and a female population of Gateshead at 81,856.
[23] See Section 4 for further discussion of this.
[24] See Diagram 2.4 in Appendix 2A.

Table 2.1: Engagement rates for incidents over time

Sample period: January–March			Engagement		Total number of referrals
			Engaged	Not engaged	
Year	2006	Count	44	44	88
		% within year	50%	50%	(16% of total)
	2007	Count	132	77	209
		% within year	63%	37%	(37% of total)
	2008	Count	89	49	138
		% within year	64%	36%	(25% of total)
	2009	Count	75	48	123
		% within year	61%	39%	(22% of total)
Total		Count	340	218	558
		% within total sample period	61%	39%	(100%)

2.3.2 The Early Intervention Model

Evaluating the impact of the early intervention model was approached in two ways. First, by exploring the engagement of victim/survivors by the Project and, second, by analysing the outcomes for those who engaged. Three indicators were used to explore the impact on engagement.

1. *Engagement rates of referrals in relation to the numbers of previous recorded police incidents*[25]: being referred to Safer Families at the first possible opportunity led to a more positive outcome since a referral to Safer Families that resulted in a victim/survivor becoming engaged meant the victim/survivor was less likely to be repeatedly referred. If all victim/survivors who engaged with Safer Families during the sample periods are considered, regardless of how many times they had been referred, 96% of referrals arising from a first police call became the only referral for that victim/survivor, compared to 73% where there had been one or two previous calls, and 32% where there had been three or more previous calls.[26]

2. *Engagement rates in relation to RAs*: during the sample periods taken as a whole, levels of engagement were highest for those with 'standard' and 'medium' RA, and lowest for

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[25] This part of the analysis is based on additional data of the length of referral sequences collected about all crisis referrals associated with victim/survivors in the January–March sample periods of 2006–2008 throughout the life of the evaluation period (July 2005–December 2008) and includes all referrals, regardless of whether they were appropriate, or engaged with Safer Families. A total of 732 records were downloaded relating to 408 victim/survivors. Of these 408 victim/survivors, a number were repeatedly referred during this period so that 408 victim/survivors and 431 victim/survivors and perpetrator couples were identified. Twenty-three victim/survivors were associated with more than one perpetrator which resulted in more couples than individual victim/survivors.

[26] However, there were also a large number of records for sole referrals where the number of previous police calls was not recorded. Improved recording of this information would help strengthen the above point.

those with a high RA.[27] It is also worth reflecting on the first finding which suggests that those at lower risk, comparatively, may be more willing and/or able to engage with offered services, which then provided opportunities to prevent escalation and increasing risk. This provides some evidence that the rationale for the early intervention model was correct. The second finding suggests that those at 'high' risk are the most difficult to engage, possibly because of the circumstances that lead them to be assessed as 'high' risk. This has implications for strategies for engaging this group.

3. *Recognition by victim/survivors that their experience can be named domestic violence*: several victim/survivors reported that it was only by having contact with Safer Families that they had realised they had been experiencing domestic violence.[28] It has been reported elsewhere that help-seeking in domestic violence is a complex phenomenon but can depend on victim/survivors recognising and naming their experience as domestic violence[29]. Reasons for not seeking formal sources of help include victim/survivors' minimising their experiences, not trusting the response of formal agencies (particularly the police), fearing escalation, feeling sorry for the perpetrator and/or fearing the consequences for the perpetrator and/or themselves of having sought help. The cumulative impact of this is that those reporting to the police and other public agencies are only a very small proportion[30] of those reporting their experiences in crime and other surveys.[31] In this evaluation, it also emerged that not recognising their experience as domestic violence was another reason why victim/survivors might not come forward. For example, when Louise was asked whether she had talked to anybody about the violence before she was referred to Safer Families, she replied:

> *I didn't realise until Safer Families showed me the power and control wheel. I really didn't realise I was experiencing violence to tell anyone.* Louise, April 2008.

Being able to name their experiences as domestic violence, can be a crucial step on the journey to help-seeking and ending the violence, and the sooner this can occur the more opportunities there are for a positive outcome. That Safer Families engaged with victim/survivors who had not previously spoken to anybody about their experiences suggests further that the early intervention model was effective.

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[27] See Diagram 2.4 in Appendix 2A.

[28] Often women are unaware that what they are experiencing is domestic violence: Walby, S and Allen, J. (2004) Domestic Violence, sexual assault and stalking: Findings from the British Crime Survey, Home Office Research Study 276. London: Home Office.

[29] Hester, M. and Westmarland, N. (2005) Tackling domestic violence: effective interventions and approaches (PDF). Home Office Research Study 290. London: Home Office.

[30] Recent research suggests that between 8 and 12% of domestic violence incidents are reported to the police, but not always by the victim/survivor. The likelihood of victim/survivors reporting to the police increases if domestic violence is 'chronic' and/or escalating, and/or results in serious injury: See Barnish, M. (2004) *Domestic Violence: A Literature Review*. London: HM Inspectorate Probation.

[31] Ibid.

2.3.3 Outcomes for Victim/survivors

Outcomes are indicated by five factors which, taken together, suggest that the majority of victim/survivors engaging with Safer Families, for whom there are records, experienced positive outcomes.

1. *Risk reduction*: a very crude measure of risk reduction was calculated by assigning a score from 1 (standard) to 4 (very high) for the risk initially assigned at referral and at the close of a case, and subtracting the two.[32] This was possible in 157 (46%) of the referrals.[33] Table 2.3 shows that 96 (61%) experienced a decrease in their risk by the close of case. While those at standard risk were not able to show any decrease in risk, it is nonetheless also important to say that there were no instances where risk increased. Victim/survivors were typically engaged with the Project for between three and six months, which suggests that risk reduction was achieved in the short term. However, since 96% of engaged victim/survivors were only referred during the total evaluation period once this suggests that risk reduction was sustained over a longer period.

Table 2.3 Showing decrease in risk from initial RA to 'case closed'

		Engaged at least once (% of total)
Difference in risk score	−3	11 (7%)
	−2	36 (23%)
	−1	49 (31%)
	0	61 (39%)
Total		157

There was an improvement in the numbers who experienced risk reduction over time[34] with 2009 being the most effective year in this regard. However, there was greater opportunity for victim/survivors to experience a reduction in their risk as all referrals were assessed as either high or very high.

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[32] A decrease from 'very high' to 'standard' gives a risk difference score of −3, a decrease from 'very high' to 'high' gives a difference of −1, etc. This approach has limitations not least because those at standard risk cannot reduce in risk. This makes it particularly problematic to get a clear picture of the impact of Safer Families on victim/survivors' risk reduction during the early years of the Project but not for the later years of the Project with the refocusing on those victim/survivors who were at high and very high risk.

[33] Safer Families used their own risk indicator checklist (see Appendix 2B) which was very similar to that of the CAADA Risk Indicator Checklist. Risk assessments (RA) were increasingly recorded over time, which may reflect improvements in recording, but may also reflect the increasing importance of risk assessments in managing capacity of and access to the Project. However, as Table 2.2 (see Appendix 2C) shows, those at standard and medium risk together were 66% of the total recorded RAs in 2006, 63% in 2007, and 50% in 2008. It is not until 2009 when the new service was launched that only victim/survivors assessed at high and very high risk were referred and the proportions of unknown RAs was negligible.

[34] See Diagram 2.5 in Appendix 2C.

Of those asked in the dip sample and exit interviews,[35] the majority had felt at increasing risk[36] before contact with Safer Families (N=26, 84%) and, of these respondents, 69% (N=18) said that they had felt at less risk as a result of their contact with Safer Families.[37] The remaining eight respondents said they felt their level of risk remained the same. Pat explained that she had felt at increasing risk from her ex-partner's behaviour before contact with Safer Families, but had felt at less risk since engaging with the Project.

> *It's more the police that's changed that 'cos his bail conditions now are to keep away from friends and family and me.* Pat, April 2008.

2. *Multi-agency (MA) Working*: IDVAs in both Projects acted as a hub to coordinate interventions for victim/survivors and act as advocates for them, when appropriate, with partner agencies.[38] Looking at which agencies and how many were involved in providing support to each referral was taken as an indicator of MA working because the contact notes indicate that IDVAs had some contact with these agencies on behalf of the victim/survivors.[39] A count was made of each possible type of involvement. Table 2.4 (below) shows the numbers of engaged victim/survivors who were given support by which agencies. Out of a possible total of 15, most (41%) of the victim/survivors had between three and five sources of support. Just over a fifth (22%) had no other agency involvement.

Referrals initially assessed as very high had the highest level of involvement with other agencies,[40] and, since those who experienced any risk reduction were more likely to experience higher levels of MA working,[41] this indicates that MA working had a positive effect on risk reduction.[42] Some types of involvement were more likely to be associated with higher initial RAs, namely, social services,[43] Multi-agency Risk Assessment Conferences (MARACs), PPU, probation, housing, refuge, mental health, criminal proceedings. There was a significant relationship between some types of involvement and a reduction in RA scores, namely, housing, criminal proceedings, MARAC, and witness care. This suggests that risk reduction was most likely when both the victim/survivor (through housing, the MARAC and witness care) and perpetrator accountability (through criminal proceedings) were being focused on, which suggests a positive impact of the holistic model.

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[35] See Appendix 2D for a demographic profile of this sample.

[36] Several studies of women whose partners have been involved with perpetrator programmes have shown that their assessment of risk has important predictive value: see Barnish, M. (2004) *Domestic Violence: A Literature Review*. London: HM Inspectorate Probation.

[37] Two of the respondents felt at some risk prior to contact. Of these, one felt at less risk and one felt the same. Three respondents did not respond to this question.

[38] See Section 4 for further discussion of this.

[39] Involvement with other agencies was referred to in three ways in the contact notes: specific practitioners (e.g. social worker, GP), a specific agency (e.g. Public Protection Unit (PPU), refuge) or a specific process (MARAC, civil proceedings).

[40] See Diagram 2.7 in Appendix 2E.

[41] See Diagram 2.8 in Appendix 2F.

[42] Of course, we must be cautious here as those at highest risk also potentially have the opportunity for the greatest risk reduction.

[43] It is not always clear whether the social worker involved is from adult or children's services, although the majority, where specified, are from children's services.

Table 2.4 Numbers of engaged victim/survivors given each type of support

Type of agency (% of total)	Agency	Number and % of victim/survivors engaged
Housing (14%)	Housing	114 (12%)
	Refuge	21 (2%)
Children (15%)	School/nursery	43 (4%)
	Social worker	103 (11%)
Health (8%)	Health	25 (3%)
	Health visitor	26 (3%)
	GP	17 (2%)
	Mental health	13 (1%)
Criminal Justice System (CJS) /Civil proceedings (53%)	Civil proceedings	28 (3%)
	Criminal proceedings	114 (12%)
	PPU	182 (19%)
	Probation	61 (6%)
	Solicitor	59 (6%)
	Witness care	75 (8%)
Multi-Agency conference (10%)	MARAC	94 (10%)

Diagrams 2.9 and 2.10 below indicate how the involvements of other agencies with engaged referrals changed over time. Criminal justice system (CJS), housing and social workers remained the most involved agencies over the sample period but there was a shift in the proportionate involvement of different agencies. While there was a steady increase in the involvement of CJS-related agencies there was nonetheless a steady decrease in the involvement of most other partner agencies over time.

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[44] It was not always clear from the data whether the social worker worked with children or adults, so this figure may be too high.

Diagram 2.9 Agency Involvement in the Gateshead Project 2006

Social Worker, 9%

Education, 10%

Housing, 17%

Criminal/Civil JS, 48%

Health, 16%

- Social Worker
- Education
- Housing
- Health
- Criminal/Civil JS
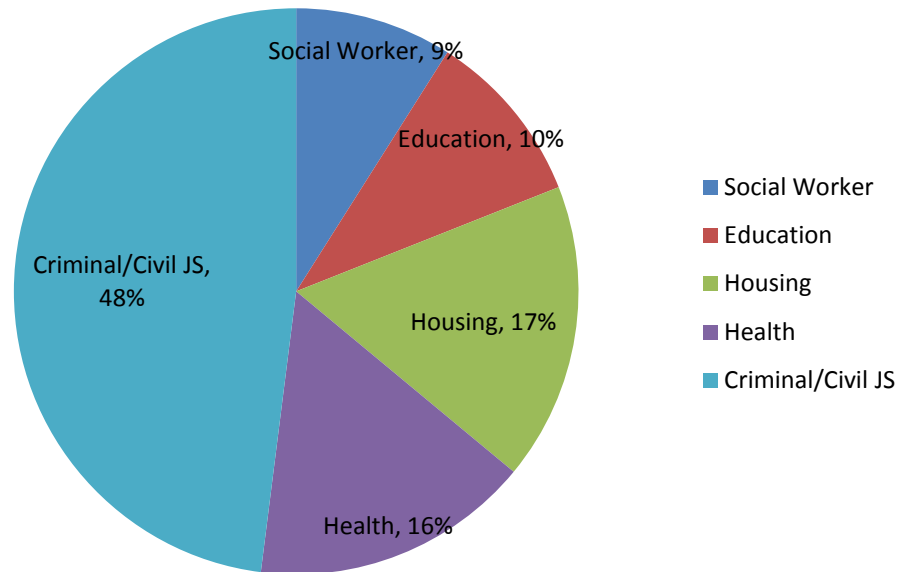
Diagram 2.10 Agency Involvement in the Gateshead Project 2009

Education, 4%

Social Worker, 10%

Housing, 15%

Criminal/Civl JS, 64%

Health, 4%

- Education
- Social Worker
- Housing
- Health
- Criminal/Civl JS
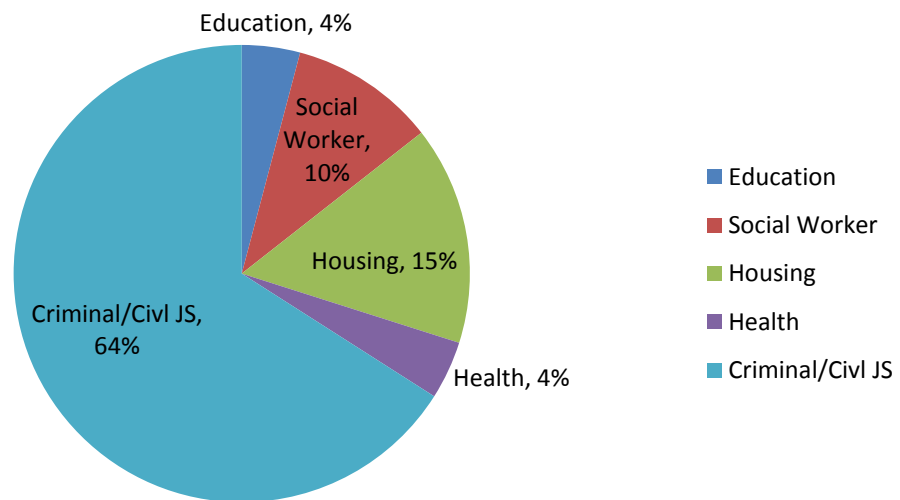
The increase in the involvement of the CJS and its support agencies may be explained by the shift in emphasis of Safer Families to providing a service only to those victim/survivors who were high/very high risk. It would be expected that these victim/survivors would be most involved with MARACs, which were introduced in autumn 2007, and that victim/survivors and perpetrators would be more likely to be involved with the CJS agencies and support agencies such as probation and the witness service. The decrease in involvement of other partner agencies might be explained because the MARAC membership includes these other agencies. However, given that the role of Safer Families was to case-manage victim/survivors, it might be

expected that they would still have contact with these agencies outside the MARAC. In addition, not everybody who was identified as high or very high risk was referred to the MARAC. For example, in 2009, when all referrals were high/very high risk, 31 out of 75 engaged referrals (49 of whom were assessed as very high) were referred to the MARAC. This may indicate an issue of capacity within the MARAC process.

Over time, only social services remained steady in their involvement. If we look within the category 'Health' at health visitors in particular, their involvement decreased from 9% in 2006 to just less than 1% in 2009,[45] and within the category 'Criminal and Civil Justice System' agencies, civil proceedings decreased from 6% in 2006 to just less than 1%[46] in 2009. It may be useful to explore ways of increasing the involvement of health and education agencies with victim/survivors and their children especially. Given that victim/survivors referred to the Project were typically in their 20s and 30s and that their children might have been expected to be pre-school or school age (as they were in the dip sample/exit interviews), it was noteworthy that, over time, health visitors appeared to be less involved with victim/survivors being referred to Safer Families.

The proportionate decrease in involvement in civil proceedings may be explained by the loss of the drop-in session at Safer Families when the agency moved premises in 2007. This drop-in session had included free legal advice from one of the original partners to the Project, a local solicitors' firm and had thus resulted in support to pursue civil remedies.

3. *Impact on Health and Well-being*: in keeping with existing evidence,[47] the majority of victim/survivors in the dip samples and exit interviews reported that domestic violence had a negative impact on their general health and well-being. Sixteen (52%) said that they had experienced physical effects on their health and 6 (19%) that they had been diagnosed with mental health problems. Most women (N=30, 97%) felt 'stress and anxiety', 74% (N=23) had experienced both 'low self-esteem' and 'self blame', and 77% (N=24) had felt 'depressed' as a direct result of their experience of domestic violence. It is interesting to note that most of the women experiencing stress and anxiety and depression had not had any diagnosis of these mental health-related problems. A minority of women (N=3, 10%) reported that they had self-harmed, and 23% (N=7) had considered suicide. The majority (N=24, 77%) had felt 'anger and frustration' as a direct result of domestic violence. Just over a quarter (N=8, 26%) of the women said that their alcohol use had increased and 19% (N=6) said their prescription-drug use had increased as a result of domestic violence. None of the women said that their use of recreational drugs had increased.

As part of the dip sample and exit interviews, victim/survivors were asked whether contact with Safer Families had affected their health and well-being. Most women (N=14, 45%) said that their health had been 'average' before engagement with Safer Families. Seven of these women went on to say their health had improved after

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[45] 0.9%.

[46] 0.9%.

[47] BMA Board of Science (2007) Domestic Abuse. A Report from the BMA Board of Science. London: BMA.

contact. Twelve (39%) women said their health was 'poor' before contact with Safer Families and nine (75%) of these said they had felt better after contact.

> [T]*hey helped me, calmed me nerves. Helped me get through it.* [since her contact with Safer Families she felt safer with] *somebody else to understand.* [Before contact with the project she had felt at increasing risk]: *very at risk, I had a broken jaw, black eyes and all sorts.* [She felt at less risk because] *I get to know about court and* [worker] *rings us and asks how I'm feeling; if I'm good. Beryl, April 2008.*

However, not *all* women felt that their health improved as a direct result of engagement with Safer Families. It would be overly simplistic to suggest such a causal link. Some women's responses highlighted the fact that intervention is not about providing a solution to a static problem. Women's health and well-being were changeable: the initial intervention could lead to feelings of well-being, but this feeling was not necessarily a constant or simply an improving state. For some victim/survivors more negative feelings, i.e. of stress and anxiety, could return but this was related to the ongoing nature of domestic violence and its impacts. For example, Carol rated her health and well-being as 'average' before contact with Safer Families and recounted that since contact with Safer Families her health had got 'better'. However she explained:

> *I did feel better but now it's gone downhill again. It's a cycle.* Carol, October 2008.

Another aspect of increased health and well-being was identified as victim/survivors' sense of their own safety. Most (N=24, 77%) said they had not felt very safe prior to having contact with Safer Families. Of these 24 women, 21 (88%) felt safer as a result of their engagement with Safer Families. A small percentage (N=5, 16%) felt reasonably safe before contact. Of these, three also said they felt safer, and two felt the same after contact with Safer Families.[48] An example of those who had not felt safer but at less risk is Izzy who explained:

> *I don't think I'd feel safe because of where I live. There's lots of violence and drugs. We weren't living together 'cos I kicked him out, but when I moved I gave him a key. I think this* [experience with Safer Families/ police/ courts etc.] *will have scared him to death actually. Yes, I feel less at risk, but it's not down to the court case, but down to me taking responsibility for me and being empowered by Safer Families to be able to take control.* Izzy, October 2008.

Izzy's account illustrated the ways in which safety is not solely dependent on the behaviour of perpetrators, but reflected her experience of what she called 'empowerment', which as a result of engagement with the Project enabled her to manage better her risk in ways that did not minimise her sense of safety but enabled her to feel she was able to 'take control' of her own situation.

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[48] Two women did not respond to this question.

For a minority of women (N=4), the support from the Project did not increase their feelings of safety. As some of these women explained, the reasons for this were not a lack of direct support from the Project, but rather that the (ex-)partner's behaviour was not changing and therefore the victim/survivor's level of safety felt the same. Jan explains:

> *The police have warned him but I still feel the same. He's travelling up where I live trying to find out where I am. I'm on sick because of stress. I'm cracking up.* Jan, October 2008.

4. *Confidence in the Service*: confidence in the Project was evidenced by two factors, re-engagement rates and victim/survivors' judgement of the service they received. The majority (59%, N=33 out of 56) of those who were repeatedly referred engaged each time. Repeat referrals were in the minority, but, since most of them engaged each time they were referred, this would suggest that they had some confidence in the service being provided by the Project since they were giving consent to the referral.

Feedback from the dip sample and exit interviews suggested that victim/survivors had confidence in the service being provided: they were overwhelmingly positive in highlighting the difference that Safer Families had made on their lives. Victim/survivors were offered three options to rate the quality of service received from Safer Families: 'poor', 'average' and 'good'. However, these options were amended by the women and twenty-six (84%) women described the quality of service they received from Safer Families as 'excellent' and 13% as 'good'.[49] Examples of feedback from victim/survivors are given below by, first of all, Jo and then Sonia:

> *Knowing that there's someone there at the end of going to court. They've done everything possible; they've even pushed for cameras.* Jo, April 2008.

> *I felt much safer. I always ended up going back* [to the perpetrator] *'cos I didn't know what to do or where to go. If it wasn't for them. I'd gone back again this time.' I think honestly Safer Families are excellent; I'd never heard of them before and I tell everyone about them now. They're excellent. I've gone from trying to jump off the bridge to now feeling absolutely smashing! They're excellent!* Sonia, October 2008.

In her account, Sonia also refers to having told 'everyone' about Safer Families. When a service is praised within one's own network this gives a strong message about the service received and more so when the service is responding to domestic violence, an issue often not readily spoken about as such for reasons that include feelings of shame, loyalty and fear of repercussions.[50]

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[49] In both Safer Families and Letgo, despite being given the categories 'poor', 'average' or 'good', most respondents gave the response 'excellent', 'fantastic' or 'brilliant'.
[50] See, for example, Barnish, M. (2004) *Domestic Violence: A Literature Review*. London: HM Inspectorate Probation.

5. *Confidence in future help-seeking*: the final indicator for impact relates to the extent to which engagement has increased the likelihood of future help-seeking. The majority of those interviewed (68%, N=21 out of 31) said they felt more confident contacting sources of support after engaging with Safer Families.

> *I've been telling people at school* [and] *my son gets counselling via Safer Families* [there]. . . . *I'm relatively new to the area and my new GP's not very good. But* [worker] *at Safer Families sees me and contacts me on a weekly basis and she noticed a change in me, so I got referred to a psychiatrist and they're excellent. . . . no one else had picked it up but 'cos she saw us regularly she picked it up.* Louise, April 2008.

Louise's explanation of why she felt more confident to contact sources of help illustrated the impact of her engagement with Safer Families: she was able to talk about her experiences with her son's school and organise for him to get support there; and she had been able to respond to the IDVA's concern about her mental health and get a referral to a psychiatrist.

2.3.4 Outcomes for Children

Twenty-eight (90%) of the women were mothers of 57 children whose average age[51] was 8 years. There were 17 (30%) children under 5 years of age, 34 (61%) between the ages of 5 and 16 years, and five (9%) over 17 years of age.

It has been well documented that domestic violence can have a negative impact on children whether they directly witness it or not.[52] Our findings reflect the work of others who have found that sometimes mothers underestimate the impact of domestic violence on their children: whereas some mothers replied that their children had been affected, others replied that their children were too young to be affected and others that their children had not witnessed any violence and thus had not been affected.[53]

Very few women answered the questions asking whether their children's education had been affected by domestic violence. Five (18%) said that their children's attendance had been affected and one that their children's educational achievement had been affected. A further three women, in response to the question about bullying, said that their children had started bullying. However, when mothers talked more broadly about the health and well-being of their children, several used examples of their children's

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[51] Ages were given for 56 of the children.
[52] McGee, C. (2000) *Childhood Experiences of Domestic Violence*. London: Jessica Kingsley Publishers; Radford, L., Sayers, S. and AMICA (1999) *Unreasonable Fears? Child Contact in the context of Domestic Violence: A Survey of Mothers' Perceptions of Harm*. Bristol: Women's Aid Federation; Jaffe, P. G., Lemon, K.D. and Poisson, S.E. (2003) *Child Custody and Domestic Violence: A Call for Safety and Accountability*. Thousand Oaks, CA: Sage; Hester, M., Pearson, C. and Harwin, N. with Abrahams, H. (2007 2nd edition) *Making an Impact – Children and Domestic Violence: A Reader*, London: Jessica Kingsley Publishers.
[53] Mullender, A., Hague, G., Imam, U., Kelly, L., Mallo, E. and Regan, L. (2002) *Children's Perspectives on Domestic Violence*, London: Sage; and Harne, L. and Radford, J. (2008) *Tackling Domestic Violence: Theories, Policies and Practice*, Berkshire: Open University Press.

difficulties at school to illustrate their accounts of how their children's health and well-being had been affected by domestic violence:

They're all different. Alice acts up, really acts up at home; lack of concentration at school; little bit of bother at school, not too much 'cos they're good kids, but she's too boisterous, very angry and being quite nasty at school. At home she's really bad fighting, really angry. Sam is the youngest and crying all the time. Carly is 13 yrs old and keeps everything in; anything that happens is the majorist [sic] deal to her. . . . Every time it [an incident] happens me kids go downhill, they all have their own reaction. We just get on an even keel then [ex-partner] starts up again, like this week and we all go five steps back. They blame me a lot; they hit each other a lot. There's a lack of respect for each other. They see it and pick it up. This has been going on for ten years. It's not just the dad they've seen disrespecting me, it's me who's disrespected him too – you know, it's been going on for ten years. . . . It really affects your kids. Suzy, October 2008.

In contrast, more spoke about the effects of domestic violence on their children's general health. Whereas only three of the mothers felt that their children's physical health had been affected, others felt that their children's well-being had been affected in more important ways: stress and anxiety (43%, N=12), low self-esteem (25%, N=7), self blame/guilt (25%, N=7), anger and frustration (32%, N=10), and depression (18%, N=5).

Safer Families provided both one-to-one and group work with children. Between August 2006 and January 2008, 81 children had one-to-one work and 6 took part in group work. Twelve (43%) mothers said that their children had received a service from Safer Families. Of these, 11 said their children had been referred to the children's worker and 2 that they had been referred elsewhere.[54] Of those who responded to the question (N=13), 9 said that they rated the service their children had received as good or excellent:

[my daughter] suffers . . . low self-esteem at school and confidence. She thinks she's got to buy friendship. . . . two years ago she used to put her fingers down her throat and she said that she was fat, but she was only seven years old! . . . My daughter had support, a girl came out from Safer Families; she was absolutely brilliant. She would take her out once a week even though it was for a limited time. This afternoon for a final time she's coming to do a final assessment. . . . I've noticed her confidence has gone a little bit up 'cos I've noticed she was very angry, now not as much as she was. Pat, November 2007.

It was only possible to give an impression of the impact of the Project on children's health and well-being because of the lack of available data on work with children, the small numbers in the dip sample and the response rate to these questions. However, the data suggests that not inconsiderable numbers of children were receiving a specialist service they might not have received from elsewhere and generally the feedback from mothers was positive and they believed that the Project had contributed to improvements in their children's well-being.

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[54] One mother responded that her children had received both.

It was in relation to children's work that the more negative feedback was given by those in the dip samples and exit interviews – this was usually because of capacity issues within Safer Families. Here is Suzy again:

> *Safer Families came to see my 12 year and 13 year old, the only trouble is they do good work, but they mustn't have enough staff – the two younger ones haven't got seen and this was over a year and a half ago.* [The children's worker has] *been off sick, and then there was Christmas. They could have done with it a long time ago. There must be a lack of funding or resources. Don't get me wrong I'm not saying* [anything] *against* [the worker]*. What they did do is they assessed them and decided what they might need, like groups or individual work. They're looking to passing* [one child] *on for counselling. If they don't do it themselves they can pass on to somewhere that does.*
> Suzy, October 2008.

Furthermore a couple of victim/survivors indicated they had not realised there was a children's service available for them to refer their children to, even though, like Carol, they believed their children were experiencing difficulties. Carol explained that her five-year-old daughter had exhibited behavioural problems:

> *Yes, not at school but when she gets home from school she's looking around to see if her dad's around. She's fine at school, just when she's off school, looking if dad's around. I'm thinking of going to the doctors to get her counselling.* Carol, October 2008.

2.4 Part Three: Effectiveness of the Cumbria Project[55]

2.4.1 Context

Before discussing the outcomes for victim/survivors using the Cumbria Project, information about how referrals were made and the numbers, gender and age of referrals provide a context for the work:

- During the evaluation period January 2006–December 2008, 799 adult victim/survivors were referred to Letgo.

- Two-thirds (66%) of the referrals to Letgo came from the police. Table 2.5 (below) indicates the range of referral sources to Letgo where data on this was available. The engagement rate of all police referrals was 34%, but just taking intimate partner relationships the engagement rate was 40%. For referrals of adult victim/survivors from intimate relationships from all other sources the engagement rate was 82% (N=58 out of 71).

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[55] The evaluation focused on the original geographical remit of Letgo: rural Carlisle and Eden (Appendix 2G shows a map of the postcodes that are included in this area). As Letgo expanded in the summer of 2007, the geographical remit of the service increased. However, the evaluation remained focused on the original areas.

- Of 799 referrals to Letgo, 751 records were usable, of which 303 (40%) victim/survivors engaged. Letgo worked not only with victim/survivors in adult intimate-partner relationships but also victim/survivors of other familial relationships.[56] Just looking at adult intimate partner relationships and taking all of the referral sources in total, the engagement was 43%. This is equivalent to engagement of 61 per 10,000 of the population in the Letgo area.[57]

Table 2.5 Referral sources for engaged victim/survivors[58]

2006–2008 – N = 480					
Referral source	Intimate engaged	Intimate non-engaged	Non-intimate engaged	Non-intimate non-engaged	TOTAL referrals
Health % of health referrals	9 82%	1 9%	1 9%		11
Housing % of housing referrals	2 33%	2 33%	2 33%		6
Police % of police referrals	135 34%	205 51%	12 3%	50 12%	402
Child Services % of Child Services referrals	8 73%	2 18%	1 9%		11
Self-referrals % of self-referrals	27 79%	6 18%		1 3%	34
Other % of other referrals	12 75%	2 13%	1 6%	1 6%	16
Totals	193	218	17	52	480

- Victim/survivors comprised 295 female and 8 male. The average age was 36 years with two peaks, in the late 20s and at age 40.

The number of victim/survivors engaging with Letgo declined over the three years from January 2006 to December 2008.[59] Reasons for this may include:

- A shift to a MARAC/IDVA model of working resulted in an emphasis on referrals of high-/very high-risk victim/survivors – although this was not adopted as the only model of support by Letgo.

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[56] Sibling relationships and parent (usually mother) and child/young adult relationships. Unless specifically referred to, these are not included in the analysis.
[57] Based on the global figure (751) for the evaluation period, January 2006–December 2008), an average engagement rate of 43% and an estimated female population of rural Carlisle and Eden of 50,000.
[58] Totals are less than the numbers of victim/survivors who engaged with Letgo because there is some missing data.
[59] See Diagram 2.11 in Appendix 2H.

- The outreach work decreased after the expansion of the IDVA service in 2007. This may have had a knock-on effect on the work to raise awareness of the service in the most isolated parts of rural Carlisle and Eden where referral and engagements rates were lowest.[60]

2.4.2 The early intervention model

Two indicators were used for evaluating the effectiveness of the early intervention model in Cumbria:

1. *Engagement of victim/survivors in relation to their previous recorded police incidents*: additional data were obtained from Cumbria Police, from which a list of incidents was extracted which involved victim/survivors from the Letgo area who engaged with the Project during the evaluation period.[61] In the majority of incidents (57%) of domestic violence reported to the police, for which records exist, victim/survivors reported only one police incident.[62] Letgo had a policy of encouraging victim/survivors to report any incident of domestic violence to the police. This suggests that the early intervention model had some measure of success in preventing further reported incidents. In addition, nearly half of the 118 victim/survivors for whom there are records registered with Letgo within seven days of the first reported police incident which again suggests that the early intervention of Letgo at the point of crisis resulted in early engagement by victim/survivors. Having different referral sources may explain why there were not more victim/survivors engaging with Letgo within seven days: some victim/survivors may have been referred by a partner agency some time after an initial reported police incident. In other cases there may have been no reported police incidents until engagement with Letgo, who then encouraged victim/survivors to report the incidents. However, there was also some evidence that victim/survivors took their own decisions about when to engage with Letgo, but being given the information and contact details of Letgo had been crucial for when they were ready. For example, Trudy got in touch with Letgo following her contact with the police. She explained:

> *I went to the police and got given details of Letgo and contacted them at a later date. I didn't contact them in the first instance as I didn't want to bother them and also I was thinking it* [domestic violence] *might blow over. Trudy, November 2008.*

2. *Recognition by victim/survivors that their experience can be named domestic violence*: several victim/survivors reported that it was as a result of having contact with Letgo that they realised they had been experiencing domestic violence. For example, when Cheryl

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[60] See Appendix 2G for the map showing the geographical remit of Letgo divided into postcode areas with referral and engagement rates.

[61] It was not possible to collect data about previous reported police incidents or re-referrals from the Letgo database.

[62] Records were provided for 251 incidents for victim/survivors in intimate relationships. In all, 118 victim/survivors were involved. Sixty-seven of these incidents (27% of incidents, 57% of victim/survivors) were the only incident for the victim/survivor involved – the rest represented incidents in which the same victim/survivor was repeatedly involved.

was asked whether she had talked to anybody about the violence before she had contact with Letgo, she replied:

I was really shocked when I first came to Letgo. There was a headline domestic violence and then they put into different categories if it's not acceptable behaviour. He'd done everything bar two things and I was so shocked because I didn't believe that that was abuse, . . . Not really because there wasn't any [physical] *violence and I didn't understand manipulation.* Cheryl, July 2008.

As noted earlier, being able to recognise their experiences as domestic violence can make a difference in the ways that victim/survivors understand their circumstances and make decisions to address them. That Letgo had played a key role in aiding this recognition for some victim/survivors suggests that early intervention can have an impact on outcomes for victim/survivors and their children.

2.4.3 Outcomes for Victim/survivors

Six indicators were used to evaluate the outcomes for victim/survivors:

1. *Risk reduction*: As in Gateshead, risk reduction was identified as an indicator of the positive impact of the Project.[63] Records totalling 124 (45%) had both an initial and review RA score with which an analysis could be done.[64] A positive value for the score difference represents a reduction in risk. Most (N=107, 86%) victim/survivors experienced risk reduction[65] using the 'yes score'. The largest group (N=61, 49%) experienced risk reduction using the 'concern score' but more victim/survivors experienced no change in risk (N=48, 39%) on this measure than using the other score.[66] Victim/survivors were engaged with Letgo for an average of 286 days (40 weeks). This suggests that the risk reduction experienced was sustained over the medium term.

   IDVAs' perception of risk at review was another indicator of risk reduction. Table 2.8 shows the results of the IDVAs' assessment of risk at review and indicates that 78% of the victim/survivors for whom there was a record were perceived to be at significantly or moderately less risk at review than at their first RA.[67] In addition there were a small

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[63] 'Yes' Score and 'Concerns' Score are both available 'before' and 'after' involvement in the Project, so the difference between them can be taken as a measure of the success of the Project in helping to reduce the risk to the victim/survivor. In addition, two questions asked in the review questionnaire give a measure of the subjective view of, respectively, the IDVA (question R12) and the victim/survivor (question R13), as to whether the risk to the victim/survivor from the perpetrator has decreased [For some victim/survivors, these questions have been answered even though the risk assessment has not been completed, so the number of records is not the same as the number of review risk assessments].

[64] The two initial RA scores were significantly correlated, i.e. their results were giving a consistent picture of the risk level.

[65] For both measures, scores before and after were significantly different. In addition, the scores at the initial review and the scores in the latest review were correlated, confirming that they were consistently measuring risk. The differences in each score were also correlated.

[66] See Tables 2.6 and 2.7 in Appendix 2I.

[67] These judgements arose from a discussion between the IDVA and the victim/survivor and may each be influenced by the opinion of the other so that the two measures may not be truly independent.

number (N=3) of victim/survivors perceived to be at increased risk and a quarter (N=32, 25%) whose risk was understood to have had little or no reduction.

Table 2.8 IDVAs' perception of risk at review

	Frequency	Percent
Significant reduction	57	50%
Moderate reduction	35	28%
Limited or no reduction	32	25%
Increased risk	3	2%
Total	127	100

Victim/survivors' perceptions of risk also indicated that the Project had an impact on risk reduction. Most of the 25 women who took part in the dip sample and exit interviews[68] said that they had felt at less risk subsequent to their engagement with the Project. Of those women (N=11 [44%]) who had felt at 'increasing' risk before contacting Letgo, 82% (N=9) said that they felt at less risk and two felt at the same level of risk subsequent to Letgo's intervention. Of the nine (36%) who said they had felt at 'some risk' four women felt at less risk, four felt the same risk and one felt at greater risk subsequent to contact with Letgo. Two said that they had felt at no risk and there had been no risk change subsequent to contact.

2. *Factors Associated with Risk Reduction*: in addition to being able to evidence risk reduction over the medium term for the majority of victim/survivors for whom there were records, it was also possible to identify specific groups of victim/survivors for whom risk reduction was more and less likely to occur and some indicators suggesting why this might have been the case. There were four broad groups of victim/survivors engaged with the Project who experienced different outcomes:

- 'Typical' (45%, N=137): these were heterosexual women in intimate-partner relationships.

Liz is 32 years old, self-employed was in a relationship and had three children under 10 years of age. Liz lived in social housing, but before moving away from her violent husband Liz was isolated, living on a farm with him. Liz left her violent ex-partner two years ago, but was still in touch with him for child contact reasons. *There are problems with contact because my ex-husband manipulates and mentally abuses them and I have tried to get Social Services involved but it's difficult to prove.* Two months before she left the violent relationship Liz asked her dad for help, but he would not help her leave. *I was living in* [isolated village] *and there's a particularly lot of domestic violence* [there]. *It all seemed to be set in a time warp, in a bubble, a woman's place is in the house and kitchen. Women would say that they'd been dragged out of bed. It's like stepping back into Beamish!*
Liz, April 2009.

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[68] See Appendix 2J for a demographic profile, first, of the Letgo database sample and, second, of the exit interview dip sample. This indicates that the latter's profile broadly reflected that of the former.

Those in Typical relationships required least Project effort[69], were most likely to experience risk reduction and were engaged with the Project for the least amount of time.

- 'Complex-Typical' (35%, N=106): these were heterosexual women in intimate partner relationships who had complex needs and/or vulnerabilities: unemployment; use of drugs/alcohol (which was also correlated with the drug/alcohol use of the perpetrator); disability; having a history of abusive relationships; having a child(ren) 'at risk'; and having a vulnerable housing status.[70]

Shirlee was 23 years old and a full-time single mother with two young children under 5 years of age who lived in social housing. Shirlee had a learning disability and had been the subject of a MARAC. Shirlee initially got in contact with Letgo regarding the behaviour of one of her daughter's father but subsequent to this had also been experiencing problems with the father of her other daughter. Before contact with Letgo, Shirlee had told friends and family about the violence she was experiencing and had also informed her daughters' school. *The school gave me the number* [of Letgo] *if I wanted to contact them. I got the number and phoned it. I know that the school phoned Letgo as well to say I'd be in touch.* [Letgo] *phoned a couple of days later.* Shirlee, April 2009.

The Complex-Typical group required more Project effort, remained engaged for longer than the Typical group and were less likely to experience risk reduction. The length of time victim/survivors stayed engaged was significantly correlated to the changes they made[71] suggesting that Complex-Typical victim/survivors required more time to address their needs. Those with children 'at risk' and an abusive relationship or a history of prior abusive relationships[72] and/or had a perpetrator with a criminal record were also more likely to experience negative outcomes. Repeat referrals who tended to be younger (in their 20s) than those with single referrals, were significantly more likely to be those who used alcohol and/or drugs,

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[69] There were two measures of the effort expended by the Project on behalf of the victim/survivor in the database: a count of the contact notes for each victim/survivor; and the score given in the 'Support Level' field at review based on the number of contacts made with the victim/survivor on a scale where 1 = less than 5 contacts, 2 = more than 5 and 3 = intensive. Unlike the count of contact notes which included contacts made on behalf of the victim/survivor, the 'number of contacts' in the Support Level question relates only to contact with the victim/survivor. This would explain some of the apparent discrepancy between the two scores, although in some cases it appeared to be caused by errors in the data. The support level scores were also correlated with MA working so that the more partner agencies that were involved with a victim/survivor, the higher their contact score.

[70] Owner-occupiers were least likely to move during their involvement with Letgo, whereas those in social housing were the most likely to move more than once. Victim/survivors in their 20s were more likely to move and more likely not to be owner-occupiers. The victim/survivor was also more likely to move/less likely to stay if: her children were 'at risk'; there was a history of previous abuse; she was associated with multiple perpetrators (another interpretation of this maybe that the victim/survivor was more likely to get involved with a different perpetrator after moving); or used alcohol/drugs.

[71] As indicated by improvement in their coping, networks, housing, alcohol/drug use and engagement with pattern-changing courses.

[72] Victim/survivors with multiple perpetrators also tended to be younger. Younger victim/survivors and younger perpetrators were involved in more incidents (no relationship was found with age difference).

who had a negative outcome and had children at risk[73]. Those who had multiple abusers, used alcohol and/or drugs or just alcohol were more likely to experience a longer series of reported police incidents after their initial registration with the Project.

- Complex-Atypical (11%, N=33, of whom 28 also had complex needs): those in same sex relationships, those in heterosexual relationships who are male victim/survivors or who were identified as both victims and perpetrators:

> Trudy was 44 years old, worked part-time, and going through divorce proceedings. Trudy was identified as both a victim/survivor and a perpetrator. Her husband was still living in the house she owned whilst Trudy was renting privately. Trudy had three children, aged under twelve years of age, and was in touch with her husband for child contact. Trudy thought that her GP *missed* the issue of domestic violence: *I went because he* [husband] *told me to go to my GP, but the GP confirmed I wasn't ill. However, he went to the GP and said he's stressed and depressed and they've diagnosed two different lots of anti-depressants for him . . . He'd told them I'm the problem, so I think the GP's got a skewed picture of the actual situation. I feel very let down in some ways.* Previously Trudy had been to Relate and said: *At Relate they saw it as equal . . . but hand on my heart it isn't.* Trudy, November 2008.

The Complex-Atypical group was engaged for longer in the Project than the Typical group, were the least likely of the groups to experience risk reduction and the most likely of the groups to experience a negative outcome on one or more of the measures of risk reduction or improved safety. The length of time victim/survivors stayed engaged was significantly correlated to the changes they made suggesting that Complex-Atypical victim/survivors required more time to address their needs. Repeat referrals who were Complex-Atypical tended to be younger (in their 20s) than those with single referrals and were significantly more likely also to be those who used alcohol and/or drugs, who had a negative outcome and had children at risk. This group was also more likely to experience repeat reported police incidents for longer after initial engagement with the Project than the other groups.

- Non-intimate partner relationships (9%, N=27, of whom 3 were male): these were referrals of, mainly, female victim/survivors experiencing violence from siblings or their male children:

> Jan was 35 years old and a full-time single mother of four children aged between 10 and 16 years old. Jan's eldest and youngest sons were being violent towards her. Jan had been in touch with Letgo for a couple of months *I've spoke* [sic] *to someone every week. It's grand. . . . I'm really glad I've got* [children's worker] *. . . Up until yesterday things were getting worse at home, but things are just getting started* [with Letgo]. *I've been asking for anger management from the school and the GP for about six years but now he's* [16 years old] *and his youngest brother is copying his violent, angry attitude*. Jan, April 2009.

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[73] There was also a tendency for younger victim/survivors to experience a series of incidents over a longer period.

The RA fields based on the Co-ordinated Action Against Domestic Abuse (CAADA) RA checklist were not correlated with any of the vulnerabilities identified above as complex. However, two further risk-assessment tools embedded in the Letgo database that relied on the subjective assessment of risk by IDVAs were.[74] This suggests that it may be beneficial to develop a systematic checklist focusing on the identification of the vulnerabilities of victim/survivors to assist in several agendas: operational, strategic and funding.

3. *MA Working*:[75] Most victim/survivors were provided with between four and seven sources of help (with a mean of five). Table 2.9 (below) shows how the types of support changed over time. As would be expected, Letgo's own safety planning intervention was the support type most often recorded, although this decreased sharply in 2008. Housing, the CJS and children's[76] interventions were the next most recorded support type. Support from health related agencies was low.[77] There was an apparent decrease in referrals to partner agencies in 2008.[78] Looking at the changes made by victim/survivors, housing was the third most common change made, reinforcing the importance of housing for victim/survivors of domestic violence.

Diagrams 2.12 and 2.13, show how the proportionate involvement of types of agency changed between 2006 and 2008[79]: health, benefits and 'other' agencies' involvement reduced over this time and partnership working was increasingly focused with housing, CJS and children's agencies.

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[74] Risk Level and Red Flag were additional risk assessment fields provided by the Letgo database. The Risk Level field was the most frequently used (96% of referrals with a decrease in 2008). The Red Flag was increasingly used, (20% of cases in 2006 and 36% in 2008). The initial RA was recorded in 71% of cases and at least one risk review was recorded in 45% of cases (64% of those with an initial RA). The proportion of victim/survivors receiving an RA Review rose to a peak in 2007 but declined in 2008. This may be the influence of the CAADA/IDVA model which encourages short-/medium- rather than long-term involvement with victim/survivors. See National Definition of IDVA Work at
http://www.caada.org.uk/practitioner_resources/IDVAresources.htm accessed 29 October 2009.
[75] The support given was not correlated with risk-reduction scores or any subjective measures of decreased risk. This may be the result of incomplete recording in the database.
[76] The 'Social Services' support type has been shaded with horizontal lines to show that this may include children's services but, as no distinction was made between children's and adult services, this is speculative.
[77] Counselling has been shaded with diagonal lines to indicate that this could be understood as a mental health intervention.
[78] Explanations for this may include the fact that on-going work with some of the referrals in late 2008 was not recorded within the evaluation period and incomplete recording.
[79] Safety Planning has been removed as this was done by Letgo.

Table 2.9 Breakdown of types of support given by year

Support given	2006	2007	2008	Total
Safety planning	36	52	17	105
Housing	26	28	8	62
Target hardening	5	6	6	17
Sanctuary	0	1	0	1
Refuge	1	1	1	3
CJS	18	19	9	48
Child contact	19	20	8	47
Schools	0	5	0	5
Social services	8	10	1	19
Immigration	1	0	0	1
Alcohol/drugs	2	4	0	6
Benefits	17	13	2	32
Counselling	10	11	2	23
Mental health	4	3	0	7
GP	4	3	0	7

Diagram 2.12 Agency Involvement in the Cumbria Project 2006

Other, 3%

Benefits, 15%

Health, 16%

Housing, 28%

CJS, 16%

Children's Agencies*, 23%

- Housing
- CJS
- Social Services*
- Health
- Benefits
- Other

Diagram 2.13 Agency Involvement in the Cumbria Project 2008
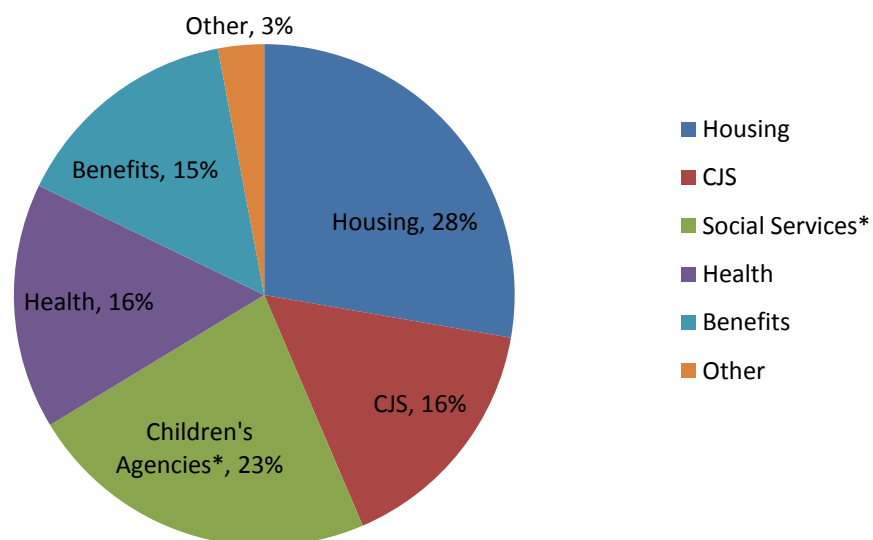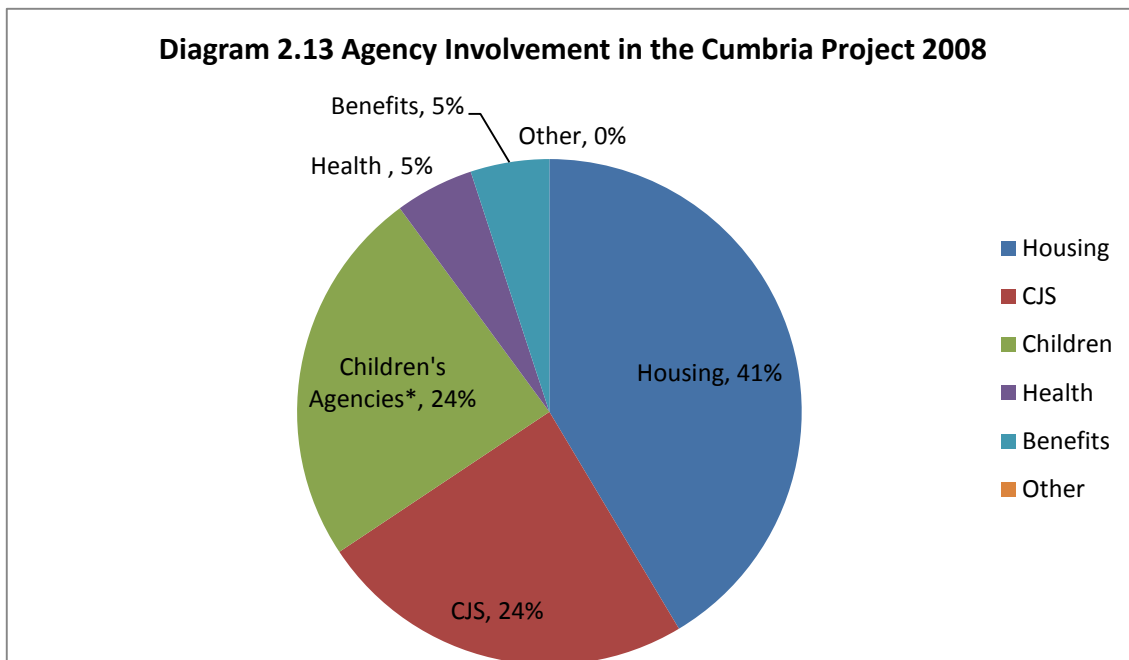
* This category includes Child Contact, Schools and Social Services but in the database the field 'Social Services' does not distinguish between adult and children's services

Review questions also included identifying whether or not victim/survivors had been referred to a MARAC. The level of missing data was high for this intervention. Given that it was one of the Review questions and that the IDVA/MARAC model is very closely promoted by Letgo and across Cumbria it seems unlikely that the missing data included many victim/survivors who had been referred to MARAC and all of the referrals to MARAC were referred to Letgo first. If it can be assumed that the vast majority of those who had been referred to MARACs were recorded, then the numbers appear low: 27 victim/survivors over the eighteen months since the MARAC was introduced in June 2007. This was far fewer than the numbers assessed as high or very high risk, but the threshold for MARAC referrals is higher than the threshold for high/very high in the database.[80] This may be the result of issues of capacity within the MARAC process. All of those referred to the MARAC had been repeatedly referred (six times or more) to Letgo.

There was no correlation between the support given and risk reduction. This may have been because only a small proportion of victim/survivors who engaged with the Project were assessed at high or very high risk (15%, N=41 over the three year sample period), which meant that there were fewer with demonstrable risk reduction that could be statistically linked to the support given.

4. *Impact on victim/survivors' health and well-being*: three indicators of improvement in victim/survivors' health and well-being were used to evidence the positive impact of the Project: victim/survivors' perception of the impact of engagement with the Project on their health and well-being, their perception of their safety and the changes they made. All the women said that domestic violence had a negative impact on their general health

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[80] The threshold for MARAC has been locally negotiated and is 14 ticks or over as opposed to 7 or over as in the database.

and well-being. All had experienced 'stress and anxiety' and 'anger and frustration' as a result of domestic violence. Depression was identified by 92% (N=23) as a result of domestic violence and 76% (N=19) said it had affected their physical health. Increased use of alcohol was cited by 29% (N=7), however, as Trudy illustrates, such use may not always be problematic:

If I had *a glass of wine to relax he tried to catch me off guard . . . so I gave up drinking for months. Now I can have a drink again.* Trudy, November 2008.

An increased use of prescription drugs was cited by 25% (N=6). Three of the women said they had self-harmed and 9 (36%) had considered suicide. A further 32% (N=8) had been given a mental-health diagnosis which included, for example, agoraphobia.

I find comfort in food. I've recently put on three to four stone. I have to leave [current partner] *also because of this. I've got arthritis and I can't afford to put on extra weight because of the effect on my health.* Trish, Letgo April 2009.

The findings indicate that Letgo had an overall positive impact on women's feelings of health and well-being. Just under half of the victim/survivors (48%, N=12) felt that before contact with the Project their health was poor. Of these 12 women, 11 felt better as a result of contact. Twenty-eight percent (N=7) of women rated their health before contact as 'average', five of whom felt better subsequent to contact. Finally, of the five women who felt that their general health and well-being *was* good prior to contact with Letgo, four said they felt better after contact. Overall victim/survivors indicated that Letgo had an overwhelmingly positive effect on their self-reported health and well-being:

I had operations, internal investigations; three months of a virus I thought it was going to be MS. You need to do so much healing, not just when you leave, that's why Letgo being there for continual support is great. You need to do so much healing. I'm getting there but I'm not a hundred per cent. Liz, April 2009.

Another indicator of improvement in victim/survivors health and well-being was their perception of their safety recorded at review. Table 2.10 indicates that, of the 79 (29% of the total) victim/survivors whose perception of safety had been recorded, 73 (93%) said they felt much or a bit safer.

Table 2.10 Victim/survivor's perception of safety

		Frequency	Percent
Valid	Much safer	55	70%
	Bit safer	18	23%
	Not safer	4	5%
	Less safe	2	3%
	Total	79	100

This was reflected in the views of those from the dip sample and exit interviews. Overall the majority (N=17, 68%) of victim/survivors in this sample felt 'not very' safe before contact with Letgo, but subsequently 15 (88%) felt 'safer' and 2 felt the same level of safety. Eight women felt 'reasonably' safe before support from Letgo, and of these 5 said that they felt 'safer' as a result of contact with Letgo and three said they felt the same level of safety. Overall, 20 (80%) women felt safer as a result of their contact with Letgo and 5 (20%) felt the same level of safety. Tanya and then Liz explained how their levels of safety had changed since engaging with Letgo:

I don't feel like I'm putting people out, they've encouraged me to keep in touch and got me a flat. They've made me feel safe. There was no phone box nearby and I couldn't run so now I've got a phone. They mentioned an alarm but I don't need one. Tanya, April 2009.

In terms of safety, Liz felt *not very safe* before contacting Letgo and now she feels *just about* confident that she's safe, but she takes precautions. *An example is I stand away from the* car [when he's dropping children off]. *In the past he'd slam the car door into my arm but now I wait until the car stops before I go near it; I step back from the car because before, he slammed my arm in the car door*. Liz, April 2009.

Finally, the changes made by victim/survivors can also be seen as an indicator of their improved health and well-being. At review, changes victim/survivors made in their use of alcohol/drugs, housing, their networks, their coping and their use of pattern-changing course were reviewed by IDVAs.[81] Table 2.11 shows that the most common changes made by victim/survivors were in, with most often cited change first, coping, housing and networking.[82]

Table 2.11 Types of changes made by victim/survivors

Type of change	Numbers	Percentage of total changes
Alcohol/drugs	8	6%
Housing	52	39%
Social network	42	31%
Coping	71	53%
Pattern-changing course	6	4.5%

These findings highlight the critical importance of the support that the Project provided in enabling victim/survivors to cope better and improve their social networks, both of which may have a positive impact on their health and well-being. Trish explained:

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[81] Target-hardening and the sanctuary scheme have been excluded because they have been counted in the Project effort score.

[82] There were records for 134 victim/survivors in this field but totals add up to more than 134 as the victim/survivor may be judged to have made more than one change. Furthermore, some victim/survivors are recorded as having made changes in their alcohol or drug use, although they are not recorded as using alcohol or drugs.

> *It's good to have someone in my corner, somebody that's independent and can give you different approach and way to go when you can't see the wood for the trees because you're so wrapped up in it.* Trish, April 2009.

5. *Victim/survivors' confidence in the Project*: Two indicators were used to illustrate victim/survivors' confidence in the Project: their judgement about the quality of the service they received and their willingness to tell others about the Project. Victim/survivors' voices were overwhelmingly positive about the impact that the Project had on their lives. This can be understood as an indicator of the confidence they had in the Project. Most women (N=18, 76%) evaluated the quality of service provided by Letgo as 'very good' or 'excellent' and 5 (20%) as 'good'. Only one woman rated the service as 'average'.

> *They're the nicest people in the world! I don't know how I got by without them. I would have kept it to myself. I contacted them and they've been brilliant ever since. They give you a hell of a lot of strength and encouragement that 'you're not on your own' and 'we're here for you'. They're fabulous people.* Tanya, April 2009

Another way in which confidence in the Project was illustrated was found in accounts of women who said they had told others about the service, not only because of their own experiences, but to encourage others to seek help. Pat is one example of this:

> *Generally it's a fabulous project and I do know friends and colleagues that I have put in touch with them – one around mental abuse.* Pat, July 2008.

6. *Impact on victim/survivor's future help-seeking*: The majority of those who responded to this question (N=15 [63%] out of 24) said they felt more confident contacting sources of support since engaging with Letgo.[83] Cheryl's contact with the Letgo project had been on and off over a two-year period, but she describes how her confidence had grown to identify abusive behaviours and her contact with Letgo had resulted in her being able to make her own assessment of her risk. She explained:

> *I've seen 'em and then stopped. Things kind of resolved with me and my partner but we're constantly on and off.* Cheryl had counselling from Letgo for a few months prior to her court case, then she got back with her partner and stopped seeing the counsellor. *I keep going back to this partner – it's very hard, . . . but I have grown more confident. I can identify when he's doing things which can be domestic abuse.* Cheryl, July 2008.

2.4.4 Impact of Letgo on Children's Health and Well-being

Twenty-four women were mothers of 56 children with an average age[84] of 10 years. Ten (19%) children were under 5 years, 36 (68%) were between 5 and 16 years and 7 (13%) were over 17 years of age. Findings from the dip sample and exit interviews illustrated that

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[83] The low response rate to this question may reflect the fact that several victim/survivors had not sought any help prior to being referred to Letgo.

[84] Three of the children's ages were not recorded.

children's 'experience of school', their 'physical health' and also their 'emotional health and well-being' were affected by living with domestic violence. However, some mothers believed that their children had not been affected either because they had been too young or because they had not witnessed any violence.

Some chose not to answer all the questions relating to their children's health and well-being. However, 18 of the mothers stated their children had experienced 'stress and anxiety', 13 said their children had experienced 'anger and frustration', 10 said their children had experienced low self-esteem and 10 (42%) believed their children had experienced depression. In terms of behavioural problems at school, 6 women said their children's educational achievement had been affected and 5 their children's attendance at school. Six mothers said their children were being bullied at school and 3 said their children had started bullying:

> *The eldest* [has had problems] *with his homework, and when he was staying with his dad he missed the school bus. He bullies and manipulates the girls. It's terrible to see because I just see his father in him but then I've got to remember and remind myself that he's only a boy. They've all suffered stress. My daughter wets the bed, but she always has its no worse and no better.* Trudy, November 2008.

Responses to the questions concerning children's health and well-being prior and subsequent to contact with Letgo were low. Of the women who responded, 4 rated the children's health and well-being as average and 4 as poor prior to contact with Letgo. Six of these mothers said that their children's well-being had improved subsequent to contact with Letgo. Only 2 mothers rated their children's health as good before contact and both said it had improved subsequently.

Letgo provided individual and group work for children. Table 2.12 indicates the numbers of children who engaged with the children's service[85] during 2006–2008 and their referral routes. The Project provided a service to 177 children/young people, 40% of whom were referred by statutory agencies in health, education or children's services. Ten children and young people had been re-referred to Letgo. Re-referrals were typically self-referrals and for two reasons: because parents were concerned that their children were experiencing further distress (for example over contact issues) or because initial referrals that had been rejected by the family were re-referred at a later date. This suggests that these children/young people might not have had a service if the Project had not been available and that it fills a considerable gap in provision.

Concerns reported from children coalesced around the following issues: the break-up of their family, the 'loss' of their fathers in their lives and loyalty to both parents and trying to understand what had gone wrong.

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[85] A children's worker seconded from children's services and a part-time play therapist.

Table 2.12 Numbers of children referred to Letgo and the referral routes

Referring agency	Numbers of referrals
Self-referral (young person/parent)	9
Letgo, IDVAs	82
Education	9
Health	25
Police	12
Connexions	1
Children's services	36
MARAC	1
Impact housing	2
Total	177

Evaluation from referrers often happened at planning meetings, either child(ren) in need or education meetings. The children's worker explained that all cases were reviewed with the children and young people and often the parents. Both generally reported improvement: parents generally reported improvement in their children's behaviour, and children/ young people typically reported that they had less anxiety.

The eldest had [a skin condition] and after six months it cleared up. She's so confident and open now and before she was so clingy. I took them to [martial arts] and the coach was shouting so loud that they all burst into tears, but now they're all fine . . . It [Letgo children's work] gives the kids someone else to talk to outside of the situation. If they're getting things said to them by their dad it gives them someone else to make sense of things. Liz, April 2009.

Eleven (46%) of the 24 mothers said their children had received help from Letgo. Nine specified that their children had seen either the children's worker or the play therapist or both. Of the 11 who said that their children had received a service from Letgo, 10 (91%) rated the service their children had received as good or excellent.

[the play therapist] was brilliant. [G]ave me some techniques to [use] with the youngest . . . [youngest child was] referred to speech therapy and now he's fine. [They] also offered me for the eldest if he wants to . . . I can't fault them – they're all brilliant. Sharon, July 2008.

Some less positive comments were made in relation to services for children. Again this might be explained because of issues of capacity:

[the children's worker] met up with the children – they only went out twice but they got a lot out of it, they really enjoyed it. My son enjoyed going out and made a friend and would like to go again but I've not heard anything – I assume he's not considered 'at risk' now but he would still enjoy it because he still knows what his dad is like. Natalie, November 2007.

2.4.5 Some Observations on Levels and Length of Support Offered

Victim/survivors engaged later in the life of the Project were involved for a shorter time. In addition, over time there was a decrease in the level of support given to victim/survivors and a strong trend away from providing 'intensive support'.[86] Since there were also fewer referrals being received over time, this finding could reflect:

- Inconsistencies in recording since this trend was not seen in the count of contact notes.
- The data collection deadline meant that no information was available about the end-date for some of those coming into the Project later in 2008.
- Letgo became more efficient as the service gained in experience and developed better contacts with other agencies.
- The influence of the CAADA/IDVA model, which promotes contact for the short/medium term rather than the long term. This trend may be of some interest in the light of the finding that the changes victim/survivors made were correlated with the length of time they were engaged with the Project and therefore suggested that victim/survivors with complex needs required longer periods of engagement to make the kinds of changes that would improve their safety and decrease their risk.

2.5 Part 4: Summary and some comparisons between the Projects

- Both Projects evidenced the positive impact of the early intervention model. Most victim/survivors, for whom there were records, who engaged with each Project only had one referral or reported police incident and most experienced a positive impact as indicated by risk reduction, improved safety, improved health and well-being, confidence in the services provided by Safer Families and Letgo and increased confidence about future help-seeking.

- Findings from the Cumbria Project suggested that there were four main groups of victim/survivors: Typical, Complex-Typical, Complex-Atypical and Non-Intimate. Those in Typical relationships were most likely to experience risk reduction, take up least Project effort and take least time to make changes. Complex-typical victim/survivors required more Project effort, were less likely to experience risk reduction and took longer to make changes. These effects were increased for Complex-Atypical victim/survivors who were also most likely to experience an increase in risk.

- Those characteristics identified as complex were not correlated with the initial RAs or the Risk Review but were correlated with subjectively assessed (by IDVAs) risk fields within the database. This suggests that a systematic checklist of victim/survivor vulnerabilities could be usefully developed to identify Complex Typical and Complex Atypical victim/survivors, which would assist operational (both workloading within the service and MA working with partner agencies) strategic, and funding agendas.

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[86] See Diagram 2.15 in Appendix 2K.

- Available data from both Projects suggested that they were both providing a service to substantial numbers of children, and, in the Cumbria Project, referral sources suggested that the children's service being provided by Letgo was filling a substantial gap in provision. Feedback from mothers also indicated that both Projects had a positive impact on the health and well-being of children and that they had confidence in the service being provided to their children.

- Typically, victim/survivors being referred to the Gateshead Project and their children were younger than those using the Cumbria Project. This may have different implications for each Project:

  o For the Gateshead Project, this meant that victim/survivors were generally more likely to have younger children who lived at home and who were more likely to witness and therefore experience impacts as a result of domestic violence. This may have implications for the work with children provided by Safer Families, particularly in sensitively encouraging victim/survivors to understand how domestic violence may have negative impacts on children at every age.
  o Younger victim/survivors may also not be as materially/financially resourced as older victim/survivors in relation to income and housing. The findings from the Cumbria Project also suggest that younger victim/survivors can be Complex-Typical: they were associated with multiple abusive relationships, were more likely to move more than once and to be living in social housing. This may be useful in planning interventions and MA working with these victim/survivors and provides a rationale for further strengthening links in both Projects with housing agencies.
  o In the Cumbria Project the typically older victim/survivors may present some challenges in that they may be representative of a much harder-to-reach group who are, perhaps, more isolated and/or settled in their homes/relationships, who may find it more difficult to move away from the abusive relationship and may therefore be less likely to engage with Letgo (this may explain the slightly lower engagement rates).
  o The older client group of the Cumbria Project may also have implications for the type of children's work they provide in that the number of older children/young adults in need of support may be greater than that of the very young. The fact that at least 10% of the victim/survivors were female adults experiencing violence from their male children and/or violence between siblings may reflect the need for concentrated work on this group and the development of specialist work with them.

- Both Projects showed positive evidence of partnership working:

  o In the Gateshead Project, partnership working was positively correlated with risk reduction. Most partnership working was with CJS-related agencies and this increased over time.
  o Housing was a key partner in both Projects.
  o More victim/survivors from the rural context of the Cumbria Project than in the urban context of the Gateshead Project had contacted health professionals before their contact with the Project. This may reflect both the lack of other possible sources of help in the rural context and the relative ease of access associated with

approaching a health professional rather than another agency. This suggests that health professionals are of the utmost importance in providing a response to victim/survivors of domestic violence in the rural context.

o In the urban area, health professionals were less likely to be approached even though, given the typical age of the victim/survivors and their children, health visitors and midwives would be more likely to have legitimate, regular, contact with victim/survivors. The decline in involvement of health professionals, particularly health visitors is worrying in this context.

- The Gateshead Project achieved higher engagement rates than the Cumbria Project. This may reflect the following factors:

  o The different referral policies of the police – the 'opt-in' system may have resulted in more victim/survivors engaging with the Project because they had to make a choice to be referred and therefore may have been more willing/ready to engage. In the Cumbria Project, the 'opt-out' referral system may have meant that referrals made without active consent were less likely to engage. This is underlined by the fact that whilst only 40% of police referrals of intimate partners to Letgo engaged, the engagement rate of victim/survivors in adult intimate relationships from all other referral sources (where known) taken together was 82%.

  o The specific difficulties of addressing domestic violence within the rural setting may also have had an impact on engagement rates:

    ▪ the problem of providing guarantees of confidentiality within small, interconnected (through kin and employment) communities to victim/survivors;

    ▪ the problem of local reporting of domestic violence in criminal or civil court processes within small communities, which prevents victim/survivors wanting to press charges and becoming visible within their communities;

    ▪ the problem of isolation typically associated with domestic violence, which is then compounded by physical isolation in remote areas with little access to public or private transport, that act as a barrier to receiving support and responding to requests for help;

    ▪ the problems of raising awareness of the issues and of the available service within small, close-knit communities;

    ▪ the problems of shame, secrecy and loyalty, typically associated with domestic violence writ large within small, close-knit communities where neighbours may also be extended kin;

    ▪ other, usual, problems of alternative accommodation associated with domestic violence may be exacerbated in rural areas, with the combined difficulties of little alternative affordable housing and problems of school/ other sources of support being geographically difficult to access. This may also be linked to the fact that the victim/survivors were typically older than those in the urban Project.

Section 3: Perpetrator Accountability in the Criminal Justice System

3.1 Introduction

A core aim of both Projects was to increase perpetrator accountability and to do so partly by increasing the numbers of perpetrators being made accountable through the criminal justice system (CJS). The importance of this can be illustrated by considering the impact of perpetrators on each Project whereby approximately one-third of perpetrators were responsible for two-thirds of the referrals to the Gateshead Project (35% of perpetrators were responsible for 62% of the referrals)[87] and incidents in the Cumbria Project (39% of perpetrators were responsible for 67% of reported police incidents).[88]   This Section discusses the Gateshead and Cumbria CJS data respectively, and provides a summary at the end.

3.2 Part One: Gateshead CJS Data in Relation to Northumbria

1. *Police data*: Data was collected on incidents, arrest and referrals to support services (either Safer Families or Victim Support in the main) for the four financial years 2005/06 to 2008/09.[89]

    - Although the actual numbers of incidents increased in both Gateshead and across the force, the percentage of these incidents occurring in Gateshead remained on or about the 15% rate as in the pre-Project period.

    - Arrests, both across the force and within Gateshead also increased during the Project period with an average of 32% of all force attendances and 31% of those in Gateshead compared with 27% and 24% respectively in the years before the Project. This shows an upward trend in the use of arrest in domestic violence in the Gateshead area.[90]

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[87] Additional data were downloaded covering all crisis referrals for the victim/survivors in the January–March sample periods of 2006–2008 to look further at the length of referral sequences. This information covers July 2005 to December 2008. This includes all referrals, regardless of whether they were appropriate or engaged with Safer Families. A total of 732 records were downloaded, relating to 408 victim/survivors. Of these 408 victim/survivors, a number were repeatedly referred during this period so that we could identify 431 victim/survivors and the associated perpetrators. It was not possible to tell how many perpetrators appeared in more than one couple so there is a very small chance that the number of perpetrators is less than the number of couples: the data identified when victim/survivors had more than one perpetrator but not whether any perpetrator was associated with more than one victim/survivor.

[88] An analysis of the police incident data together with the Letgo database suggested that just over a third of the perpetrators were responsible for two thirds of the reported incidents: 39% of perpetrators caused 67% of incidents (2 or more); 21.8 % of perpetrators caused 25.1% of incidents (3 or more); and 17.0 % of perpetrators caused 19 % of incidents (exactly 2).

[89] See Table 3.1 in Appendix 3A. These figures provide a context for police attendance at domestic-violence incidents but cannot of themselves demonstrate any direct impact of the Project itself.

[90] This increase could be the result of the provision in the Domestic Violence and Criminal Justice Act 2004 that made common assault an arrestable offence, adding it to the list of offences that police officers can arrest for without a warrant: see Hester, M., Westmarland, N., Pearce, J. and Williamson, E. (2008) *Early Evaluation of the Domestic Violence, Crime and Victims Act 2004*, Ministry of Justice Research Series 14/08.

- The increase in police referrals to support services may be attributable to the Project's implementation: this is increasingly becoming part of police practice in the force (rising from 7% of attendances being referred in 2005/06 to 19% in 2008/09). However, there was an even greater increase in these referrals in Gateshead (from 9% in 2005/06 to 23% in 2008/09).[91]

2. *Crown Prosecution Service (CPS) Data*: Data on domestic violence cases that entered the court system were analysed as a means of assessing any impact the Projects may have had on the progression of criminal cases,[92] particularly in relation to victim/survivor related reasons for the discontinuance of a case. Leaving aside the issue of using victim/survivors as the sole source of evidence for trying domestic violence cases, other research suggests that specialist support for victim/survivors during a court case can improve the likelihood of a successful outcome.[93] In our analysis we examined the ratio of discontinued cases to successful ones and the extent to which victim/survivor oriented reasons explained these discontinuances.[94] The results for 2005 which represented the pre-Project year[95] showed that:

   - Cases from the Gateshead area accounted for 13% of all domestic-violence-related cases in Northumbria.

   - The percentages of Gateshead cases resulting in guilty pleas, guilty verdicts or discontinuances reflected those of the Northumbria region – that is, 61%, 5% and 33% respectively.

   - Almost half of the discontinued cases were as a result of victim/survivor-linked reasons (retractions, withdrawals, non-attendances etc.) – 44% of the Northumbria wide cases and 48% of the Gateshead ones.

   The same data fields were used to examine changes over the first four years of the Project[96] and suggested that:

   - The number of cases entering the court system increased across Northumbria but even more so within Gateshead. The 67% increase in Northumbria cases (from 1,509 in year 1 to 2,525 in year 2) was almost doubled by the increase in Gateshead cases which showed a 118% increase (from 180 in year 1 to 393 in year 4).

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[91] There are no comparative pre-Project figures because the collection of this information is largely due to the Project's monitoring of incident referral rates.

[92] Northumbria CPS provided pre-Project data of domestic-violence court-case outcomes for the calendar year 2005, which included the first six months of the Project period. Analysis of the two six-month periods in 2005 showed no difference in court outcomes, probably the result partly of the low number of referrals made to Safer Families in this period and partly of the time-lapse between arrest, charge and court appearance. For this reason, the year's figures are used in this initial analysis.

[93] Cook, Dee et al (2004) 'Evaluation of Specialists Domestic Violence Courts/Fast Track Systems'. Department for Constitutional Affairs, CPS, Criminal Justice System.

[94] A full list of possible reasons for discontinuance and our categorising of them under the broad descriptive headings used in this analysis is given in Appendix 3B.

[95] See Table 3.2 in Appendix 3C.

[96] See Table 3.3 in Appendix 3D.

- This was reflected in the increase in Gateshead's proportion of cases over the years, rising from 12% to 16%.

- Guilty pleas in the Gateshead area rose from 60% of all court cases in year 1 to 69% in year 4: a similar rise was seen across Northumbria moving from 61% to 67% of cases. This could indicate an improvement in evidence-gathering resulting in perpetrators' being made aware of their limited options at court and being advised that a guilty plea would be taken as a positive factor at sentencing. More broadly, it could also indicate the growing social awareness that domestic violence is no longer a private issue but a public concern that requires addressing, with sanctions being one strategy to affect this.

- Cases resulting in discontinuance fell slightly in Northumbria and Gateshead (from 34% to 29% and 33% to 27% respectively).

- Both Northumbria and Gateshead, however, saw a large increase in the percentage of discontinuances because of victim/survivor-related reasons. This was from just under half of all discontinuances to almost three-quarters by year 4 in Gateshead (from 44% in 2005/06 to 63% in 2008/09 – an increase of 19 percentage points). The increased proportion of discontinuances due to victim/survivor reasons across Northumbria was slightly smaller, moving from 47% in year 1 to 59% in year 4, or a 12-percentage-point increase. Aggregate figures can only indicate long-term trends and may raise more questions than answers. Although discontinuances fell in relation to the numbers of cases going to court in both Northumbria and Gateshead, the increased ratio of these unsuccessful cases being attributed to victim/survivor factors could suggest a number of possibilities, some of which may seem contradictory:

  o The more support victim/survivors received the stronger they felt in proceeding with their lives without the intervention of criminal proceedings;

  o There is no data on time-lines between arrest and final court appearance, but anecdotal evidence suggests the greater the delay, the greater the susceptibility of victim/survivors to perpetrators' (or their families') pressure to withdraw complaints;

  o Although it was not possible to link charges to outcomes, it is possible that the more serious a charge the more likely a victim/survivor was to withdraw as a result of pressure brought to bear on them by perpetrators who fear being criminalised. Given the shift in focus of the Gateshead Project to those victim/survivors at high and very high risk, it may be that these were the cases that were most likely to be discontinued.

3.2.1 Making Connections: Linking CJS Data to Project Data – Gateshead

The focus of this analysis was on the victim/survivors of each incident, comparing arrest and court outcomes for those who did or who did not engage with Safer Families.[97]

1. *Charges*: Of a total of 479 records, 477 were usable.[98] Table 3.4 (below) shows that 37% (178) of the records related to victim/survivors were referred to Safer Families following the incident. The remaining 299 records involved non-referred victim/survivors.

    • The charge rate for incidents resulting in arrests dropped sharply from 2007 for cases where there was no referral to Safer Families: 43% of arrests in 2006 to 28% in 2008, giving an average charge rate of 29%.

    • Conversely, the percentage of arrests resulting in charges where a victim/survivor was referred to Safer Families showed the reverse: rising from 28% of arrests in 2006 to 51% in 2009 (an average of 47%). The increased risk levels Safer Families worked with, starting in 2007, suggest more serious domestic violence incidents involving a greater likelihood of criminal charges and an increased willingness of the CPS to press charges knowing that the victim/survivor would be supported.

    • Of the 178 arrests where victim/survivors were referred to Safer Families, 38% (N=67) resulted in no further action compared to 31% (N=92) of the 299 arrests where no referral was made.

    • Cautions were given to 35% of the non-referred incidents (N=106 of the 299 arrests) compared with 13% (N=24 of 178 arrests) where a referral was made.[99]

Table 3.4 Comparison of arrests resulting in charges by referral/non-referral to Safer Families during the sample periods

January–March	Records with Safer Families referral		Records with no Safer Families referral	
	Arrests	Charged (as % of arrests)	Arrests	Charged (as % of arrests)
2006	25	7 (28%)	44	19 (43%)
2007	51	24 (47%)	57	15 (26%)
2008	34	17 (50%)	62	15 (24%)
2009	68	35 (51%)	136	38 (28%)
TOTAL	178	83 (37%)	299	87 (29%)

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[97] The data were collated from police, CPS and Safer Families for the sample periods: January–March in 2006–2009.

[98] Two records classified as 'Admin Finalised' were excluded. 'Admin Finalised' cases are usually warrant cases where the warrant has been outstanding for longer than three months. Once a perpetrator is arrested on warrant, the case will be reactivated and will appear on the data with the actual outcome of the case. Until these cases are reactivated, final outcome data is not available.

[99] In four out of the 178 cases the outcome was unknown.

Table 3.5 (below) compares the assault charges made for those incidents referred to Safer Families and those not referred:

- The most typical arrest reason for perpetrators was S47 (Actual Bodily Harm), accounting for 42% of perpetrators where victim/survivors were referred to Safer Families and 36% of perpetrators where no such referral was made (see Table 3.5).

- The final charges were for a lesser offence (S39) in most (82%) of the non-referred cases but for fewer (63%) in cases with a referral, again possibly reflecting the seriousness of the cases being referred to Safer Families.

Table 3.5 Comparison of assault charges by referral/non-referral to Safer Families

	Incidents with Safer Families referral	Incidents with no Safer Families referral
All arrests	178	299
S47 arrests (% of arrests)	74 (42%)	108 (36%)
S47 arrests resulting in charges (% of S47 arrests)	35 (47%)	38 (35%)
S39 charges (% of S47 charges)	22 (63%)	31 (82%)

- The use of police cautions[100] following arrest for violence (S47) was more evident among incidents that did not have a referral to Safer Families. Of the non-referred 108 arrests, 35 (32%) resulted in a caution compared with 11 (15%) of the 74 arrests for S47 that were referred to Safer Families.[101]

2. *Repeat Victimisation*: The 477 records of arrests from the sample periods related to 437 individual victim/survivors, 35% (N=154) of whom were referred to Safer Families (see Table 3.6, below). Of the 437 victim/survivors, 31 (7%) were repeat victimisations. However, the shift in Safer Families' focus to high-risk victim/survivors was reflected in the greater prevalence of victim/survivors subjected to multiple incidents being referred to the service. Of the 406 victim/survivors with a single incident, a third were referred to Safer Families. This percentage increases to nearer two-thirds of the victim/survivors who experienced repeat incidents. It may also be the case that after a first reported incident victim/survivors may be more willing to consent to a referral to Safer Families.

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[100] Police cautions are given in situations regarded as 'low level' crime and where perpetrators acknowledge their guilt.
[101] One further arrest for S18 (causing Grievous Bodily Harm with Intent) among the non-Safer Families referrals also resulted in a caution. There were no arrests for violent offences more serious than S47 resulting in a caution among the Safer Families referrals.

Table 3.6 Comparison of arrests, repeat victimisations and referrals

Numbers of domestic violence incidents	Number of victim/survivors referred to Safer Families (as %)	Number of victim/survivors not referred to Safer Families (as %)	TOTAL
1	135 (33%)	271 (67%)	406 (100%)
+2	19 (61%)	12 (39%)	31 (100%)
TOTAL	154 (35%)	283 (65%)	437 (100%)

3. *Attrition in the CJS*: Approximately one-third of domestic violence incidents attended by the police resulted in an arrest. Table 3.7, below, shows the points of attrition following arrest by referral/non-referral to Safer Families for the sample periods:

-   Almost half of the incidents where an arrest occurred and a referral was made to Safer Families resulted in charges compared with under a third where no Safer Families referral was made;

-   Overall, just over a third of all the incidents with arrests went on to be charged (N=170 [36%] of the 477 incidents), slightly more than previous research has found.[102] The charge rate ratio was higher for the Safer Families referrals than non-Safer Family referrals and than the overall percentage, again indicating that a more serious level of offence had been perpetrated;

-   The court outcomes show that the split between 'successful' (a guilty finding or plea) and 'unsuccessful' (a discontinuance or acquittal) was virtually the same for both referred and non-referred incidents, with nearly three-quarters of cases being successful;

-   A higher proportion of cases (25%) referred to Safer Families resulted in a successful outcome than that of cases not referred (13%).

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[102] See Hester, M. (2005) 'Making it through the Criminal Justice System: Attrition and Domestic Violence' in *Social Policy and Society* Vol. 5 (1): 79–90. According to this research, less than a third of arrests in domestic violence cases resulted in criminal charges.

Table 3.7 Comparisons of charge rates and court outcomes by referral/non-referral to Safer Families

Safer Families referrals		Non-Safer Families referrals	
178 incidents resulting in arrest		299 incidents resulting in arrest	
83 (47%) charged of which: 4 = Breach of peace (non-crime) 16 = No CPS outcome data ↓		87 (29%) charged of which 4 = Breach of peace (non-crime) 27 = no CPS outcome data ↓	
COURT OUTCOMES			
63 (76% of charges) with CPS data		56 (64% of charges) with CPS data	
Successful 45 (71%) [45 = 25% of 178 incidents]	Unsuccessful 18 (29%)	Successful 39 (70%) [39 = 13% of 299 incidents]	Unsuccessful 17 (30%)

4. *Sentencing:* Information on the sentences received was gathered in a small number of cases, 33 of those referred to Safer Families and 24 of the non-referred cases. Looking at the subsequent outcomes by referral/non-referral to Safer Families the presumption that Safer Families was dealing with more serious offences was not reflected in the sentences (see Table 3.8, below):[103]

- Almost a quarter (24%) of the cases referred to Safer Families resulted in imprisonment compared with just under half of the non-referred cases.

- A further 24% of the referred cases resulted in Conditional Discharges whereas this outcome applied to only 12% of the non-referred cases.

- A Community Service Order was the most typical outcome for the Safer Families referrals (42%) and imprisonment (46%) for the non-referred cases.

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[103] Sentencing cannot of itself be seen as a stand-alone indicator of seriousness, as previous offences and guilty pleas can also affect sentencing (information about this was not available). In addition, the numbers are small and suggest that further research into sentencing patterns could usefully be undertaken.

Table 3.8 Comparison of sentencing by referral/non-referral to Safer Families

	Safer Families referrals	Non-Safer Families referrals
Imprisonment	8 (24%)	11 (46%)
Community service order	14 (42%)	6* (25%)
Fine	3 (9%)	4 (17%)
Conditional discharge	8 (24%)	3 (12%)
TOTAL	33 (100%)	24 (100%)

*Includes one restraining order.

5. *Unsuccessful Cases*: The reasons for cases not being successful at court are given in Table 3.9 (below), again based on whether or not they were referred to Safer Families:

- The large majority (83%) of the cases with a Safer Families referral were discontinued because of reasons relating to the victim/survivor. This percentage was considerably higher than for the non-referred cases (59%);[104]

- Of the 18 cases referred to Safer Families that failed at court, 13 engaged with the Project (though 3 disengaged at some point).[105]

Table 3.9 Comparison of discontinuance reasons by referral/non-referral to Safer Families

	Safer Families referrals	Non-Safer Families referrals
Victim/survivor-related Reason	15 (83%)	10 (59%)
Witness-related reason	2 (11%)	4 (23%)
Legal reason		2 (12%)
Reduced-sentence reason	1 (5.5%)	
Other reason		1 (6%)
TOTAL	18 (100%)	17 (100%)

The positive impact of the Project's support for victim/survivors entering the criminal justice system was acknowledged in interviews we conducted. However, as the following quotes show, the effectiveness of the court process is mediated by the contexts of women's lives, whether it is in the form of initial support through the court system, weighing up the ongoing risk, or awareness of the potential effectiveness of the court outcome on a perpetrator.

Knowing that there's someone there at the end of going to court. They've done everything possible; they've even pushed for cameras. Jo, May 2009.

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[104] Caution needs to be taken with these figures as the overall numbers are small.
[105] The remainder either did not engage or there is insufficient information to classify their contact.

I thought he was going to kill us. . . . He's still kicking off. . . . I'm in two minds. With [IDVA's] help I'll go to court, but on the other hand, I think he's going to kill us. There's a chance one day somebody can get seriously hurt. This is not the first time he's chased us down in the car with the kids in. It's really dangerous. Threatens he's going to get someone to do us in, but this time he's doing, not just threatening. Suzy, October 2008.

I think this [experience with Safer Families/ police/ courts etc.] *will have scared him to death actually.* Izzy, October 2008.

3.3 Part Two: Letgo CJS Data[106] in Relation to Cumbria

1. *Police Data*: Data from the pre-Project calendar year of 2005 and the first three years of the Project's operation, 2006 to 2008[107] showed increases in the number of incidents:

   - The percentage of the Cumbria county domestic violence incidents occurring in the Letgo area remained fairly consistent. This increased from 6% in the pre-Project year to 7% in year 3 (2008).

   - Compared with the annual county increase of incidents in 2007 (19%), the Letgo area saw a 67% annual increase in numbers of incidents. This may be explained partly by the Project's proactive policy of encouraging victim/survivors to report all incidents as this increase was also seen in the repeat victimisation rates.

   - Repeat Victimisation rates show a county annual increase in 28% between 2006 and 2007 whereas the Letgo increase was 97%. The percentage of Letgo domestic violence incidents that were repeats increased from 27% in the pre-Project year to 38% in 2008, a slightly larger increase than across the county (37% to 43% in the same period). In year 3 (2008), there was a decline in the number of repeat incidents in Letgo (down by 15% on 2007) compared with a small increase across the county (up 4%).

   - There was a large increase (94%) in the numbers arrested in the Letgo area between 2006 and 2008, which suggests a considerable increase in the workload for the CJS in the Letgo area. As with repeat incidents, the arrests in Letgo declined in 2008 (to -7%)[108] and the county arrest increase was greatly reduced to a 4% growth on the previous year.

2. *CPS Data*: Aggregate CPS data on domestic-violence-related court outcomes for the period January 2005 to December 2008[109] were analysed, looking specifically at the

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[106] The following analysis is based on the data collected by Cumbria Partnership Support (CuPS), a data collection and analysis service used by Cumbria Strategic Management Board (SMB).
[107] See Table 3.10 in Appendix 3E where pre-Project data is in grey.
[108] The numbers are relatively small in the Letgo area and should be treated with caution.
[109] Comparing court outcomes from incidents in the Letgo area with the county was possible from April 2006.

numbers of cases finalised at both magistrates' and Crown Courts and the numbers resulting in guilty pleas or guilty verdicts.[110] There are several points of interest:

- There was a large increase in the number of cases from the Letgo area finalised at court in 2008. This rose from 24 in 2007 to 111 in 2008, a 363% increase. This was in contrast to the 24% increase seen across the county with a rise from 493 cases in 2007 to 613 in 2008. This indicates the impact of the Project in supporting victim/survivors who press charges against perpetrators.[111]

- The percentage of cases resulting in guilty pleas rose across Cumbria in the four years 2005 to 2008. This increase in guilty pleas, from 59% (N=281) in 2005 to 74% (N=451) in 2008, was greatest in 2007 and 2008 where the annual increase was 20% and 26% respectively.

- The guilty plea data for the two full years 2007 and 2008 in the Letgo area showed an increase from 75% to 79%. This was an increase from 18 cases in 2007 to 88 in 2008.

- Across the county the percentage of discontinuances fell.[112] This was from 39% in 2005 to 22% in 2007 and 21% in 2008. The predominant reason for discontinuances within the county was victim/survivor-based (withdrawals, non-attendance etc.). Although discontinuances decreased over the period, the victim/survivor reason for discontinuances increased, from 38% in 2005 to over half (52%) in 2008.

- Within the Letgo area discontinuances fell from 21% of cases in 2007 to 15% in 2008. Some caution is needed with the Letgo data, as the actual numbers were small, with five discontinuances in 2007 and 17 in 2008. In contrast with the county, the percentages of discontinuances based on victim/survivor reasons in the Letgo area decreased. This was from 60% (N=3) in 2007 to 47% (N=8) in 2008.

- Overall, the county data suggested that successful prosecutions of domestic violence related cases were increasing. This is reflected in the decreasing numbers of discontinuances and increase in guilty pleas. The only point of concern was the increase in the levels of discontinuance being victim/survivor-related.

3.3.1 Making Connections: Linking CJS Data to Project Data – Cumbria

Using data from April 2006 to March 2009, CuPS linked (where possible) police attendances at domestic violence incidents to individual victim/survivors and perpetrators and subsequent criminal justice actions. This data covered the whole of Cumbria and were used to examine and compare outcomes for the Letgo area with the county. This resulted in

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[110] See Table 3.11 in Appendix 3F.
[111] However, this may also reflect a problem in identifying the Letgo data in 2007.
[112] See Table 3.12 in Appendix 3G.

8,943 records for the analysis.[113] The breakdown by arrest and area is given in Table 3.13 below.[114]

Table 3.13 CuPS dataset by arrest and non-arrest

	8,943 Incidents	
	Arrest (% of arrests)	Non-arrest (% of non-arrests)
Cumbria county	3,982	4,961
Total in Letgo area (% of arrests/non-arrests)	191 (5%)	312 (6%)
Letgo: engaged (% of LG arrests/non-arrests)	106 (55%)	155 (50%)
Letgo: not engaged (% of LG arrests/non-arrests)	85 (45%)	157 (50%)

As can be seen in Table 3.14 (below), the attrition rate of cases coming to court was similar to Gateshead with about a third of arrests resulting in charges:[115]

- In all six Letgo successful cases, the results were due to guilty pleas.
- All six victim/survivors had engaged with the Project.
- The majority of successful cases not referred to Letgo were because of guilty pleas (N=77, 95%) and the majority of unsuccessful cases were for reasons involving victim/survivors (N=22, 65%).

Table 3.14 Comparison of charge rates and court outcomes by referral/non-referral to Letgo

Letgo referrals		Non-Letgo referrals	
191 incidents resulting in arrest, of which:		3,791 incidents resulting in arrest, of which	
60 (31%) charged		1,297 (34%) charged	
49 (26%) cautioned		774 (20%) cautioned	
44 (23%) no further action		832 (22%) no further action	
38 (20%) other outcomes		888 (23%) other outcomes	
54 (28%) no CPS outcome data		1,182 (31%) no CPS outcome data	
6 (10% of charges) with CPS data		115 (9% of charges) with CPS data	
Successful 6	Unsuccessful 0	Successful 81 (70%)	Unsuccessful 34 (30%)

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[113] A total of 9,095 incidents were recorded, of which 143 were flagged as 'cannot find' (missing from the police systems) and a further 9 records had no offender details. These 152 incidents have been excluded from any further analysis as they could not be linked to any CPS data.

[114] The percentage in the Letgo area is very similar to the data supplied by CuPS previously (see Table 5.1 above) but contained very little information on outcomes, particularly where cases resulted in charges.

[115] Unfortunately, the lack of data on CPS case outcomes meant that further analysis was limited and comparison between victim/survivors who engaged and those who did not engage with the Project cannot be observed.

Again, the positive impact of the Project's support for victim/survivors entering the CJS was identified by them in the dip sample and exit interviews, especially the Independent Domestic Violence Advocates' (IDVAs) role of providing continuity of service and keeping victim/survivors informed about their cases' progress and liaising with the police on their behalf.

> *The police are pretty good. They were round last night because he breached his bail. She* [the police] *said 'why didn't you ring us?' But I'm fed up with the police coming round. Letgo informed me he's been released and they rang the police. I feel satisfied. They will prosecute him, which they have done, because in the past my ex insisted I drop the charges. This time I've got encouragement to go and this time, I will, because I'm that upset and angry with him. If I go to court, that's the end of the story. Sometimes I feel like I'm not the victim. I feel, because you've got to give a statement, why do I have to do this; why can't they just lock him up. That's still controlling me because I have to bother with the police. They* [Letgo] *encourage me and without that he'd probably be here. I wouldn't do it without them. He would have completely controlled me by now.* Tanya, April 2009.

> [the IDVA] *made sure I knew exactly what would happen in court; screen; pre-court visit; back entrance to court and went with me on the day. I have to say it was three days after the event that I spoke to police witness protection; I only spoke to them three times so Letgo held everything together and were the main source of information.* Pat, July 2008.

3.4 Part Three: Summary

The original Projects' aim to increase perpetrator accountability through increased use of the CJS had some limited success.

- Evidence from both Projects indicated that the police and CPS increased their domestic violence workloads as measured by numbers of arrests and charges brought.
- In Letgo (although numbers are small) there was also evidence that victim/survivor-related reasons for discontinuances decreased. This may be explained by the combined impact of support available from the Project to victim/survivors and the relatively early introduction of the Specialist Domestic Violence Court (SDVC) in March 2007.[116]
- In Gateshead the increase in numbers of victim/survivor-related reasons for discontinuances may be explained by the shift in focus to high and very high risk victim/survivors and the fact that the SDVC was not launched until autumn 2008.
- Some further work might need to be done in relation to sentencing since those cases that were referred to Safer Families were increasingly more likely to be of high and very high risk victim/survivors yet the sentencing did not reflect this.
- Future work might also focus on the ability to link data across agencies. This is complex work but would provide opportunities to identify and monitor trends.

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[116] One aspect of this is to fast-track domestic violence cases and thus reduce the opportunity for pressure to be exerted on victim/survivors to withdraw from cases. This reflects other evidence that these courts have been effective, for example, Home Office (2008) *National Domestic Violence Delivery Plan*. London: Crown.

Section 4: Multi-Agency Working and Domestic Violence

4.1 Introduction

This Section discusses the process evaluation and the extent to which each Project was able to develop multi-agency (MA) working during their first three years.[117] Building on the experiences of both Projects, a two-phased model is proposed which simultaneously provides an explanation for why MA working in the Cumbria Project was more effective and identifies a checklist of key factors that can be used to determine the (potential) strength of MA working in future initiatives. There are four parts to this section. In the first part, there is a brief discussion about MA working and domestic violence and an outline of the two-phased model. In the second and third parts, there is an exploration of each phase of the model, and, in the final part, there is a summary.

4.2 Part One: MA working and domestic violence

Multi-agency, interagency, partnership, coordinated working, joined-up thinking and working are all terms that have been employed over the past thirty years to encourage, promote and require different agencies across health, social care, education and the criminal justice system (CJS) to work together in coordinated ways in the belief that this will promote more effective and holistic services for the individuals and families they work with.[118] However, MA working is understood in many ways. Seven types of MA working have been identified[119] and both Projects, at least originally, drew on five of these:

1. strategic level working, which occurred within the domestic violence infrastructure at forum or board level;

2. consultation and training, in which both specialist services and later, in Gateshead, the domestic violence coordinator (DVC) coordinated domestic violence training and awareness-raising across partner agencies;

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[117] For Gateshead, this was between September 2004 and December 2007 for all of the frontline staff and the senior management from partner agencies. Additional exit interviews were conducted with senior management in Safer Families, Aquila Way and Gateshead Council, the Chair of the DVP and the DVC in December 2008. In Cumbria, interviews were conducted with all frontline staff and senior management in partner agencies between January 2005 and December 2007, with final interviews with senior management from Letgo and Impact Housing, the Chair of the SMB and the DVPM in January–February 2008.

[118] In this report, the term multi-agency (MA) and partnership working are used interchangeably.

[119] Strategic-level working; consultation and training where one agency provides consultation/training to another; placement schemes where a professional from one agency is co-located within another; centre-based services where members of several agencies work from one location but may not necessarily engage in joint working; coordinated services where a coordinator works between agencies or professionals to improve working relationships; multi-disciplinary and multi-agency teams/projects where professionals from different agencies work together on a day-to-day basis; and case/care management where an identified individual, e.g. a key worker, works with the service user to ensure that a coordinated service is delivered to them (in Sloper, P. (2004) 'Facilitators and barriers for coordinated multi-agency services' in *Child: Care, Health and Development*. Vol. 30 (6): 571–580).

3. placement schemes where a professional from one agency was co-located within another; both Projects were to have a children's social worker seconded to the new service;

4. coordinated services where a coordinator worked between agencies or professionals to improve working relationships; Gateshead had a DVC and Cumbria a domestic violence project manager (DVPM) who undertook this role;

5. case/care management where an identified individual worked with the service users to ensure a coordinated service was delivered to them; Independent Domestic Violence Advocates (IDVAs) provided this role as they made an assessment of risk, identified need and made appropriate referrals to partner agencies, shared relevant and appropriate information with partner agencies already involved with victim/survivors, acted as advocates with other agencies when appropriate and provided continuity of service throughout the victim/survivors' engagement with the Project.

This resulted in a quite a complex MA model operating at the levels of strategy (relationships between senior management), operation (relationships between agencies and frontline practitioners) and service delivery (relationships between practitioners and service users). However, some aspects of this model were already in place as a result of developments in the domestic violence field more broadly. Feminists working within the domestic violence field called for MA working as early as the 1970s. They understood that domestic violence is a complicated social problem for which no one agency has responsibility[120] but which may require intervention by those within the CJS, women's and voluntary agencies (including refuges), a broad range of health and social care agencies, benefits agencies, housing and civil law. The first Home Office Circular promoting MA working as a response to domestic violence was to the Police in 1990.[121] In one of the most comprehensive reviews of the response to these directives, it was identified that the overwhelming majority of these initiatives created a domestic violence infrastructure focusing on domestic violence forums (DVFs) or their equivalents and domestic violence coordinators or their equivalents.[122]

More recently, the Coordinated Community Response (CCR) outlined a triumvirate of interventions that rely on MA working for their effectiveness: the Specialist Domestic Violence Court (SDVC), the Multi-agency Risk Assessment Conference (MARAC) and IDVAs. All of these work at the levels of strategy, operation and service delivery, prioritising those victim/survivors and their children who are at the highest risk.[123] The underlying rationale for the CCR is homicide prevention. The CCR was rolled out nationally after the initiation of

[120] Moelwyn-Hughes, A. (1999) 'Sharing the responsibility: reaching joint agreements on domestic violence policy' in Harwin, N. and Malos, E. (Eds) *Multi-Agency Approach to Domestic Violence: New Opportunities, Old Challenges?* London: Whiting and Birch Ltd.

[121] Hague, G., Malos, E. and Dear, W. (1996) *Multi-Agency Work and Domestic Violence: A national study of inter-agency initiatives*. Bristol: The Policy Press.

[122] Ibid.

[123] See the Home Office *National Domestic Violence Delivery Plan. Annual progress Report* 2006/07. p. 14 for an outline of the Coordinated Community Response, and, for more detailed information, see 'Developing a Co-ordinated Community Response' at http://www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence066.pdf.

the Northern Rock Foundation (NRF) Domestic Abuse Intervention Project (DAIP) was launched and had some considerable influence on the original aims and objectives of each Project, which are discussed where relevant throughout this report.

The Cumbrian Project was able to establish more effective MA working than the Gateshead Project during their first three years. This was evidenced by the accounts of frontline practitioners and senior management in Letgo, partner and support agencies, and also by examples of how challenges were responded to and by the fact that fewer challenges arose. It is proposed that identifying the factors that facilitated MA working also provides a checklist that could be used to test the robustness of future MA working initiatives. The initiation of new domestic violence initiatives can be understood to comprise two phases:

- a development phase which occurs in the early stages of a new initiative during which developmental factors can be checked for their robustness;

- the operational phase which occurs once the new initiative is launched in which operational factors can arise that undermine or facilitate MA working.

Underpinning both contextual and operational factors are core concerns relating to communication, power and resources.[124] Often these overlap, but in the operational phase they have been separated in order to illustrate their impact.

4.3 Part Two: Contextual Factors that Promote MA Working

The following contextual factors were more positively apparent and/or taken into account in the Cumbria Project:

- the strength of existing MA working in general, including the influence of the geographical (e.g. urban/rural) remit, and of key individuals;
- the strength of the domestic violence infrastructure: DVF, Chair and DVC (or their equivalents);
- processes for the development of the new Project, including awareness of the national domestic violence agenda and national targets, for example, Local Area Agreements and Best Performance Indicators;
- processes for management of the new Project;
- processes for monitoring the new Project.
- the scope/size of the new initiative, which should, of course, be taken into account throughout the development, particularly of the last three factors.

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[124] For an overview of the literature, see Atkinson, A., Wilkin, A., Stott, A., Doherty, P., Kinder, L. (2002) *Multi-agency Working: a detailed study*. Slough: National Foundation for Educational Research; Salmon, G. (2004) 'Multi-agency collaboration: the challenges for CAMHS' in *Child Adolescent Mental Health*. Vol. 9 (4): 156–161; Sloper, P. (2004) 'Facilitators and barriers for co-ordinated multi-agency services' in *Child: Care, Health and Development*. Vol. 30 (6): 571–580.

4.3.1 Strength of Existing MA working relationships

Preliminary interviews in both Projects with senior management and frontline practitioners in partner and support agencies indicated that the senior management in both Projects exhibited high levels of enthusiasm and commitment to the Project's aims and objectives and understood the opportunities that they had to address domestic violence in innovative ways. Responses from senior management and frontline agency staff in the Cumbria Project suggested that there was a more established experience of positive MA working relationships within which the new service was to be launched. One of the emerging strengths of the rural, strategically developed Project was the history or 'culture' of MA working that existed across the county.

This was the view from a senior manager's perspective in the Cumbria Project:

> *It is a characteristic that there have been strong multi-agency partnerships, not just with domestic violence, but also over a range of things. . . . The difficult one with multi-agency partnerships is the challenge for all the agencies with the geographic spread of sustaining some of these things over a period of time. That's the hardest thing, but there's good, there's been good relationships for a long time.* (CPS, May 2005).

And at frontline-practitioner level, this perspective was echoed:

> *It's all the agencies that are involved with a family . . . working together to share information and look together at what can be done to improve the situation for the children and families. . . . It's recognising that no one organisation has a monopoly, if you like, over a family, and realising that different organisations bring different things as well, and have different skills . . . It's a very holistic way of working, it's a very common-sense way of working as well . . . but in practice, it does work, and it seems to work well.* (Social worker, January 2007).

There was a widely held belief that rurality promoted good MA working. Respondents explained that this was a response to the general scarcity of resources resulting from funding formulae that provide resources per capita; and that rurality resulted in a more stable workforce with a low staff turnover, which enabled good MA working relationships to develop over time.

Existing strong MA working relationships created a context within which the new Project had a 'head start' in promoting Letgo and building MA working focused specifically on domestic violence. This was also helped by the fact that Letgo was a new service with a completely new staff team and manager. There was no existing history of working relationships or personal styles and/or approaches to domestic violence that could present a challenge for a new service.

In Gateshead, interviews quickly revealed the tensions that pre-existed the MA relationships between partner agencies. In this excerpt, the DVC/manager talked about her perception of the struggle it took to promote MA working:

I've never had an ability to work on my own. . . . I've never seen myself being able to do my job without a doctor, a community nurse, a social worker, a housing officer. It's always seemed to me to be obvious. It's not a new concept. But I think it's an easier thing to think than to do and I think you need somebody to drive you . . . It won't just happen. People are busy and that's no disrespect to people . . . it's not their first [pause] *I still think we have a long way to go, generally, not just in Gateshead, in getting people to really, truly believe that domestic violence is a serious issue for anybody other than a) the woman and b) people that are working* [with the women]. (October 2004).

In this account, unlike in Cumbria, there was no reference to there being a context of good partnership working in general and particularly in relation to domestic violence. The DVC/manager felt that partnership working was problematic because other issues got prioritised over domestic violence. There was also a suggestion in this account that the impetus for partnership working in relation to domestic violence had to come from specialist domestic violence workers.

The first wave of interviews with senior management and frontline practitioners in Gateshead confirmed that there was a history of less than positive MA working relationships between Safer Families and key partner agencies. This was important because the new service was being located within Safer Families, hence existing MA working relationships were discussed in terms of the existing relationships. Difficulties centred primarily on conflicting agency approaches to domestic violence and the individual style of key individuals and can be seen to illustrate more broadly core concerns of power – about which agency's approach to, and perspective on, domestic violence should take precedence – and communication about different agencies' perspectives on, obligations in respect of and approaches to domestic violence.[125]   These issues were particularly salient in, but not exclusive to, children's services at the level of senior management:

I think it's important on an inter-agency basis that we manage the professional tensions carefully, that can sometimes develop, particularly . . . between the interface, between child protection work and domestic violence. I think it's about having a sense of honesty sometimes about issues of managing professional difference. (Senior manager A, March 2005).

A lot of people have been saying to me, and I know an organisational culture comes from the [children's service] managers and leaders, [that] *the new workers* [in Safer Families] *will be inculcated in the* [Safer Families approach] *… and is that going to lead to good working or just additional clashes of views, which I think it is. Because at times* [it has been] *really very personal in some of the criticisms of the staff, which obviously doesn't go down well.* (Senior Manager B, May 2005).

In the first two rounds of interviews with frontline practitioners in children's services similar views were expressed both about the potential for MA working and about the particular

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[125] This debate is picked up again in the next section on page 95 as these issues have broader relevance in terms of agency approaches to addressing domestic violence

issues arising from the approach to domestic violence of Safer Families which were centred on fundamental disagreements about how to address domestic violence:

I'm not saying everybody hasn't got their own mind down there . . . I'm sure they're all individuals but just the few that I've worked with up until now, they're a united force and they're a strong force and I worry what we're going to get. (Social worker, September 2005).

The Safer Families' approach to domestic violence was perceived as deeply problematic in other partner agencies as well. Examples were sometimes given of very good experiences of MA working with individual workers from Safer Families, but more generally the new service was being launched in a context of strained MA working relationships.

4.3.2 Strong Domestic Violence Infrastructure[126]

The original bid submitted to the NRF by Cumbria was the result of the work of the Strategic Management Board (SMB). The SMB had a strong and consistent Chair who had been in that role prior to the developing of the bid. The DVPM who was instrumental in pulling together the bid had also been a strong and consistent champion of domestic violence work across the county and in place since before the bid had been developed. The bid was developed strategically in three key ways. The first was by using national targets to develop the commitments of partner agencies and promote shared ownership of the Project. The second was by making clear that the Project was a pilot for the county and as such its success would bring benefits across the county. The third was to identify ways of sharing the benefits of the grant by, for example, having the intention of contracting out the perpetrator work to an existing agency within Cumbria. Another very important outcome of having a strong domestic violence infrastructure was that accountability was embedded within the strategic and operational structures of the Project, which meant that, when challenges arose, these were responded to by the senior management of the Project, often represented by the Chair and the DVPM.

In Gateshead, the DVF, which became the Domestic Violence Partnership in 2007, lost its Chair soon after the bid was submitted. The Chair who took over was then on long-term leave during 2004–5. The part-time DVC became the manager of the new service and the post of DVC was vacant twice during the period being evaluated. This lack of continuity weakened the domestic violence partnership (DVP) and any sense of shared ownership of the Project by the partner agencies, which in turn meant that structures of accountability at strategic and operational levels were not as strong as in Cumbria.

4.3.3 Processes for Development of the Bid

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[126] In the domestic violence field, a key function of DVF is to facilitate communication between agencies in relation to strategy, policy and promoting/coordinating each agency to enact their own best practice: Hague, G. and Malos, E. (1998) 'Inter-agency Approaches to Domestic Violence and the Role of Social Services' in *British Journal of Social Work*. Vol. 28: 369–386; Moelwyn-Hughes, A. (1999) 'Sharing the responsibility: reaching joint agreements on domestic violence policy' in Harwin, N. and Malos, E. (Eds) *Multi-Agency Approach to Domestic Violence: New Opportunities, Old Challenges?* London: Whiting and Birch Ltd.

As explained above, the Cumbria Project was driven by the strategic agenda of the SMB as a pilot Project which was to provide the required evidence for a roll-out of similar services across the county. Members of the SMB represented, in the main, 'senior enough' management from partner agencies which resulted in:

- shared ownership of the Project by senior management from partner agencies at the SMB;

- strong buy-in from senior management to the Project, particularly by the police as a key referring agency;

- development of SMB membership as domestic violence champions willing to promote the work of the board at other venues/meetings etc.;

- smart use of nationally set targets as part of the strategic approach to getting buy-in from key partner agencies, which included an open discussion between partners at strategic level about the shared impact of the targets and the shared benefits to all in achieving those targets.

Health was represented at the SMB but not at a 'senior enough' level to be able to make decisions on behalf of their agency. This may explain why the Project was less successful in drawing in health agencies to the work of the Project in the early years.

In Gateshead the bid was driven by a small group of partners from the DVF and was predicated upon the existing holistic model at Safer Families. What became clear in the very early stages of setting up the Project was that this created problems:

- There was little shared ownership of the Project by senior enough management in partnership agencies.

- Resentment by a key potential partner agency which felt 'left out' of the development of the bid, created difficulties for working relationships between key agencies, particularly in relation to the referral protocol of the police as the sole referral of victim/survivors to Safer Families.

- Some commitments signed up to by senior management in partner agencies were not honoured once the bid was successful, partly because of the process by which they had become commitments. Once the bid was successful, they were perceived as undeliverable. One important commitment in this regard was that of children's services to second a worker to Safer Families to work with children. This was not delivered because of lack of resources.

- Senior management of partner agencies were not as engaged with the Project. Although both Projects' bids relied on existing nationally set targets for partner agencies to unite the partnership towards achieving those targets, in the Gateshead Project each agency's targets were initially perceived as their own and the achievement of those targets were not sufficiently understood as providing benefits to all the partner agencies.

- An exception to this was the commitment of the police, particularly in the PPU (see section 5 for further discussion of this).

4.3.4 Processes for Management and Accountability of the Project

NRF funding requirements resulted in two housing associations becoming the lead agency of each Project: Aquila Way in Gateshead and Impact Housing in Cumbria. In Letgo, because of the robust domestic violence infrastructure, a strong management relationship developed between Letgo and Impact Housing as the non-statutory lead agency; and between Impact Housing and the SMB, which included a steering group set up as a sub-group of the SMB to consider operational issues for Letgo, both internally and with partner agencies. Very early, when the Project went live, and Impact Housing faced some financial difficulties, (unfounded) concerns were raised about whether the NRF funding might be used for re-deployment within Impact. However, these concerns were quickly addressed, illustrating the way in which communication occurred within the Project through the development of strong lines of accountability and management.

In Gateshead, the original Safer Families service was part of Gateshead Council. Staff from Safer Families were seconded to and managed by Aquila Way when the latter became the lead financial agency. In addition, a management group, initially called the Domestic Abuse Rapid Response Service (DARRS) and later to become the Crisis Intervention Operational Group (CIOG), was set up with senior members of partner agencies to consider operational issues within Safer Families and across partner agencies. There developed increasingly difficult working relationships within Safer Families, between Safer Families and Aquila Way and between Aquila Way and Gateshead Council. During the summer of 2007, there occurred three interconnecting consequences of these difficulties: Co-ordinated Action Against Domestic Abuse (CAADA) were invited to undertake a review of the service which resulted in a change in the focus of the service and a reduction in the staff team;[127] internal problems within the Safer Families staff team came to a head which resulted in a change of management; and Aquila Way handed back management of Safer Families to Gateshead MBC. In large part these challenges arose because there were not clearly understood and recognised lines of management and accountability between these partner agencies.

Another aspect of management refers to the recruitment of new staff. In exit interviews with senior management in key partner agencies in the Gateshead Project, it was identified that a lead-in period allowing the recruitment of a large new staff team to proceed incrementally would have been useful. It was felt that the employment of such a large group of staff at one time in the initial stages of setting up such a service made it difficult to develop protocols both between partner agencies and within the service.

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[127] See Appendix 4A for the Executive Summary that resulted from the CAADA review of service.

4.3.5 Processes for Monitoring the Project

Data collection is essential for any service to provide evidence that its aims and objectives are being met[128] as well as to identify gaps in provision. A lot of attention was paid to the installation of databases into both of the new services. Safer Families had arranged with Gateshead Council to have their existing database upgraded but this took much longer than expected to come on stream. The staff team got out of the habit of using it other than to store case notes in the free text fields. Letgo purchased a nationally available system and dedicated part of the administrator's time to keeping the monitoring fields up to date.

There was less attention to monitoring systems in partner agencies to the Project, even though all of the partner agencies had committed to providing monitoring data to support the evaluation. Towards the end of 2006, the CIOG in Gateshead had begun to address this issue with specific requests to partner agencies to provide relevant domestic violence data and/or to champion the development of appropriate data systems within their agency. In addition a working group was set up, chaired by the DVC, to address data collection. However, once the CIOG was dissolved, this work also stopped, and, for this reason, some senior partners saw the dissolution of the CIOG as a less positive aspect of the review of the service that took place in 2007.

> *We haven't had any stats from* [Safer Families] *for a long time and that's something we've been pushing for, because when we had CIOG, we were all getting stats. . . . and one of the big negatives, I think, that came from the CAADA report is that they scrapped CEOG and I felt that, much as it was like pulling teeth, and much as it could have been so much better, at least we were all sitting down each month and saying, 'So what are you doing? We're doing this, are we working with the same people? Well, we're not, and why has that not happened?' We were working at it together and do you know, that's what should have continued and since CIOG, we've not had any stats. It seems mad because they were collating them, so why didn't they continue collating them?* (Senior management Aquila Way, November 2008).

In the Cumbria Project, data collection from partner agencies was not systematically addressed. Existing evidence shows that the vast majority of domestic violence goes unreported, and of that which is reported only a tiny percentage enters the criminal justice system.[129] However, it was the criminal justice system agencies that were most able and willing to monitor domestic violence and provide data. Most non-CJS partner agencies were unable to provide usable data for the evaluation.[130] This meant that it was not possible to

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[128] Beringer, A., Fletcher, M., Taket, A. (2006) 'Rules and resources: a structuration approach to understanding the coordination of children's inpatient health care' in *Journal of Advanced Nursing*. Vol. 56(3) 325–335; Shepard, M., Falk, D., Elliott, B. (2002) 'Enhancing coordinated community reponses to reduce recidivism in cases of domestic violence' in *Journal of Interpersonal Violence*. Vol. 17 (5): 551–569.

[129] See Walby and Allen (2004) for discussion of British Crime Survey results on unreported incidence of domestic violence.

[130] Notable exceptions were voluntary sector agencies in Gateshead: Stonham Housing, Witness Service and Victim Support.

track cases and monitor MA working at the level of service delivery other than from the databases of Safer Families and Letgo.[131]

4.3.6 Size and Scope of the Projects

The Cumbria Project was a relatively small-scale pilot. The geographical remit was known to have a relatively small number of reported domestic violence incidents (relative to the Gateshead Project); and the potential number of practitioners to be informed about the new Project was small, thus increasing the chances of developing good MA working relationships and communication both between the new service and partner agencies, but also within the partner agencies (see below).

The Gateshead Project was a large-scale one covering a large, mainly urban area with a high level of reported domestic violence incidents (relative to the Cumbria Project). This meant that the capacity of Safer Families was always recognised to be an issue, particularly by the police, and it also meant that communication within and between agencies about the Project was a particular challenge which was not fully planned for (see below).

In the final interviews with senior management from key partner agencies in Gateshead, the following key learning points were identified as a result of their experiences in the first years of the Project. These reflected the particular issues arising from the relative size of the Project:

- the need for a development period before such a substantial grant is applied for and/or paid to develop MA working relationships, protocols, service level agreements, information-sharing protocols;

- clearer understanding of the management and accountability structures in a secondment arrangement of this kind.

Issues of communication, power and resources permeated these developmental factors. Establishing structures of management, accountability, governance and partnership working relied on good communication and shared ownership of the Projects. The size and scope of each Project had a substantial impact on each Project's ability to establish these structures. In addition addressing issues related to resources, particularly recruitment and monitoring systems were, also, part-related to communication and issues of accountability. The Cumbria Project was able to enter the operational phase with most of the developmental factors in place, which meant that when operational factors arose they could be addressed more effectively.

4.4 Part Three: Operational factors

Operational factors, as understood through the core concerns of communication, power and resources, were explored to illustrate how MA working developed in each Project once they had gone live. The fact that the Cumbria Project had more effectively engaged with the

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[131] See Section 2.

contextual factors meant that they faced fewer problematic operational factors and, when these did arise, were able to address them more successfully.

4.4.1 Communication

Within the Gateshead Project, communication emerged as an issue both between and within partner agencies. For example, many frontline agency staff were not aware of the new crisis service's remit or referral criteria. First and second round interviews with frontline agency staff, especially in children's services and health, indicated that they were not aware of the new service within Safer Families, for example:

> *No, not really. We were aware that there were changes afoot and there were more staff, probably as basic as that, that there were more staff who'd got funding, to have more staff to widen the Project but anything more than that – I think they were planning to come out to team meetings to talk about it to everybody but they haven't got to our team meeting yet so I'm not really aware of any more than that.* (Social worker, August 2005).

Many frontline staff in Gateshead were also not aware that their own agency was a partner to the Project, for example, social workers and police officers. Police officers were very reluctant to take part in interviews in the first year of the evaluation, which gave some indication that frontline police officers did not feel part of the Project. One officer who did take part declined to have her interview recorded as she felt that this would make her too vulnerable, but she made it clear that she was not aware of the police being part of the Project and explained that her referrals to the new service would be based on her own discretion. This was in contradiction to the intended role of the police as sole referrer of all consenting high-priority domestic violence victim/survivors to Safer Families.

Housing also provided another example of the relatively weak communication that existed in Gateshead. One of the areas in which this manifested itself, at an operational level, was in information-sharing:

> *We do actually have a lack of communication with* [Safer Families]. *What we're trying to do is try and get a meeting to discuss all of this, . . . they've been there a long time and they know everything, they know it all, and they often refer women to us, but they won't give us enough information that we need about them. And yet, we find we can communicate with them and tell them about things, but they don't always communicate in the same way to us.* (Domestic Violence housing support worker, November 2005).

It was not just Safer Families that were perceived not to share information with this housing agency. This respondent felt that some social workers also did not share information with them for the same reason: that housing was not seen as important enough to have access to this information:

> *It does depend on different people and some are very good and they will tell you the background and everything. But others are like 'They're only housing. Why do they need*

to know?' I don't think they realise exactly what our roles are. (Domestic Violence housing support worker, December 2005).

Again, reference was made to individual cases in which communication was good, but the general impression was of lack of formal protocols for information-sharing between partner agencies, and the sense that a reason for this was the existence of a hierarchy of agencies needing to have information shared with them. This worker's team leader decided to ask for a meeting with Safer Families in order to address communication and information-sharing and encourage them to see the importance of housing for domestic violence work. This meeting happened three weeks before the next interview with this housing support worker, eighteen months later in July 2007. The housing worker felt that some of the issues had been raised but that it was too early to say whether the concerns of the housing team had been addressed in practice, although more referrals to them had started to come through. However, this worker did not feel confident that Safer Families was able to respond appropriately to concerns because of the approach of Safer Families to domestic violence:

I think maybe, sometimes, they need to listen more to the women, rather than taking over. They sometimes seem to take over and make the decisions for them, from what we've heard. I think maybe some views of the manager there are very different to how we view things. . . . I think quite a few people clash with the manager there. I don't think anybody says anything, I don't know. (Domestic Violence housing support worker, July 2007).

In contrast, in the rural area, the domestic violence housing support worker had only recently come into post, as had the safe-housing service and Letgo. This had resulted in teething problems in working out what each other's roles and responsibilities were and how they could develop working relationships:

Even though we share the clients I don't talk about specifically what's going on for them or talk about the issues that they discuss with me at all. And they [the Project] *don't with me. . . . What tends to happen is something will arise and then we will get together as a team with the client and say 'well I'll do this', 'you do this'. . . . So in some ways it feels like we're quite separate and we'll have a meeting around once every two months, it's quite new . . . and what we've decided is that* [Letgo Manager] *should be involved in that as well* (Domestic Violence housing support worker,, April 2006).

What is interesting here is the housing agency's willingness to establish very quickly, regular, meetings to which they invited the Letgo manager. This way of reaching out was consistent with the experience this worker had with other agencies: that partner agencies were proactive in making contact with and establishing ways of working together. In the Gateshead Project the responsibility for doing this was assumed to be the staff at Safer Families. The proactive approach within partner agencies in the Cumbria Project facilitated good communication and also acted to resist any hierarchy of information-sharing from developing, because spaces were created in which all relevant agencies were included in discussions of victim/survivors when appropriate. This shared ownership of the work and shared responsibility for MA working was reflected in the housing worker's comments:

But the agencies have been very, very good. They're usually very good at getting together, arranging the meetings, you know. It's sort of understanding what each other's roles are so it has worked very, very well. . . For instance with Letgo . . . we realised we really need a regular sort of briefing . . . and so that's something, you know, we'll organise this, we'll do it on a bi-monthly basis, we'll have it here . . . so it's just like evolving but − people are very flexible and willing to be involved. . . . People are very supportive . . . no one's been obstructive; the police have been very good . . . at really pushing Letgo. (Domestic Violence housing support worker, April 2006).

Comparing the experience of housing in each Project highlights the different experiences surrounding information-sharing and perceptions of where responsibility lay in addressing initial teething problems and developing MA working at an operational level. In the rural housing worker's account, it was clear that there existed a culture of MA working that permeated their work and the housing agency took the initiative in inviting the Letgo manager to regular meetings with them. Although there was an acknowledgement that working relationships, boundaries, roles and responsibilities − all aspects of communication − were still being worked out, this was spoken about positively, emphasising a willingness to make MA relationships work and an understanding of the importance of doing so.

In the Gateshead Project, there was a more fundamental lack of communication about the precise remit of Safer Families. Originally, Safer Families provided a holistic service that was centred on its violence prevention programme. They provided a service to *families* to promote perpetrator accountability and the safety of victim/survivors and their children. Non-crisis referrals, as these became known, to distinguish them from crisis referrals that the new service was to respond to, were accepted from any agency and, often, from victim/survivors themselves. These referrals were expected to be of the family, rather than only the victim/survivors. In the new Project, crisis referrals were to be accepted from the police as the sole referring agency but adopting the same model: providing a holistic service to the *family*. It had been intended that the police and/or the men's service would engage perpetrators into the voluntary perpetrator programme (VPP) and that, where appropriate, victim/survivors and their children would be offered on-going support while the perpetrator completed the programme. When it became clear that the perpetrator work was not going to develop as intended,[132] the crisis service was focused on work with victim/survivors and their children.

In the Gateshead Project very few of the frontline staff and senior management staff in partner agencies properly understood either the holistic model or the referral criteria and protocols. It was this misunderstanding that was at the core of the difficulties experienced, because the holistic model for working came to be understood as an ideological position of Safer Families, and one which was at odds with the professional frameworks within which partner agencies worked. As time went on, the Safer Families team felt increasingly isolated − not helped by their physical location − and, to a certain extent, embattled. By the end of the second year of the Project, it became increasingly the case that the Safer Families staff team felt they were *the sole* practitioners addressing and being responsible for the Project rather than being members of a partnership working together for the aims of the Project:

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[132] See Section 5 for discussion about this.

[The manager is] *just a reporting person to them now, not a partner within it, whereas before, I think I saw us as, you know, we had status within that I suppose. . . . the feedback that comes back from the management committee,* [is] *'well,* you [i.e. Safer Families] *need to do something about that.* You *need to change.* You *need to do this, you need to do that.* (Safer Families women's service, March 2006: her emphasis).

This perception of having to carry the Project held by staff at Safer Families was in part due to the perception by many frontline agency staff about the role of Safer Families. Since Safer Families had been injected with an enormous sum of money to expand its services there was an assumption made that they had become *the* domestic violence service within Gateshead to whom all referrals should be made regardless of the original aims of the Project as one that would focus on crisis referrals, and regardless of any expectation there might be about the support the referring agency might be able to provide themselves to the victim/survivor and/or their children.

The Safer Families' staff team was, at first, united in identifying their challenges as originating externally, from partner agencies. However, internal tensions also grew both within the staff team, between Safer Families and Aquila Way and between Aquila Way and Gateshead Council, as described above. In reflecting on learning points in their final interviews, senior management in Gateshead identified that early clarity about secondment arrangements and structures of accountability across partner agencies could have resulted in these issues better addressed.

4.4.2 Power

While issues of power permeate the discussion about communication above (issues of management and partnership accountability and governance, the hierarchy of information-sharing between agencies), there were three other, more explicit ways in which power became an issue that were experienced by both Letgo and Safer Families. The first was associated the credibility of practitioners in the new services. In the field of domestic violence, outside of refuges, there has been no single profession that provided specialist services to victim/survivors, their children or perpetrators. Specialist domestic violence workers have come from diverse professional backgrounds, including the police, probation, social work, housing, health professionals, therapeutic professionals and so on. This, along with the fact that there is no consensus about a single model for responding to domestic violence, may provide an explanation for the issues of credibility experienced by both Projects.

Perpetrator workers at Gateshead were originally going to provide risk assessments of perpetrators to be used in decisions about bail. However, this aspect of their work was stopped when court officers/probation workers questioned the professional standing of the perpetrator workers.[133]

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[133] See Section 5.

In the rural area, Letgo were prevented from attending MAPPA because the lead probation officer questioned their professional experience and practice. In explaining why this was the case, the probation officer revealed his (incorrect) perception of the Letgo manager and frontline practitioners as not credible professionals:

The Probation service and the police were involved when this [MAPPA] *meeting was called and I think Letgo asked if they could come to that meeting, and that was declined because there was no formal agreement signed up for them to agree to the confidential holding of information. And what we were very concerned about was, if they learned about the risks that he posed, they would . . . go straight to the victim and tell her everything that had gone on at the meeting . . . I think they're still, . . . bit inexperienced is probably a better word for it.* (Probation, May 2007)*.*

This became an ongoing issue that had still not been resolved by the time of the final interview with the Letgo manager in February 2008,[134] although the manager had felt hopeful that it would be:

[A]s *far as I can make out, every domestic violence advocacy service that I've spoken to, right throughout the country, they attend MAPPA. All it needs is a phone call, they can ring me direct, I can check whether the person's known, obviously we don't need to turn up if the person's not known and I can go along and share what we've got. . . . I mean, we'll get there . . . and there's changes in Probation here over the last few weeks, so I think that'll help.*

The second issue relating to power was the challenges both Projects faced involving senior enough management from partner agencies with the Projects. Particular difficulties were experienced with children's services and health.[135]

In Gateshead one explanation given for this was that the lead agency, because they were a voluntary sector agency, was not perceived to have enough authority (power) to warrant engagement from senior enough management in partner agencies, but particularly from health and children's services:

I think what it also highlights, I don't know whether it's learning or it just leaves the question, is about the role of the voluntary sector and even giving a voluntary sector agency lots of money doesn't necessarily give the voluntary sector agency lots of power

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[134] Feedback from Letgo in November 2009 suggests that, since then, Letgo had been invited to attend 'a couple' of MAPPAs in relation to victim/survivors known to Letgo.

[135] Power differentials, often between participating statutory and voluntary agencies on MA forums, have been identified elsewhere as a potential barrier to MA working. Partnership implies equality between agencies and/or individuals within agencies. This is not the always the case, and lead agencies, usually statutory agencies, often shape the agendas of DV forums: Kelly, L. (1999) 'What happened to the 'F' and 'P' words? Feminist reflections on inter-agency forums and the concept of partnership' in Harwin, N. and Malos, E. (Eds) *Multi-Agency Approach to Domestic Violence: New Opportunities, Old Challenges?* London: Whiting and Birch Ltd; Hague, G. and Malos, E. (1998) 'Inter-agency Approaches to Domestic Violence and the Role of Social Services' in *British Journal of Social Work*. Vol. 28: 369–386; Hester, M., Pearson, C. and Harwin, N. with Abrahams, H. (2007 2nd edition) *Making an Impact – Children and Domestic Violence: A Reader.* London: Jessica Kingsley Publishers.

or authority. Obviously, in the first three years of the Project, [we were] *more or less solely funded through Northern Rock* [Foundation] *. . . and yet, even with that, it didn't feel like we ever had the authority to manage or to run the service or sometimes, talking to partners. Aquila chaired the CEOG,* [but] *it didn't feel like we had the authority within that group.* (Senior manager, Aquila Way, November 2008).

There were examples of positive MA working relationships in the Gateshead Project. Practitioners' meetings were initiated though not sustained, there were many examples of joint training, the children's workers were involved in a school-based prevention project that was highly spoken of across the partnership, and there was a lot of praise for the individual work done by individual workers in individual cases. This was the case across frontline practitioners in the partner agencies, including Safer Families:

Individuals within each agency are fantastic. Communication between individual coalface workers, frontline staff work, either work or they really don't work, you know, you get one or the other. It seems to be at [partnership] *level that there's stuff going on, and it might be an impression, it might just be that impression, but it seems to be at that kind of level that there's no will to find a way of resolving things. The will's not there, the communication's not happening, there's no will.* (IDVA, Safer Families, March 2006).

What was not evident was any strategic approach to the development of these initiatives and embedding them in protocols that established strategic and operational working relationships. They fell to individuals and/or Safer Families to make them happen rather than being owned, planned by and formally embedded within the Project. Changes in this regard occurred in the summer of 2007 as one response to the concerns from Safer Families about capacity. The decision was taken by Aquila Way and Gateshead Council to remove all responsibilities for development, training and awareness-raising about domestic violence within Gateshead from Safer Families and give it to the newly appointed DVC[136] as part of that role's remit.

What did have a positive impact on MA working in Gateshead was the introduction of the MARAC in autumn 2006. This was universally identified by senior management in partner agencies as the cause of a sea change in attitudes to MA working in relation to domestic violence: prompting more engagement from partner agencies with the process and training and coming to a consensus about the RA tool. For example, a senior manager from within children's services explained:

I think the catalyst really was the setting up of the MARAC meeting; that really just seemed to make sense . . . I think we'd really been floundering for quite some time to try and make sense of all of this. We've got all of this information, we know this is happening, what framework can we realistically use to help us make sense and intervene appropriately in the lives of children and victims and perpetrators? And that really seemed to be the framework that provided that for us. . . . I think what helped is, because they got copies of the procedures and they're the best procedures that I've ever come

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[136] There was another change in DVC in summer 2009.

across, it's a really simple, straightforward, easy to read and makes sense, there's nothing complicated about them. (February 2007).

In Cumbria, beginning in late 2007, a different strategy was developed to engage both health and children's services. This was spearheaded by the SMB. A joint conference was organised with primary health in March 2008. With children's services, the approach was at several levels. The chair of the SMB explained:

we decided that we had to make the advances, you know, . . . we had to model the approach we wanted, and I also chair the Communications sub-group of the [Local Safeguarding] *Executive Board, so it's about using that position of influence to negotiate how we can work together more closely, and, in a sense, the two things that we did are (1) set our stall out to point out the risks that the Safeguarding Board are managing in terms of children and domestic violence, and (2) we said that we can do better if we do it together, as two boards.*

The result of this was that the DVPM, who became a member of the Performance sub-group of the Local Safeguarding Children Board (LSCB), wrote a domestic violence protocol for Safeguarding procedures. In addition, a joint conference with children's services was held in April 2008 focusing on domestic violence to launch the protocol. Finally, Letgo also provided several training sessions for social workers on domestic violence and children on resilience and provided input into Safeguarding training, both of which promoted joint working.

The third example of how issues of power emerged in both Projects concerned the work they had to do to allay fears among some voluntary sector agencies that the new Project was a threat to them. These agencies were not partner agencies to the original bid but were nonetheless key support agencies in both areas. There was a sense in which these agencies felt threatened by the new service because it was perceived either as 'taking over' their specialism or as a threat to their funding.

In Gateshead, this sense of resentment was exacerbated because the senior manager had felt excluded from the development of the original bid (as discussed above). Several ways were explored to address the concerns of this agency within the Gateshead Project. One was that the police remained committed to making referrals to them when they judged it appropriate, and the other was that this senior manager was invited to stand in as Chair of the DVP when the sitting chair was on leave. However, relations between this agency and Safer Families remained less than positive during the early years of the Project.

In Cumbria, a couple of voluntary agencies voiced concerns about the survival of their own services. The following excerpt comes from an interview with a senior manager of Victim Support in Cumbria:

can [Letgo] *hold everybody all the time? . . . or do they need the extra support. . . . There is this organisation* [i.e. Victim Support] *that does national training, . . . it's not some little cooked up thing that we've made up, and these volunteers have been trained to do this. So there is that role and we have people who are specialist in sexual violence as well. . . . And I suppose it's about getting to know where we fit. I think* [the manager] *has*

done a brilliant job in setting it up and her advisors are really nice people. It's about learning that they aren't the only people, and I'm sure they don't think that, but I think for some people who are on the edges, some of the smaller groups of people who I meet in Carlisle, sometimes feel that that's how they're viewed, you know, that [Letgo are] the people who have all the knowledge and experience and yet, there's been things going on in the city for a long time with lots of agencies, not just ours, but this is what I hear, you see. (December 2006)

These concerns were addressed by communicating the belief that these voluntary agencies were equal partners and allies in addressing domestic and sexual violence. This manager, for example, was invited onto the newly set up Domestic Violence Task Group and the Steering Group for the MARACs. Other concerns, raised by voluntary agencies like the Rape Crisis Centre (RCC), that their expertise was not being recognised were also responded to by the SMB. Strategies for inclusion were developed: for example, supporting a successful bid to NRF for funding for the RCC; and, from proposals discussed most recently (in the evaluation period), expanding the remit of the SMB to include sexual violence and hate crime. The chair of the SMB explained:

We're going to move into an Interpersonal Violence Board, so that we start to bring in all stuff around sexual assault and that kind of thing, so I think that we'll, hopefully, start to get more kind of purposeful, meaningful links with agencies like Rape Crisis and become less of a threat really, 'cos I don't think they've got any sort of umbrella organisation in Cumbria; we're probably the nearest it gets . . . But we would seek to bring them in. So that's how it's moving on in a way, which I think, will help them feel included. (January 2008).

Issues of power were present in both Projects between partner and support agencies, but the Cumbria Project was able to address these more readily and successfully because of the existing domestic violence infrastructure, which had established strategies for ensuring accountability and shared ownership of the Project, such that challenges that arose were dealt with, or led on, by the SMB rather than only Letgo.

4.4.3 Resources

Both Projects were extremely well resourced by NRF in terms of finances, yet they experienced difficulties in relation to other kinds of resources, which included personnel and recruitment in both areas and accommodation in Safer Families.

Recruiting the 'right' professionals has been identified as crucial in promoting MA working and there is some evidence that there are a growing number of new 'hybrid' professionals who have increasing experience of MA working, who therefore expect and are committed to it.[137] The relative impact of senior staff in partner agencies has already been discussed and illustrated how important they can be in setting a tone for MA working. In the final

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[137] See Salmon, G. (2004) 'Multi-agency collaboration: the challenges for CAMHS' in *Child Adolescent Mental Health*. Vol. 9 (4): 156–161.

interviews with senior management in the Gateshead Project, it was identified that Safer Families should, with hindsight, have had stronger management and leadership.

Both Projects also faced challenges securing the commitment from children's services of a dedicated social worker for work with children, although Letgo resolved this relatively early on. Safer Families faced difficulties recruiting children's workers, which had an impact on the children's service they could offer.

Staff turnover and absences were also identified as a concern in both Projects. In Letgo, the problem was raised by Impact Housing human resources, because the Letgo service had the highest rates of staff absence of any Impact service. Feedback from Letgo indicated that their staffing problems were the result of an unhappy coincidence of two members of staff on long-term leave and that these were exceptional circumstances. External and management supervision arrangements were in place to support staff and senior management were actively exploring the underlying reasons, including whether this was coincidental. However, since both Projects experienced prolonged staff absences, the question is raised about whether the nature of the work and issues of capacity might bring particular stresses that require further investigation.

In Gateshead, the expansion of the staff team from 4 to 18 as a result of the NRF funding meant that the existing accommodation quickly became insufficient to meet the needs of Safer Families. Eventually accommodation was identified that met the wish list in all but one important way: it was located on an industrial estate with regular but infrequent public transport. This had two unintended consequences: the drop-in closed, partly because women were no longer able to access it; and the free legal advice session also ended as this was housed in the drop-in session. Subsequent to the CAADA review and the reduction in the staff team, together with the impact of tapered funding, new accommodation was sought to save money. The new premises, located on a housing estate on the outskirts of Gateshead, were moved into in April 2009.

4.5 Part Four: Summary Comparing Effectiveness of MA Working in both Projects

The lessons from both Projects provide an explanation of how the Cumbria Project was able to develop more effective MA working relationships than Gateshead and allow the identification of a model by which the readiness of new MA initiatives to go live can be ascertained. This model is based on an understanding that such initiatives are two-phased. In the development and lead-in phase developmental factors can be checked to determine their robustness to provide a foundation for the operational phase. In the operational phase, factors concerning issues of communication, power and resources may arise but can be addressed more effectively if the developmental factors have been adequately addressed. The significance of the developmental factors and the need for a developmental and lead-in phase in which they can be assessed cannot be underestimated. The analysis indicates that the rural, strategically planned Project developed in a context of a strong partnership ethos, at both strategic and operational levels, despite, or because of, the geographical spread, whereas the urban Project had less existing partnership resource to rely on as it was being launched.

The Cumbria Project had in place the majority of developmental factors so that, when the Project went live, fewer operational factors arose and most could be addressed. Contextual factors were:

- the strength of existing MA working
- strength of domestic violence infrastructure
- processes for development of new Project
- processes for management of the new initiative
- processes for monitoring the new initiative
- the size and scope of the new initiative.

The factor that both Projects were only able to partially address was processes for monitoring the new initiative across partner agencies and this continued into the operational phase.

Within the early operational phases, both Projects had difficulties with the core concerns of power and resources but the Cumbria Project was more able to respond to most of these challenges because the contextual factors were in place:

- *Power*: Both Projects faced challenges to their credibility. Nationally accredited training for IDVAs, which the staff of both new services undertook, may have positively impacted on this. Credibility is also increased by reputation and Letgo quickly built a very positive reputation within Cumbria as the result of the work of the manager and staff team.

  o The challenge of securing senior enough management representatives, particularly of health and children's services at the strategic boards was experienced by both Projects. Cumbria addressed this at SMB level. Aquila Way attempted to do this in Gateshead but felt their lack of success was the result of not having the weight and authority that a statutory agency had.

  o Both Projects also faced the challenge of being seen as a threat to other, voluntary sector, agencies. In Cumbria, the SMB led on a response to this with strategies of inclusivity. In Gateshead, a similar attempt was made, but the relationship between Safer Families and Victim Support, at senior management level, remained difficult.

  o Gateshead faced further challenges, which included achieving shared ownership of and structures of accountability for the Project in having clarity about the secondment arrangements and in having MA working relationships that were inclusive and non-hierarchical and recognised the specialist contribution of each agency.

- *Resources*: Both Projects also faced recruitment and staffing challenges. In final interviews with senior management in Gateshead, a development period in which to address strategic and operational agendas and a lead-in time to recruit such a large new team was identified as crucial for future such initiatives. It may also be worth monitoring the impact of working in domestic violence initiatives on staff members and teams.

- *Communication*: In addition, the Gateshead Project, particularly because of its size, faced challenges with communication between and within partner agencies, including communication about the aims and objectives of the Project and each agency's role within it, developing protocols and service-level agreements between partner agencies, and information-sharing protocols.

Section 5: Working with Perpetrators

5.1 Introduction

As part of their holistic approach to responding to domestic violence, both Projects intended to provide a service for perpetrators. In this section there is a discussion about each Project individually and the challenges they faced in development work with perpetrators and then an exploration of the factors that influenced both Projects' ability to provide work with perpetrators. Finally there is a summary of the section.

5.2 Part One: Working with Perpetrators: Gateshead

Since Safer Families already had a holistic service in place, their original intentions were threefold: to expand their capacity to provide voluntary perpetrator programmes, called Violence Prevention Programmes (VPP), and follow-up support (relapse prevention) groups for those who had completed the programmes; to provide risk assessments (RAs) on perpetrators to inform decisions about bail and increase the safety of victim/survivors; and to intervene early in the arrest of perpetrators to encourage their take up of the VPP. An original aim of the Gateshead Project was that perpetrator workers would have access to perpetrators in the cells when they were arrested. This would allow two possible outcomes: an immediate initial assessment of risk that could feed into decisions about bail; and encouragement of the perpetrator to opt in to the VPP.

In November 2006, a decision was made to stop the men's workers from conducting RAs and from making contact with perpetrators when they had been arrested. There were three interconnecting reasons given for this.

1. There was some anecdotal evidence that perpetrators and their defence lawyers were using the defendant's interest in attending the VPP as mitigation within the criminal justice system (CJS). The general consensus, therefore, was that no approaches should be made to perpetrators about the VPP until the case had been disposed:

   [T]*he ones who have taken it* [the VPP] *up, it's been used by the defence as sort of mitigation within the court, to say that this person is . . . doing something about their behaviour, and please be lenient with them. Really, we're looking at whether that is appropriate or whether that person should go through the criminal justice system and then look to address their offending after that.* (Senior officer in the Public Protection Unit [PPU], October 2006).

2. There was some evidence that magistrates had questioned the credibility of the perpetrator workers' RAs of perpetrators:

   [T]*he procedure was originally, that once someone who had been arrested was interviewed by a member of the organisation, they would prepare the report encompassing the risk assessment, and the original agreement was that that report*

would be handed in to the magistrates. The magistrates have now refused to accept those reports and the system that has been adopted now is that the report is handed to the prosecutor who can then use what he regards as being relevant and pertinent from the report, to supply to the magistrates. I think the magistrates . . . weren't sure as to the qualifications of the people who were actually preparing the reports and they weren't happy with the reports going in, in the same way as Probation reports would go in. (Senior manager, CPS, October 2005).

This change in focus also changed the location of the work with men from 'crisis' to 'non-crisis work' and attempts were then made to encourage other partner agencies to refer men to the VPP.

3. Senior police officers were not generally supportive of what they saw as a 'soft' option, or, conversely, an option that was considered too difficult for perpetrators to sustain. The VPP was considered as of secondary importance next to approaching domestic violence as a crime and proceeding through the CJS. The following interview extract gives an indication of the perceptions of some senior police officers to the VPP:

The last discussion I had . . . which was enlightening to say the least, was with [two very senior police officers] *. . .* [who] *said, 'To be honest, we just want to arrest them and get them charged and banged up.' And I said, 'Great, so do we. I haven't got a problem with you arresting and charging but you ain't doing it, and the truth is, if you're doing it poorly, then . . . later, you're going to be doing the same to the same guy, whereas if you referred them to us, and we got them on to a perpetrator programme, we can begin to address behaviour.' He said, 'Really we're not into those fluffy events.' I said, 'Excuse me?' And* [he] *said, 'Look, to be honest, our officers really don't think much of this hand-holding business and being nice to offenders.' And I said, 'With great respect, if you observed the perpetrator programme, you'd find that the staff are harder on perpetrators than your officers appear to be.'* (Senior manager, Aquila Way, November 2006).

A senior officer from the PPU was also keen to promote criminalisation of perpetrators as the first response. His reluctance about the VPP was couched in terms, not of its being a soft option, but of being a difficult option because '*you'll not get that engagement for your lengthy periods like six months etc.*' (Senior officer, PPU, May 2007).

The commitment to prioritise criminalising perpetrators was supported by a change in emphasis of the PPU from a focus on victim/survivors and their welfare to a focus on perpetrators and the investigation of crime. Meeting with resistance to this change resulted in a change of personnel within the PPU and, in autumn of 2006, four (which became eventually six) new officers whose remit was the investigation of crime in domestic violence cases were recruited:

Well, we wanted to bring more offenders to justice basically. We recognised that people who were being arrested for domestic violence and the percentage levels were – it's a national thing as well, not just in Gateshead, . . . – the levels of prosecutions were not as

good as they could have been and we saw some opportunities around that. (Senior police officer in Gateshead).

These factors resulted in lower than expected numbers of perpetrators being referred to Safer Families for assessment. Perpetrator referral rates were available for January–December 2007. The following gives some indication of the attrition rate for those perpetrators referred. [138]

- **59 initial referrals made between 15 Jan and 21 Dec 2007**
  - o All bar four (from May, June and July) were given assessment dates.
  - o Of these 4, 2 were considered inappropriate referrals, 1 was not contactable and 1 was a social work referral that was not followed through.
  - o These 4 represented 7% of the initial referrals.

- **55 of the referrals were allocated assessment dates – 93% of the initial referrals**
  - o Of these 55, 15 (27%) did not attend the assessment – reasons for non-attendance were given in 4 cases: 2 were involved in child protection (CP) issues, 1 disengaged and 1 was not sufficiently motivated.

- **40 (68% of the initial referrals) attended their first appointments**
  - o Of these 40, 17 (42.5%) did not complete the assessment process.

- **23 (39%) of the original referrals completed the assessment process**
  - o Of these 23, 7 (30%) were not accepted on the VPP for the following reasons:
  - o 2 disengaged
  - o 1 had drugs/mental health issues
  - o 1 had CP concerns
  - o 1 denied responsibility
  - o 1 was inappropriate – the issue was the relationship with their son
  - o 1 no domestic violence issues were identified.

- **16 (27%) of initial referrals accepted onto the VPP – two of whom did not actually start the VPP**[139]

The attrition rate compares well with other perpetrator programmes,[140] yet the numbers of those being referred, as well as the attrition rate, was disappointing for the Project which had anticipated larger numbers of referrals and participants in the group work as a result of the NRF funding. The senior men's worker at Safer Families commented on the disappointment he felt about the work with perpetrators:

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[138]The data only records the numbers referred through to the numbers accepted onto the programme – there is no further information concerning completion/non-completion of the VPP.

[139] The highest drop-out occurred between attendance at initial appointment and completion of assessment. There is no information concerning the reasons for this reduction in numbers.

[140] In their evaluation of the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP), Williamson and Hester (2009) found that 10% of those perpetrators who were referred to the STDAPP attended the core group work sessions: Williamson, E. and Hester, M. (2009) *Evaluation of the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP) 2006–2008: Final Report*, Bristol: University of Bristol.

The most difficult thing is getting referrals of men and that doesn't seem to have really changed hugely in the six years. There are more referrals now than when I started, but it hasn't been a proportionate change to the number of staff we have and to the number of women who are referred in. (April 2007).

Once the perpetrator work was renamed as non-crisis work and referrals were encouraged from all partner agencies, the men's workers spent some time attempting to encourage practitioners from other partner agencies to make referrals, but it was identified that successful referrals of men required a deeper level of engagement with them before they were referred so that they were motivated to engage. The senior men's worker explained

From my perspective, the engagement of perpetrators remains a huge problem. We've talked about how to try and address that and we're always trying to invite some other teams and promote that service and dispel myths and we've even talked about setting up a training programme, how to engage men, how to overcome barriers of engagement and things like that. (April 2007).

Different strategies were adopted, such as a men's worker making joint visits to perpetrators with social workers. These initiatives were understood to achieve two ends: providing the opportunity to speak to perpetrators and motivate them to refer to the voluntary perpetrator programme; and encouraging social workers to realise the importance of reinforcing the idea of consequences with perpetrators. While staff turnover and sickness also presented real issues of capacity for the perpetrator's work, a frustration existed that this aspect of the Project was not able to realise its potential.

By 2009, the Gateshead Project had shifted its focus to working only with victim/survivors at high and very high risk. This may also have had an impact on the numbers of perpetrators being referred to the VPP. Such perpetrators may be the hardest to motivate and engage into VPP and also the most likely to be processed within the CJS.

5.3 Part Two: Working with Perpetrators: Letgo

In Cumbria the original intention to buy in a voluntary perpetrator programme from another agency within the county was later changed and, subsequently, the Strategic Management Board (SMB) decided to put the contract for the provision of the voluntary perpetrator programme out to tender. An independent consultant secured the contract with the intention that the programme would start in September 2006. It was anticipated that referrals would be sent from Letgo to the independent consultant who would then assess them prior to their participation in the programme. It was also intended that Letgo IDVAs would provide support to the perpetrators' (ex-)partners and that there would be regular communication between the programme facilitator and Letgo about the perpetrators' attendance and about issues relating to risk for their (ex-)partners.

In practice, the referrals to the programme were much lower than expected. During the time the programme was run, there were 20 referrals, of whom 10 entered the programme

and 1 completed. Two of these were referrals from the Letgo area. The rest were mainly self-referrals from the Respect Helpline who lived outside the Letgo area. The lack of take up of the perpetrator programme can be explained by three factors:

1. The fact that the programme was delivered by an external agency impacted on the perception of the programme as being separate from the work of Letgo. For example, the Chair of the SMB when asked about the low referral rate to the programme said:

    Well, I suspect that what we need to do is think about how do we build that into the MARAC? It's got to be built in at a level where it's purposeful and it's mainstream, so I think one of the difficulties of the Letgo project is their work is specifically for victims. (Our emphasis, June 07).

    This perception of Letgo as a service 'specifically for victims' was pervasive throughout the Partner agencies' frontline staff and senior management.

2. There was a lack of awareness about the new perpetrator programme among both frontline staff and senior management of partner agencies. The exception to this was the police. Letgo produced flyers about the new service for perpetrators, but only the domestic violence officer (DVO) at the PPU spoke about distributing them. However, here the emphasis was on perpetrators self-referring:

    We give them the information then they make self-referrals, so we just provide leaflets. (DVO, October 2006*).*

    A senior police officer also explained how important the voluntary perpetrator programme was and how the police could have a role in encouraging men to opt in to it:

    It's too late by the time they've been to court, the damage has been done to the victim, the demands have been made on the criminal justice system and the expenditure's been encountered, and we're closing the door after the horse has bolted, whereas if, on that second occasion, you can say, 'Look, there's obviously a problem here. Would you do this on a voluntary basis?' 'Yes, I would.' 'Right OK, away you go.' (September 2007*).*

    The general lack of awareness about the voluntary perpetrator programme was exacerbated by the lack of focus in partner agencies on work with perpetrators. This was very similar to that in Gateshead and is discussed in more detail below.

3. There were also some concerns raised about whether the perpetrator programme needed to be adapted for perpetrators living in rural areas. Although similar concerns were raised in Gateshead about the time commitment required for perpetrator programmes, partner agencies in the Letgo area were also concerned that there were extra barriers for those living in rural areas in committing to perpetrator programmes: a combination of the time and the distance needed to travel to the programmes. The Senior Manager at Impact explained:

It's a good programme, it's also a long programme and my view personally, without any evidence to back this up, is that maybe that's more a sort of urban type programme and maybe we need to think about having a shorter, more intensive programme available for people. (June 2007).

A review of the perpetrator programme was undertaken in spring 2008, which resulted in the perpetrator programme being closed. Discussions took place with Cumbria Probation to provide a voluntary perpetrator programme, which ran during 2008/09 – it had seven participants and six completed the programme.

5.4 Part Three: Voluntary Perpetrator Programmes

5.4.1 The Context

In the UK the first perpetrator programmes were set up in 1989[141] and were mixed, including those perpetrators mandated by the courts and those who voluntarily opted into a programme.[142] By 2000, Respect was launched and has become the national practitioners' association that produces best practice/minimum standards, provides support to practitioners, lobbies government about best policy and practice and provides accreditation for programmes.[143] In the early 2000s, two programmes were accredited within Probation which initiated a separating of mandatory and voluntary programmes. Some have seen this as problematic because those men in voluntary programmes who are self-motivated to attend are believed to have a positive impact on the court-mandated attendees.[144]

Historically, perpetrator programmes have created tensions for feminists in the field of domestic violence. They are concerned that such programmes may divert resources away from women and children, incorrectly raise the expectations of women and children about the perpetrator's behaviour change and put them at more risk, and result in men exchanging their more 'obvious' violence for more subtle abuse. This has led to the broader question of how effective these programmes are.[145] On the other hand, the following factors suggest that there may be a role for voluntary perpetrator programmes: the recent emphasis on making perpetrators accountable, the relatively small numbers of perpetrators coming to the attention of CJS, the very high attrition rate of domestic violence in the CJS,[146] the reluctance of many women to criminalise their partners, and the fact that voluntary

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[141] http://www.respect.uk.net/pages/history.html.

[142] Rees, A. and Rivett, M. (2005) '"Let a hundred flowers bloom, let a hundred schools of thought contend": Towards a variety in programmes for perpetrators of domestic violence' in *Probation Journal*. Vol. 52(3): 277–288.

[143] http://www.respect.uk.net/pages/history.html.

[144] Rees, A. and Rivett, M. (2005) '"Let a hundred flowers bloom, let a hundred schools of thought contend": Towards a variety in programmes for perpetrators of domestic violence' in *Probation Journal*. Vol. 52(3): 277–288.

[145] Mullender, A. and Burton, S. (2000) *Reducing Domestic Violence . . . What Works?* Perpetrator Programmes, Briefing Note, Crime Reduction Research Series, Policing and Reducing Crime Unit, Home Office Research, Development and Statistics Directorate, London.

[146] See Section 3 in this report and Hester, M. (2005) 'Making it through the Criminal Justice System: Attrition and Domestic Violence' in *Social Policy and Society*. Vol. 5(1): 79–90.

perpetrator programmes may have a more positive impact if men are self-motivated – although the evidence for effectiveness is mixed to date.[147]

The Gateshead and Cumbria Projects required a more pro-active approach by practitioners to engage with perpetrators and motivate them to accept a referral or make a self-referral to a voluntary perpetrator programme than that described in recent research[148] exploring the help-seeking behaviours of perpetrators and responses to them by practitioners. However, both approaches required practitioners to have the skills to identify and name domestic violence, promote motivation in the perpetrator to change, signpost to appropriate services including voluntary programmes, and possibly challenge help-seeking men with regard to their 'poor me' attitude.[149]

5.4.2 Engaging Perpetrators to take part in Voluntary Perpetrator Programmes

Both Projects provided perpetrator programmes that relied on practitioners in partner agencies to undertake some initial work to engage and refer perpetrators to them for assessment of risk and suitability for the voluntary perpetrator programmes. However, most of the partner agencies in both Projects did not see working *with* perpetrators as part of their remit:

- All agencies within the CJS, police, CPS and probation understood their remit to be the criminal investigation of perpetrators and/or work with offenders.

  What I'm worried about with perpetrator programmes is that we downgrade offending. I'd like to think they'll be successful because the object of the exercise is to prevent other people suffering as the result of the perpetrator's behaviour and, if you can go some way towards doing that, then that's a very positive thing and, obviously, we would support that, but what I wouldn't like it to be seen as is an alternative for prosecution. (Gateshead, Senior Manager in CPS, December 2004).

- Victim Support, the Witness Service, refuges and domestic violence support workers within Housing saw their remit as supporting victim/survivors.

- Midwives saw their remit as supporting mothers and potential mothers.

- Health visitors and the majority of social workers saw their remit as supporting 'families', but in practice expected to work with mothers and their children.

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[147] Burton, S., Regan, L. and Kelly, L. (1998) *Supporting Women and Challenging Men: Lessons from the Domestic Violence Intervention Project*. Bristol: Policy Press.; Dobash, R., Dobash, R., Cavanagh, K. and Lewis, R. (1996) *Research Evaluation of Programmes for Violent Men*. Edinburgh: The Scottish Office Central Research Unit.; Gondolf, E. (2004) 'Evaluating Batterer Counseling Programs: A difficult task showing some effects and implications'. *Aggression and Violent Behavior*. Vol. 9, 605–631.; Mullender, A., and Burton, S. (2001) 'Dealing with Perpetrators' in J. Taylor-Browne (ed) *What Works in Reducing Domestic Violence? A comprehensive guide for professionals*. London: Whiting and Birch Ltd.

[148] Hester, M., Westmarland, N., Gangoli, G., Wilkinson, M., O'Kelly, C., Kent, A. and Diamond, A. (2006) *Domestic Violence Perpetrators: Identifying Needs to Inform Early Intervention*. For Northern Rock Foundation/Home Office, Bristol: University of Bristol..

[149] Ibid.

Staff within Safer Families understood that colleagues in partner agencies rarely worked with men generally, let alone when they were perpetrators of domestic violence. The following excerpts come from first, a children's worker, talking about children's services, and then, the manager, talking more broadly:

> *. . . it's very, very difficult and they do not work with men at all. They don't have any idea how to work with men.* (December 2005).

> *we also get information from the professionals, you know, 'have you spoken to him and have you spoken to him about his violence?' Most of them haven't. That's the other interesting thing. They will refer the woman to us but they haven't done anything more. Agencies don't.* (July 2006).

Other agencies genuinely did not consider that their remit included work with men. For example, here is a senior midwife giving an explanation of why they do not work with perpetrators:

> Senior midwife: *. . .* [We] *don't have anything really on perpetrators, whereas A&E will see the whole range of the population, when we obviously have the childbearing women. . . .* [We] *were asked, and it came from Safer Families . . . if* [we] *wanted training in victim or perpetrators. The one that worked for me was victims.*
> Interviewer: *Would you have a system to refer perpetrators anywhere?*
> Senior midwife: *No.*
> Interviewer: *Is that because you don't come across them or –*
> Senior midwife: *We don't refer them on. We will refer the family on to either Safer Families or through the child protection route, but not the individual.*

In this excerpt it can be seen that this senior midwife had a clear perception about who midwives work with, i.e. childbearing women and their families. Training for working with perpetrators was not seen as appropriate, whereas training for work with victim/survivors was. Referral of a perpetrator did not occur, rather a referral would be made of the *family.* In reality, this meant referring the women and their children to specialist agencies.

In Gateshead, a protocol for referrals from health visitors to Safer Families was held up when it became clear that Safer Families expected health visitors to engage with perpetrators and refer them, as well as the women, to Safer Families. A senior health visitor was very concerned that staff were being asked to engage with what she saw as dangerous men in people's houses and was very reluctant to agree to this protocol because of the risk she believed it posed to her staff (research notes, autumn 2007). Some social workers felt the brunt of the responsibility within the sector to work with perpetrators. Here is a senior social worker reflecting on the approach of health visitors:

> *What we find sometimes though, with the health visitors, if they know it's a domestic violence case, they won't go and visit. And that seems to be their policy, that if the man's not taken out, they just will not go into the house . . . And yet we think, well, we've got to bloody go in . . . it's left to us to do.* (December 2006).

Children's services was the agency most expected to engage with perpetrators, yet even within this agency there was ambivalence about their role in relation to the perpetrators. A senior manager from within Gateshead's children's services was clear that they did not work with perpetrators of domestic violence when she said '*In terms of addressing issues of domestic violence, no, not that I'm aware of*' (May 2005). Another senior manager in children's services was also interviewed about the agency's commitment to introduce RAs in all domestic abuse cases to inform child protection decisions. Her response was revealing in its focus on women as mothers, both as the assumed client and as the person responsible for their children's safety:

> *I think that* [the risk assessment protocol] *is really important around assessing risk, looking at family relationships, how mother protects the children, safer planning, safety plans, all of those things.* (July 2007).

A senior manager from within Cumbria children's services also indicated that little work was done with perpetrators or the victim/survivors and their children:

> *What we've found is, if a child goes home to see domestic violence, quite often the active registration and the involvement of social workers or police, in itself, can deter further instances, but it's a fingers-crossed approach. There isn't often enough planned intervention. It's very much a hold-your-breath question. If it doesn't happen within the registration period, we can say we've been successful and it gets de-registered. So there's actually not a lot of work goes on with either the child, to be honest, or with the parents, either the perpetrator or the victim.* (June 2005).

Yet, most of the referrals[150] to both programmes came from social workers from within children's services. The reason for this, as others have found,[151] is that a referral to a voluntary perpetrator programme was often seen as a tool by children's services for controlling perpetrators' access to children. Generally, engaging with the perpetrator was not seen as the primary focus of their work. The following excerpt from an interview with a social worker shows how the neutral language of parenting covers up the reality – that the focus of social workers was mothers:

> *But we're always trying to work with the parent, to empower the parent, and to allow <u>her</u> to be the expert in* her *own problems.* (our emphasis, June 2005).

The manager from Letgo was able to illustrate this emphasis with the fact that referrals from children's services had been of female perpetrators rather than male. She explained:

> *it's interesting, because as you talk, things become clearer, don't they? It's something that I'll need to talk to children's services about and just point out, 'Look, you know, you've had these* [female perpetrators]*, why are we not having the men coming forward?' And I think it's because children's services, the social workers, focus on women as carers, that's what they do.* (May 2007).

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[150] After self-referrals, which were the most prevalent in Gateshead.
[151] Williamson, E. and Hester, M. (2009) Evaluation of the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP) 2006–2008: Final Report. Bristol: University of Bristol.

The most serious conflict that arose between Safer Families and children's services was the emphasis the latter placed on solution-focused work and the responsibility of mothers to protect their children. Safer Families had grave concerns about solution-focused approaches because their understanding was that the model promotes whole family working and does not apparently take into consideration the risks to women (and their children) of having their abusive male partners present while their case is being discussed. The men's worker at Safer Families explained what happened in a case where they had raised concerns with children's services about a perpetrator who had disengaged from the VPP and a meeting was called to discuss this at which the perpetrator and victim/survivor were present:

> *Social services adopt*[ed] *a very different theoretical approach, a solution-focused one, which didn't really recognise the historical risk this man posed, and then he ended up basically in a meeting with a disagreement . . . between agencies, well myself and the team manager of the social work team. . . . I think it's because Social Services approach . . . was making sure to involve parents and they were resistant to having planning meetings in which agencies all shared information and their view was that parents should be part of a shared plan with agencies, which is fine, but not in cases of domestic violence where there's power issues, and the man* [was] *sitting next to the woman. And going on the presentation, 'Well, they seem happy,' but this woman was very vulnerable and was she the best* [judge] *of her own safety necessarily? Is that not something that professionals should take some responsibility for, rather than handing that over to the parents to judge? Those kinds of conflicts are age old, I would have to say.* (April 2007).

As has been argued elsewhere, the practice of apparently separating the safety of women from their children and holding mothers responsible for the behaviour of their abusive male partners is fundamental to conflicts between best practice in domestic violence and children's services: the concept of different planets, suggested by Hester is apposite here.[152]

The manager of Letgo was also able to give an example of the ways in which the approach of children's service was at odds with Letgo's approach of understanding that the safety of children is assured by the safety of their mothers:

> [O]ne *example, she was living with an abusive partner who also periodically left and spent time with another woman and her children, and she did have concerns about his behaviour towards their child, . . . and he'd actually said things which would give rise to concern, so we explained that we would need to refer this and we made the referral to children's services, and she ended up basically having to undergo what they call a core assessment, with questions about her own care of the child. But he was never spoken to at all and she was very, very unhappy about that, and we had another similar incident where . . .yeah, very, very similar, and actually, a bit worse, and they just felt, 'Why did we bother?'* Why <u>did</u> they bother? (May 2007: her emphasis).

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[152] Hester, et al. (2007) *Making an Impact*, ibid.

Research on work with families by social workers, health visitors and family centres shows that their focus of work is mothers.[153] Fathers and/or the adult men in a family are perceived as 'invisible', rarely assessed and/or included in discussions about children's needs or in addressing risk for both women and their children, whereas the mothers in the family are held responsible for the protection of the children and for reducing risks to them.[154]

5.5 Part Four: Summary

Both Projects experienced difficulties in developing their work with perpetrators. In Safer Families, barriers included: challenges to their credibility in the form of questioning the appropriateness of their RA reports on perpetrators and anecdotal evidence that intentions to engage with the VPP would be used as mitigation in the courts. As a result of this, the men's service was re-defined as non-crisis work, with the resulting emphasis on the need to encourage partner agencies to engage perpetrators and refer them to the VPP. Although the available data suggested that Safer Families VPP had referral rates and attrition rates comparable to other VPPs, there was an acknowledgement that the numbers had not increased as expected in line with the increased resources from NRF. In Letgo, the perpetrator programme was never located within the service and this resulted in the perception of work with perpetrators as somewhat separate from the work of Letgo and in the low rate of referrals.

However, there were similarities in both Projects' experiences of attempting to promote work with perpetrators. Generally, frontline agency staff from partner agencies in both Projects did not see motivating perpetrators to participate in voluntary perpetrator programmes as part of their work. The following factors provide an explanation for this.

- Many partner agencies believed that work with perpetrators was the remit of CJS agencies, whereas those within CJS agencies believed that their goal was the criminalisation of perpetrators.

- The remit of several partner agencies was to work with victims and not perpetrators of crime.

- Those partner agencies whose remit might be understood to include men because their focus is on work with families, in reality understood this to mean work with mothers and children.

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[153] Daniel, B. and Taylor, J. (1999) 'The rhetoric versus the reality: a critical perspective on practice with fathers in child care and protection work' in *Child and Family Social Work*. Vol. 4: 209–220.; Ghate, D., Shaw, C., Hazel, N. (2000) Fathers at the Centre: Family Centres, Fathers and Working with Men. Policy Research Bureau, Internet publication at: http://www.rip.co.uk/rep/fathers/index.html.; Taylor, J. and Daniel, B. (2000) 'The rhetoric vs. the reality in child care and protection: ideology and practice in working with fathers' in *Journal of Advanced Nursing*. Vol. 31(1):12–19.

[154] Stanley, N. (1997) 'Domestic violence and child abuse: developing social work practice' in *Child and Family Social Work*. Vol. 2: 135–145.; Radford, L. and Hester, M. (2006) *Mothering Through Domestic Violence*. London: Jessica Kingsley Publishers.; Hester, M., Pearson, C. and Harwin, N. with Abrahams, H. (2007 2nd edition) *Making an Impact – Children and Domestic Violence: A Reader.* London: Jessica Kingsley Publishers.

- There was evidence that some practitioners (who were predominantly female) were reluctant to engage with potentially violent men, especially when that work might usually be conducted in the homes of their clients.

Two exceptions to this were some social workers who, generally, used issues related to contact with children to 'encourage' perpetrators to sign up for voluntary perpetrator programmes and, in Cumbria, the police actively circulated information about the perpetrator programme.

Engaging perpetrators to take part in voluntary perpetrator programmes requires extra work promoting skills, confidence and safety in practitioners who may not perceive their remit as inclusive of working directly with men and/or perpetrators. This raises the question of which agencies might be expected and/or supported to do this. Social workers and health visitors emerged in this evaluation as practitioners who fall into this category, but it may also be worth exploring the role of probation officers, practitioners working on youth-offending teams and GPs as potential referrers of perpetrators.

Section 6: Conclusions and Recommendations

6.1 Work with Victim/survivors

Both Projects provided evidence that the early intervention model was effective. For the majority of victim/survivors, engagement with the Projects made it less likely that they would experience repeat referrals to the Project (Gateshead) or report repeat incidents to the police (Cumbria). In Gateshead it was also the case that standard and medium risk victim/survivors were more likely to engage with the Project, than those assessed at high or very high risk. This suggested that the early intervention model was successful in giving the Project the opportunity to engage with those victim/survivors to prevent possible escalation of domestic violence. In addition, both Projects engaged victim/survivors who had not, prior to their engagement, recognised their experiences as domestic violence, which suggests that the early intervention model worked to enable recognition and facilitate help-seeking. Engagement with both Projects resulted in a positive impact on risk reduction in the majority of those for whom there were records, the health and well-being (including their sense of safety) of victim/survivors and their confidence in future help-seeking. Finally victim/survivors expressed confidence in the Project, and the majority of those interviewed who rated the service they had received as good or excellent. The fact that in Safer Families it was also possible to show that repeat referrals were likely to engage each time they were referred also suggests that victim/survivors had confidence in the Project.

Another indicator of the positive impact of both Projects was the substantial increase in the workloads of the Police and CPS during the evaluation period evidenced by the rise in arrests of and charges brought against perpetrators of domestic violence. In the Gateshead Project sentencing did not appear to reflect the fact that Safer Families had refocused to work with victim/survivors at the highest risk. However, numbers going through the Criminal Justice System (CJS) were still small and any conclusions made are tentative. Discontinuances caused by victim/survivor-related reasons in Gateshead increased during the evaluation period and decreased in Cumbria. This difference may be as a result of the Specialist Domestic Violence Court (SDVC) which started in Cumbria in 2007 and had begun to have a positive effect on domestic violence cases.

The shift in focus to high-/very high-risk victim/survivors in the Gateshead Project raises two questions. The first is the question of what impact this will have for those victim/survivors assessed as standard or medium risk and the support they receive. This is especially pertinent given that those at standard and medium risk had higher engagement rates than those assessed as high and very high risk. The second is the question of how to increase the engagement rates of those assessed at high and very high risk since these are the least likely to engage but may require the service more.

Engagement rates also raised a question about the best way to engage victim/survivors. The Cumbria Project operated an opt-out system of referral in which police officers were instructed to make a referral unless a victim/survivor stated they did not want one. Gateshead operated an opt-in system of referral in which only those victim/survivors who consented were referred. Gateshead achieved a higher engagement rate and this may

reflect the tendency of people to be more willing to engage if they have made an active choice to be referred. However, it may also be the case that the combined impact of being older on average and living in rural areas had an impact on victim/survivors' being able to engage with Letgo.

The analysis of Letgo identified four groups of victim/survivors: Typical relationships (45% of the total); Complex-Typical relationships (35% of the total); Complex-Atypical relationships (11% of the total); and Non-Intimate partner relationships (10% of the total). Analysis of the intimate-partner relationship groups suggested victim/survivors in Typical relationships took up least project effort, were more likely to experience risk reduction and took least time to make changes. Complex-Typical relationships took up more project effort, took longer to make changes, stay engaged for longer and were less likely to experience risk reduction. These effects were increased for those in Complex-Atypical relationships and victim/survivors in these relationships were the most likely to experience an increase in risk. In the Cumbria Project the changes made by victim/survivors were positively correlated with the time victim/survivors were engaged with the Project suggesting that those with complex needs required more time to make changes. Complex needs were not correlated with either of the initial RAs but were with subjectively assessed RA fields in the database. This suggests that a needs assessment tool would enable the (early) identification of these victim/survivors so that a more planned approach could be developed to respond to these needs. This would have several benefits for different agendas, as follows.

1. *Operational agendas*:

   - First, such an approach would help in identifying those victims/survivors with complex needs in order to more equitably plan the workloads of IDVAs.

   - Second, it would further MA working, for example, by the early targeting of partner agencies with relevant specialist skills/expertise to address vulnerabilities and by identifying gaps in provision.

2. *Strategic agendas*: A more planned approach would be of benefit to strategic agendas in identifying gaps in provision and in awareness-raising, training and information-sharing protocols with specialist agencies who may not yet have addressed the domestic violence agenda.[155]

3. *Funding agendas*: Given the impact of those victim/survivors with complex needs on the resource of the Project and the proportion of victim/survivors with complex needs engaging with the Project (46% in this evaluation), this approach could help in developing funding strategies that tap into pots of money specifically targeting the needs these victim/survivors have, for example, funds to support disabled people, those with substance-use problems, those with housing need and young people.

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[155] For example, recent research showed that '[v]ery few organisations for disabled people considered dealing with domestic violence to be part of their remit, and their limited resources made it difficult for them to address the issue'. See Hague, G., Magowan, P. and Thiara, R. with Mullender, A. (2008) *Making the Links. Disabled Women and Domestic Violence*. Bristol: Women's Aid Federation.

6.2 Work with Children

Both Projects also provided a service to substantial numbers of children and the referral sources in the Cumbria Project, which were mainly from statutory agencies, suggests that these children might not have had a service if the Project had not existed. Those victim/survivors in both Projects whose children had received a service also talked about the positive impact this had on their children's health and well-being and the majority of those whose children had received a service said that this had been good or excellent.

However, in the dip samples and exit interviews with victim/survivors from both Projects, mothers were reluctant to answer questions about the impact on their children of domestic violence. In the Gateshead Project, this may be explained by the age of the children involved, as many of them were under the age of five. It may more generally be explained by the belief of mothers that they are able to protect their children from any impact on them of domestic violence or wariness about speaking about this if they believe it could result in involvement from children's services. This suggests that work might be needed to sensitively encourage mothers to recognise that domestic violence may have negative impacts on their children regardless of their age.

Feedback from mothers about the services provided to their children by both Projects was generally very positive. However, it is the case that in some of the feedback that there was evidence that mothers might not have realised there were any services available or that their children had to wait to be seen. This may reflect the difficulties both Projects experienced with recruiting children's workers, staff leave and capacity.

It was also clear from the analysis of the Letgo data that some referred victim/survivors (typically mothers) experienced violence from their children (typically their sons). This constitutes a different referral route for children coming into the Project and may have implications for the children's service, especially if these children are young teenagers/adults. The usual view is of children as victim/survivors (either experiencing or witnessing domestic violence), but the fact that they can be perpetrators means that work with these children and/or young adults may need to be considered in future developments. The fact that this group constituted just under 10% of the workload of Letgo suggests that, if this work is to continue, alternative sources of funding should be explored to address the needs both of the victim/survivors and of their children, including young adults, as this is not an insubstantial call on resources.

6.3 Perpetrator Accountability

The Police and CPS in both Projects increased their workloads substantially during the evaluation period evidenced by the rise in arrests of and charges brought against perpetrators of domestic violence. However, numbers going through the CJS are still small and any conclusions made are tentative. Discontinuances caused by victim/survivor-related reasons in Gateshead increased during the evaluation period and decreased in Cumbria. This difference may be as a result of the Specialist Domestic Violence Court which started in Cumbria in 2007 and had begun to have a positive effect on domestic violence cases.

6.4 Work with Perpetrators

Achieving the provision of a holistic model of early intervention proved the most problematic aspect for both Projects and both were disappointed with the numbers of perpetrators who engaged with the voluntary perpetrator programmes. With notable exceptions, for most practitioners in most partner agencies, work to motivate perpetrators to engage with voluntary perpetrator programmes was perceived to be outside their remit. For those practitioners whose remit might have been expected to include opportunities to motivate perpetrators, it was found that this did not happen because they focused on work with mothers and/or because of issues of personal safety. In addition, in the Gateshead Project particularly, the shift in focus to working with victim/survivors at high and very high risk may have also resulted in the referral of fewer perpetrators than expected since these perpetrators might be the least likely to engage with VPP and most likely to be processed in the CJS. In the Cumbria Project having the perpetrator programme outsourced resulted in a general perception that work with perpetrators was somewhat separate to the work of Letgo and the Project.

6.5 Multi-Agency Working

The Cumbria Project was very effective at promoting MA working in the Project and the Gateshead Project was less so. The evaluation suggested that this was because the Cumbria Project had more effectively addressed developmental factors prior to the launch of the new service and therefore had a strong partnership ethos and resources that enabled them to address operational factors once the Project went live. Developmental Factors included:

- the strength of existing MA working
- the strength of domestic violence infrastructure
- processes for development of new Project
- processes for management of the new initiative
- processes for monitoring the new initiative
- the size and scope of the new initiative.

Both Projects were unable to secure monitoring systems in statutory agencies that were not CJS, who, on the contrary, were willing and able to provide data. Three voluntary agencies in the Gateshead Project did provide data, but it was not possible to track victim/survivors through the Safer Families' database as this was not fully utilised.

Once live, both Projects were challenged by issues of power (establishing their credibility with partner agencies, securing senior enough management from statutory partner agencies at strategic forums, allaying fears among voluntary sector agencies that the Projects did not pose a threat to their resources or expertise) and resources (in the Gateshead Project, securing the secondment of a children's worker from children's services; in both Projects, with recruitment and staff sick leave). In the Cumbria Project, these issues were taken up at senior management and Strategic Management Board level and strategies to address them were driven and supported by the domestic violence infrastructure and senior management

in partner agencies. MA working in the Gateshead Project benefited from the introduction of the Multi-agency Risk Assessment Conference (MARAC). Although MA working across agencies remained difficult in terms of the development of agency-level protocols, there was plenty of evidence that individual practitioners in agencies were exemplary at MA working in individual cases. The Gateshead Project also faced challenges with communication both between and within partner agencies about the Project and their own agency's role within it, communicating the remit of Safer Families and developing protocols and service-level agreements between partner agencies, and information-sharing protocols.

Interestingly, both Projects showed a narrowing of MA working to those agencies related to the CJS and their support agencies and housing, and in the Cumbria Project to children's agencies.[156] This may not reflect the true level of MA working in the Cumbria Project, since, as has been shown, the database field that collects these data does not allow for the inclusion of local voluntary agencies. Work with health agencies may have particular import for Safer Families since victim/survivors using this service are typically in their twenties and thirties and are mothers of young children.

6.6 The Evaluation Process

The evaluation intended to evidence both the impact of both Projects and the process of MA working operationally and at the level of service delivery. Both aims were hampered by difficulties in data collection. In the Gateshead Project, the Safer Families database was never fully utilised, which meant that limited data was trawled by hand from paper-copy case files and from the electronic free text fields that were used to record case notes. Non-CJS statutory agencies in both Projects were unable to collect data that identified victim/survivors being offered support. Most partner agencies in both Projects did not have systems to collect this data. Exceptions were three voluntary sector agencies in the Gateshead Project. It may be that voluntary sector agencies are more used to having to evidence their work for funding and monitoring purposes. The result of this was that the evaluation was not able to track cases across partner agencies to monitor their impact on victim/survivors engaging with the Project. Evidence for MA working was only collected from the databases of Safer Families and Letgo.

The police and CPS were able to provide the most comprehensive data, but data on sentencing was limited, particularly in the Letgo area. The small numbers of cases for which data were available meant that any conclusions could only be tentative. The same problem with tracking cases across the CJS was raised as with other partner agencies.

Attempts to involve victim/survivors in the evaluation were also less successful than initially intended. This reflects the experience of other research in this field. An enormous amount of time was expended trying different ways of enabling victim/survivors to take part, and, finally, the dip sample and exit interviews were combined to produce a sample that in

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[156] As explained in Section 4, the Support Given question has Social Services and does not distinguish between adult and children's services. This has been included in the category children's agencies along with Child Contact and Schools.

Gateshead was 10% (N=31) of the engaged victim/survivors and in Cumbria was 8% (N=25) of the victim/survivors engaged with the Project.

6.7 Recommendations

The Early Intervention Model
1. The early intervention model for addressing domestic violence was effective in both Projects in improving the health and wellbeing of most victim/survivors and, through the CJS, in increasing perpetrator accountability and should be funded to continue this work.

2. Early identification of Complex Typical and Complex Atypical victim/survivors using a needs assessment checklist could benefit operational, strategic and funding agendas to more purposefully:

   a. plan equitable workloads of Independent Domestic Violence Advocates (IDVAs) recognising the extra effort needed with Complex-Typical and Complex-Atypical victim/survivors;
   b. target partnership working and identify gaps in provision;
   c. develop funding strategies.

3. The numbers of children being provided a service by both Projects, and the profile (in the Cumbria Project) of both the referral sources and referrals (those in Non-Intimate relationships) indicated that the children's service was filling an important gap in provision and should be maintained. Any different kinds of interventions required for different age groups of children and young people and different presenting problems (especially those who are identified as being abusive of their mothers) should be monitored for their impact on this work and to pursue relevant funding strategies.

4. If voluntary perpetrator programmes are to continue, training should be developed to build confidence in practitioners to motivate and undertake preparatory work with perpetrators. Engaging perpetrators to take part in voluntary perpetrator programmes requires extra work promoting skills, confidence and safety in practitioners who may not perceive their remit as inclusive of working directly with men and/or perpetrators. This raises the question of which agencies might be expected and/or supported to do this. Social workers and health visitors emerged in this evaluation as practitioners who fall into this category, but it may also be worth exploring the role of probation officers, practitioners working on youth-offending teams and GPs as potential referrers of perpetrators.

5. New MA initiatives require a development phase, (including a lead-in time for funding and recruitment of new staff), in which to test the robustness of developmental factors. Taken together, the presence of these factors gives an indication of the degree of partnership resource available to address challenges that may arise in relation to issues of communication, power and resources in the operational phase. Integral to this is the need for clear structures of management and accountability across and within partner agencies. The length of the development phase would depend on the size and scope of the initiative.

Evaluation and Monitoring

6. Monitoring and evaluation systems should be agreed and embedded in new initiatives as early as possible; and management and practitioners should be encouraged to recognise the usefulness of monitoring for operational as well as strategic, funding and evaluation agendas.

7. MA initiatives wishing to monitor and evidence the impact of complex issues such as domestic violence should explore ways of 'stitching together' and tracking cases across, as well as within agencies to facilitate monitoring the trajectory of cases both individually and globally. This is complex work but would provide opportunities to identify, monitor and evidence impacts and trends.

8. Additional research could be undertaken to examine outcomes for those standard and medium risk victim/survivors whose access to services may be impeded by the focus of mainstream agencies and specialist domestic violence services on high and very high risk victim/survivors.

9. The numbers processed through the CJS are small, making conclusions tentative. However, further monitoring of sentencing in both areas could confirm a need for focused work on sentencing.

Appendices

Appendix 1A

Gateshead Project Partner Commitments and Achievements

The eleven partners were from agencies representing four generic areas: civil and criminal justice systems (CCJS), child protection/welfare (CP), health (HL) and housing (HS). They agreed to develop and implement their own strategies that target one or more of the three services provided by Safer Families for victim/survivors, their children and perpetrators.

Partner strategies fall into one of two categories: Foundational, that is initial strategies that are necessary to carry out commitments; or Direct Agency Provision, that is services that will be developed/implemented to support the Project.

Foundational strategies included:

- provision of training for agency staff
- development of protocols for information-sharing across agencies
- development and implementation of risk assessment (RA) tools
- DV awareness-raising within an agency
- production and use of DV guidelines.

Direct Agency Provision strategies included:

- additional staff with a DV remit
- provision of housing
- development and running of programmes for DV survivors or perpetrators
- development and implementation of additional services or extension of existing services
- systems to flag and monitor DV cases.

Below is a grid summarising each partner's commitment to the Project by the strategies they agreed to put in place to meet their commitments, which category of commitment they fall into and whether or not the strategies were achieved and can be evidenced with data.

Partner Agency Strategy	Data Availability
Aquila	
Foundational: None	
Direct Agency Provision	
Continue development of new refuge – 2005/2006	Decided not to proceed
Police	
Foundational	
Ensure minimum investigation standards – awareness of and adherence to by all frontline staff: *Proactive evidence gathering* *Routine use of photographs*	*Data not available* *Data not available* *Data not available*

Ensure all officers trained on:
    DV awareness
    Procedures
	Achieved initially and evaluated. On-going training/awareness-raising not evidenced

Public Protection Units (PPU): Ensure DV integrated into PPU work	Achieved
Develop/trial formal information-sharing protocols and procedures with children's services about referrals and notifications of children	Achieved
Direct Agency Provision	
Appoint 2 dedicated officers + job descriptions reflecting work to be undertaken	Achieved and surpassed
Victim Personal Statement (VPS) routinely offered to women	Data not available
Children's safety – ensure information routinely provided to CPS irrespective of CHAB1 being completed	Data not available
Develop systems to 'flag' DV incidents accurately	Data available
Develop system to provide DV history information to front-line officers	Achieved but not evidenced
Police bail – ensure appropriate conditions set	Data not available
Positive action in bail-breach cases	Data not available
Crown Prosecution Service	
Foundational	
Victim withdrawal – provide guidance on factors supporting compelling of giving evidence	Data not available
Ensure police file routinely includes information about children's safety (irrespective of use of CHAB1)	Data not available
Develop/trial formal compact with police on background information	Data not available
Direct Agency Provision	
Develop/pilot use of 'expert testimony'	Data not available
Ensure system for highlighting DV cases	Data available
National Probation Service (Northumberland)	
Foundational	
Ensure rights and safeguarding of children considered in all DV	Data not available

PSR	
Monitor use of practice guidance in DV cases	Data not available
PSR writers and case managers trained in awareness	Data not available
Direct Agency Provision	
Create specialist case managers to support accredited programme (specialist practitioner post in every team)	Data not available
Implement nationally accredited programme in 2005	Data not available
Promote use of Approved Premises as part of RA	Data not available
Gateshead Metropolitan Borough Council	
Foundational	
Develop effective data collection and recording systems to monitor/evaluate responses to DV (Safer Families database)	Minimal data available
Develop more effective processes for information-sharing about CHAB1 referrals	Data not available
Ensue BP approach taken in all CP conferences, promoting safety of women as well as children	Data not available
Ensure structured RA carried out in all DV cases to inform CP decisions	Data not available
Develop working protocol with supported-housing providers to secure accommodation for perpetrators, away from family	Data not available
Direct Agency Provision	
Create specialist practitioner post in Children and Families section	Not achieved
Provide two additional safe houses to promote choice for women at crisis points	Achieved but data not available
Increase capacity of Floating Support service in DV Housing and Support Scheme	Data not available
Health (NHS Trust and PCT)	
Foundational	
Develop formal information-sharing protocols with partner agencies	Data not available
Develop relevant guidance to facilitate consistent practice	Data not available
Ensure all relevant staff receive appropriate training	Data not available
Ensure BP approach taken to all CP conferences	Data not available
Direct Agency Provision	
Develop system for routine screening	Not achieved
Develop effective recording mechanisms	Not achieved
Witness Service	
Foundational	
Promote on-going training of staff and volunteers on DV issues	Data not available
Direct Agency Provision	
Promote use of WSS to provide emotional and practical support to DV victims	Limited data available
Explore role of Intimidated Witness Project Worker in DV cases	Data not available
Stonham Housing	

Foundational	
Examine feasibility of 24-hour staff cover	Not achieved
Direct Agency Provision	
Work cooperatively with Safer Families to maximise access to emergency accommodation	Data available but not able to link up with Safer Families data
Continue developing range of 'move-on' options for women	Data not available
Promote use of relevant floating support schemes	Data not available
Secure additional funding to develop services for refuge children	Not achieved
Thomas Magnay and Co (Sol)	
Foundational	
Prioritise legal assistance requests from women	Data not available
Direct Agency Provision	
Provide legal service and support outside office hours to Safer Families staff	Achieved but no data available
Provide initial 'without charge' consultation to women irrespective of meeting Legal Aid criteria	Discontinued
Mulchay Smith (Sol)	
Foundational: None	
Direct Agency Provision	
Provide 'without charge' legal advice to victims of DV in informal atmosphere at Safer Families (first Thursday each month)	Discontinued

Cumbria Partner Commitments and Achievements

The eleven partners are from agencies representing four generic areas: civil and criminal justice systems (CCJS), child protection/welfare (CP), health (HL) and housing (HS). They have agreed to develop and implement their own strategies that target one or more of the three DARRS services.

Partner strategies fall into one of two categories: they are either Foundational, that is initial strategies that are necessary to carry out commitments; or they are Direct Agency Provision, that is services that will be developed/implemented to support the DARRS project.

Foundational strategies included:

- provision of training for agency staff
- development of protocols for information sharing across agencies
- development and implementation of risk assessment (RA) tools
- DV awareness-raising within an agency
- production and use of DV guidelines.

Direct Agency Provision strategies included:

- additional staff with a DV remit
- provision of housing
- development and running of programmes for DV survivors or perpetrators
- development and implementation of additional services or extension of existing services
- systems to flag and monitor DV cases.

Below is a grid summarising each partner's commitment to the Cumbria Project by the strategies they will put in place to meet their commitments, the generic area they represent, the Letgo service(s) they target and the Project's aim(s) they fulfil.

Partner Agency Strategy	Data Availability
Impact Housing	
Foundational	
Lead and manage project – current commitment includes: Employment of staff	Achieved
Gen management of project and line management of staff	Achieved
Financial management of project	Achieved
Annual audit for Cumbria DV Project, Working Group and Strategic Management Board	Achieved
Report to Cumbria DV Project Working Group and Strategic Management Board	Achieved
Advice to Districts on setting up Safe Houses	Data not available
Contribute to local MA training programmes	Achieved but data not available
Direct Agency Provision	
Six safe houses – Support worker – full-time outreach worker	Achieved but not able to link to Letgo data
Referral on to DV floating Support services	Achieved but not able to link to Letgo data
Referral to Safe Houses/Refuge	Achieved but not able to link to Letgo data
Work co-operatively with proposed service to maximise access to our emergency accommodation	Achieved but not able to link to Letgo data
Links in to basic skills training	Data not available
Links in to entry to employment and IT training	Data not available
Further training opportunities via Eden Foyer, Penrith and Centre 47 in Carlisle	Data not available
Facilitate access to Impact's furniture services	Data not available
Carlisle and Eden CDRP – DV Task Group	
Foundational	
Establish local tactical responses to tackling DV	Data not available
Identify DV hotspots geographical and temporal	Data not available
Include county and project performance indicators in local community safety strategies	Data not available
Provide financial support	Achieved
Direct Agency Provision: None	
Police	
Foundational	
Review, monitor and evaluate current DV policy and implementation	Achieved
Ensure police and frontline staff respond in appropriate way and adhere to policy	Achieved but not evidenced across the force
Raise awareness of DV policy – ensure all officers and call	Achieved but not

handlers trained in adoption of Centrex DV modular training	evidenced across the force
Provide frontline officers with DV history prior to attending incident	Achieved but not evidenced across the force
Develop information-sharing protocols with SS for referrals and notifications of children in DV households	Data not available
Identify information about DV offending through intelligence processes and implementing intelligence led approach to DV issue	Data not available
Direct Agency Provision	
DV officer to work in partnership with Project – based some of the time in Project – review officer's role and responsibilities	Partnership working achieved but placement in Letgo discontinued after review
Ensure all officers adhere to minimum standards of investigation to include proactive evidence-gathering and routine use of photographs	Data not available
Ensure evidence collected to enable procedure without victim consent	Data not available
Ensure officers routinely ask women to make Victim Personal statement	Data not available
Ensure systems in place to flag DV incidents – those flagging incidents clear about procedures	Achieved
Ensure information relating to family and child safety routinely provided to CPS	Data not available
Ensure appropriate conditions set for police bail	Data not available
Ensure action taken about breach of bail and consider further charges if appropriate	Data not available
Crown Prosecution Service	
Foundational	
Ensure all prosecutors aware of CPS DV policy/guidance	Achieved but not evidenced
Ensure regular training for all staff on DV policy, procedures and guidance	Achieved but not evidenced
Develop and ensure area DV co-coordinator works closely with project	Achieved
Ensure prosecutors take rights and safeguarding of children fully into account in DV cases	Data not available
Provide contact details of CPS DV specialist staff to all police staff	Achieved
Direct Agency Provision	
Designated staff member to work in partnership with project to ensure effective and efficient court process	Achieved
Decrease number of ineffective trials	Achieved
Ensure experienced prosecutors consulted in victim-withdrawal	Data not available

cases	
Ensure systems in place to inform victims of bail decisions immediately	Data not available
Ensure action taken about bail breaches and consider appropriateness of further charges	Data not available
Routinely take account of VPS (victim personal statements) when making decisions – make VPS to court as appropriate	Data not available
Cumbria Social Services	
Foundational	
Represent SS on Cumbria DV Strategic Management Board and Partnership Working Group	Achieved but inconsistent: not always senior enough representative
Share data between partners and develop associated protocols	Data not available
Implement DV workplace policy	Data not available
Direct Agency Provision	
Reduce number of re-registrations where DV a major contributing factor	Data not available
Ensure no child de-registered without appropriate support package, developing proactive approach to tackling DV child support issues	Data not available
Identify and assess individual needs and work closely with project to identify appropriate support package	Data not available
Fund full-time Family and Child Support worker for project (to be located with project)	Achieved
Act as link between project and existing child and adult support services (e.g. Children and Adolescent Mental Health Teams (CHAMS); East Cumbria Family Support; Living Well Trust; Sure Start and others)	Data not available
Cumbria Probation Service	
Foundational	
Champion DV in Local Criminal Justice Board, No Witness No Justice programme, Victim Support, Narrowing the Justice Gap, Prolific and Priority Offenders to ensure issue addressed	Achieved
Chair Cumbria Senior ManagementBoard	Achieved
Implement routine screening and assessment tool for DV (SARA model)	Data not available
Ensure all RAs (OASyS) consider victim's views where information made available	Data not available
Ensure children's safety and rights considered when writing PSRs on DV cases	Data not available
Monitor and evaluate use of practice guidance in DV cases	Data not available
Introduce electronic records for all cases	Data not available
Deliver training in DV awareness to all relevant staff	Data not available
Direct Agency Provision	
Ensure prisoners released on licence have appropriate	Data not available

conditions attached to protect victims of DV	
Implement accredited perpetrator programme in 2005. Ensure joint approach to perpetrator programme by linking and working alongside voluntary and other organisations providing programmes for perpetrators outside CJS	Achieved
Promote use of approved premises as part of RA process	Data not available
Eden and Carlisle DV Forums	
Foundational	
Networking links with the voluntary sector	Achieved
Direct Agency Provision	
£5,000 year one towards children's service	Achieved
Existing County DV services	
Foundational	
NSPCC/SAFE in Barrow/West Cumbria DV Support Best practice and training of project staff	Partial achievement
Direct Agency Provision: None	
North Cumbria Mental Health and Learning Disabilities Trust	
Foundational: None	
Direct Agency Provision	
Designated staff member to work with project to develop new and effective services and responses to tackling DV	Initial working relationship changed to more senior representation at SMB
Cumbria County Council/Cumbria Early Years Development and Childcare Partnership	
Foundational: None	
Direct Agency Provision	
Provide office accommodation and associated support for outreach work at Sure Start Children Centre initiatives at Longtown, Bewcastle and Kirkby Thore	Not achieved
Criminal Justice Board	
Foundational	
Awareness-raising, performance-monitoring and development of communication strategy	Achieved
Direct Agency Provision: None	

Appendix 1B

Estimation of Cost of Domestic Violence in Gateshead Based on figures from DTI Report by Sylvia Walby (2004)

Introduction

This paper is a brief attempt to estimate the costs of domestic violence to services in Gateshead. The estimation is based on figures from the DTI report by Sylvia Walby (2004).[157] Walby uses the Home Office definition of domestic violence:

Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. This violence may include physical, sexual, emotional and financial abuse (Home Office 2003:6).[158]

The report, however, does not estimate costs for emotional and financial abuse, despite such abuse being in the Home Office definition of domestic violence. The report does include abuse (physical), threats (death threats, threats to use weapons and stalking), force and sexual assault. Importantly, the report includes homicide, with information collected from the annual Criminal Statistics publication, since the British Crime Survey (BCS), being victim-based, does not contain these data. The costs were calculated for one year rather than for a woman's lifetime experiences of domestic violence.

The methodology is based on the Home Office framework for costing crime,[159] but develops this framework to include costs specifically related to domestic violence. The extent of domestic violence (prevalence and incidence) is based on the 2001 BSC self-completion module on inter-personal violence; it includes rape, sexual assault and stalking by intimates as well as physical violence[160] and covers both men and women as victims of domestic violence.

Three main types of cost are used:

- the use of services, often public services and includes the criminal justice system (including police), health care services (including mental health), social services, housing and refuges, and civil legal services

- lost economic output – disrupted employment with the cost being borne by employers and victims

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[157] Walby, S. (2004) *The Cost of Domestic Violence*. London: Women and Equality Unit, DTI.

[158] Home Office (2003) *Safety and Justice: The Government's Proposals on Domestic Violence*. Cm 5847. London: Home Office.

[159] Brand, S. and Price, R. (2000) *The Economic and Social Costs of Crime*. Home Office Research Study 217. London: Home Office.

[160] Walby, S. and Allen, J. (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the 2001 British Crime Survey.* Home Office Research Study 276. London: Home Office.

- human cost – pain and suffering (this cost is included so as not to diminish this aspect of domestic violence).

Costs

For the 2001 BCS respondents between the ages of 16 and 59 years were selected to answer questions on their experiences of inter-personal violence (domestic violence) in the previous 12 months. The module was completed by 22,463 people, selected to represent the population of England and Wales. Table 1 gives the 16–59 age group population figures for England and Wales and for Gateshead, and shows that Gateshead represents 0.4% of the national figures. This percentage is used throughout the subsequent calculations estimating the costs of domestic violence in Gateshead.

Table 1: 16–59 age group population levels for England and Wales and Gateshead based on 2001 census figures

Sex	England and Wales	Gateshead	Gateshead % of national figures
Female	15,480,523	55,954	0.4%
Male	15,205,354	54,561	0.4%
Total	30,685,877	110,515	0.4%

The BCS estimates 3.4% of women and 2.2% of men experienced non-sexual domestic violence (physical violence, threats to kill or threatened with weapons) – this equates to 1,902 women and 1,200 men in the 16–59 age brackets from the Gateshead area. The average number of minor domestic violence incidents (pushed, pinned, slapped) experienced by a single victim in the previous 12 months was 10 for women and 6 for men. The average number of severe domestic violence incidents (kicked, hit, choked, use of or threatened use of weapon, threat to kill) experienced by individuals was 18 for women and 6 for men. Women are more likely to be repeatedly victimised and to experience more repeated assaults involving severe forms of domestic violence than men. Table 2 gives the prevalence of domestic violence incidents by crime category and related domestic violence type.[161]

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[161] Walby's report does not include estimates for sexual assaults against men as the numbers were too small for reliable analysis.

Table 2: Estimated numbers of victims of domestic violence according to classifications used in Walby (2004): England and Wales and Gateshead

Crime category	Domestic violence type	E&W no. of female victims	Gateshead no. of female victims*	E&W no. of male victims	Gateshead no. of male victims*	E&W total no. of victims	Gateshead total no. of victims
Homicide	Domestic homicide	102	0.4	23	0.1	125	0.5
Serious wounding	Choked or strangled	65,000	260	6,000	24	71,000	284
Serious wounding	Used a weapon	13,000	52	11,000	44	24,000	96
Rape and assault (penetrative)	Rape and assault (penetrative)	37,000	148			37,000	148
Of which rape	*Of which rape*	*(28,000)*	*(112)*			*(28,000)*	*(112)*
Other wounding	Kicked, bit, hit with fist	205,000	820	177,000	708	382,000	1,528
Other wounding	Threat to kill	82,000	328	13,000	52	95,000	380
Other wounding	Threat with weapon	36,000	144	16,000	64	52,000	208
Common assault	Pushed, held down, slapped	410,000	1,640	174,000	696	584,000	2,336
Other wounding	Stalking	446,000	1,784	71,000	284	517,000	2,068
Sexual assault	Non-penetrative sexual assault	26,000	104			26,000	104
Total		1,320,102	5,280	468,023	1,872	1,788,125	7,152

* Based on Gateshead population being 0.4% of England and Wales population

In Table 3 the domestic violence cost to services for England and Wales is given, as is the proportion of those costs for services in Gateshead. Costs included under each heading are as follows:

- Criminal Justice System (CJS) – police (largest single component), prosecution, courts, probation, prison and legal aid. Domestic violence accounts for almost a quarter of the CJS budget for violent crime

- Health care – includes GPs, hospitals and mental health care. Around 3% of NHS expenditure is due to physical injuries resulting from domestic violence

- Social services – the large majority of these costs relate to children rather than adults

- Housing – includes emergency housing, housing benefit and refuges

- Civil legal – about half of the £0.3 billion costs is borne by legal aid, the other half by individuals and includes legal actions to obtain injunctions, divorce and child custody costs

- Economic output – based on the cost of time off work due to injuries – half of the costs borne by employers and the rest by individuals in lost wages

- Human and emotional – costs of emotional and physical pain and suffering based on Home Office and Dept for Transport methods for estimating costs in comparable circumstances of crime and injury – costs calculated on basis of public's 'willingness-to-pay' to avoid pain and suffering.

Table 3: Estimated costs of domestic violence for Gateshead in one year: figures based on Walby (2004) summary of estimated costs

Type of cost	E&W – cost £billions	Gateshead
Criminal Justice System	1.017	4,068,000
Of which police	*(0.49)*	*(1,960,000)*
Health care	1.396	5,584,000
Of which physical health	*(1.22)*	*(4,880,000)*
Of which mental health	*(0.176)*	*(704,000)*
Social services	0.228	912,000
Housing	0.158	632,000
Civil legal	0.312	1,248,000
All services	3.111	12,444,000
Economic output	2.672	10,688,000
Sub-total	5.783	23,132,000
Human and emotional	17.086	68,344,000
Total	22.869	91,476,000

A summary of the costings is presented on the following page. The total yearly cost to the Gateshead population is £91,476,000, which, based on the population size of 191,151 as at the 2001 census, is equivalent to £478.55 per head per annum.

Key findings summarised for England and Wales and Gateshead

Annual total costs of domestic violence are:

Services (CJS, health, social services, housing, civil legal)

£3.1 billion (E&W)   £12.4 million (Gateshead)
Loss to the economy
£2.7 billion (E&W)   £10.7 million (Gateshead)

The costs to services and economic output to just over £5.7 billion a year for England and Wales – £23 million for Gateshead – which breaks down as follows:

Criminal Justice System   £1 billion (E&W)   £4 million (Gateshead)
of which police   *(£0.49 billion E&W)*   *(£1.9 million Gateshead)*
Almost ¼ of CJS budget for violent crime; largest single expenditure being on police but also includes prosecution, courts, probation, prison and legal aid.

Health Care   £1.4 billion (E&W)   £5.6 million (Gateshead)
of which physical injuries   *(£1.2 billion E&W)*   *(£4.88 million Gateshead*
of which mental health   *(£0.176 billion E&W*   *(£0.7 million Gateshead)*
Physical injury costings, which account for approx. 3% of NHS expenditure, include GPs and hospitals. Physical injuries account for most of the NHS costs.

Social Services   £0.25 billion (E&W)   £1 million (Gateshead)
Vast majority of this expenditure being on children, especially those who experience domestic violence and child abuse.

Housing   £0.16 billion (E&W)   £0.64 million (Gateshead)
Expenditure includes emergency housing costs to Local Authorities and Housing Associations who accommodate those made homeless by domestic violence, emergency housing benefit and refuges.

Civil Legal   £0.3 billion (E&W)   £1.2 million (Gateshead)
Half funded by legal aid and half by individuals – includes injunctions, divorce and child custody actions.

TOTAL COSTS   £3.1 billion (E&W)   £12.4 million (Gateshead)
OF SERVICES

Economic Output   £2.7 billion (E&W)   £10.7 million (Gateshead)
Includes cost of time off work due to injuries. Estimated half of such cost borne by employer and half by the individual in lost wages.

Human and emotional costs   £17.086 billion (E&W)   £68.3 million (Gateshead)

TOTAL COSTS OF DV
£23 billion (E&W)   **£91.5 million (Gateshead)**
Sue Griffiths, University of Sunderland, July 2006

Appendix 1C

Estimation of Cost of Domestic Violence in Cumbria Based on Figures from DTI Report by Sylvia Walby (2004)

Introduction

This paper is a brief attempt to estimate the costs of domestic violence to services in Cumbria. The estimation is based on figures from the DTI report by Sylvia Walby (2004). [162] Walby uses the Home Office definition of domestic violence:

Any violence between current and former partners in an intimate relationship, wherever and whenever the violence occurs. This violence may include physical, sexual, emotional and financial abuse. (Home Office 2003:6)[163]

The report, however, does not estimate costs for emotional and financial abuse, despite such abuse being in the Home Office definition of domestic violence. The report does include abuse (physical), threats (death threats, threats to use weapons and stalking), force and sexual assault. Importantly, the report includes homicide, with information collected from the annual Criminal Statistics publication, since the British Crime Survey (BCS), being victim-based, does not contain these data. The costs were calculated for one year rather than for a woman's lifetime experiences of domestic violence.

The methodology is based on the Home Office framework for costing crime,[164] but develops this framework to include costs specifically related to domestic violence. The extent of domestic violence (prevalence and incidence) is based on the 2001 BSC self-completion module on inter-personal violence; it includes rape, sexual assault and stalking by intimates as well as physical violence[165] and covers both men and women as victims of domestic violence.

Three main types of cost are used:
- the use of services, often public services and includes the criminal justice system (including police), health care services (including mental health), social services, housing and refuges, and civil legal services
- lost economic output – disrupted employment with the cost being borne by employers and victims
- human cost – pain and suffering (this cost is included so as not to diminish this aspect of domestic violence).

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[162] Walby, S. (2004) *The Cost of Domestic Violence.* London: Women and Equality Unit, DTI.

[163] Home Office (2003) *Safety and Justice: The Government's Proposals on Domestic Violence.* Cm 5847. London: Home Office.

[164] Brand, S. and Price, R. (2000) *The Economic and Social Costs of Crime.* Home Office Research Study 217. London: Home Office.

[165] See Walby, S. and Allen, J. (2004) *Domestic Violence, Sexual Assault and Stalking: Findings from the 2001 British Crime Survey.* Home Office Research Study 276. London: Home Office.

Costs

For the 2001 BCS respondents between the ages of 16 and 59 years were selected to answer questions on their experiences of inter-personal violence (domestic violence) in the previous 12 months. The module was completed by 22,463 people, selected to represent the population of England and Wales. Table 1 gives the 16–59 age group population figures for England and Wales and for Cumbria, and shows that Cumbria represents 1% of the national figures. This percentage is used throughout the subsequent calculations estimating the costs of domestic violence in Cumbria.

Table 1: 16–59 age group population levels for England and Wales and Cumbria based on 2001 census figures

Sex	England and Wales	Cumbria	Cumbria % of national figures
Female	15,480,523	142,149	1%
Male	15,205,354	142,306	1%
Total	30,685,877	284,455	1%

The BCS estimates 3.4% of women and 2.2% of men experienced non-sexual domestic violence (physical violence, threats to kill or threatened with weapons) – this equates to 4,833 women and 3,131 men in the 16–59 age brackets from the Cumbria area. The average number of minor domestic violence incidents (pushed, pinned, slapped) experienced by a single victim in the previous 12 months was 10 for women and 6 for men. The average number of severe domestic violence incidents (kicked, hit, choked, use of or threatened use of weapon, threat to kill) experienced by individuals was 18 for women and 6 for men. Women are more likely to be repeatedly victimised and to experience more repeated assaults involving severe forms of domestic violence than men. Table 2 gives the prevalence of domestic violence incidents by crime category and related domestic violence type.[166]

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[166] Walby's report does not include estimates for sexual assaults against men as the numbers were too small for reliable analysis.

Table 2: Estimated numbers of victims of domestic violence according to classifications used in Walby (2004): England and Wales and Cumbria

Crime category	Domestic violence type	E&W no. of female victims	Cumbria no. of female victims*	E&W no. of male victims	Cumbria no. of male victims*	E&W total no. of victims	Cumbria total no. of victims
Homicide	Domestic homicide	102	1	23	0.23	125	1
Serious wounding	Choked or strangled	65,000	650	6,000	60	71,000	710
Serious wounding	Used a weapon	13,000	130	11,000	110	24,000	240
Rape and assault (penetrative)	Rape and assault (penetrative)	37,000	370			37,000	370
Of which rape	*Of which rape*	*(28,000)*	*(280)*			*(28,000)*	*(280)*
Other wounding	Kicked, bit, hit with fist	205,000	2,050	177,000	1,770	382,000	3,820
Other wounding	Threat to kill	82,000	820	13,000	130	95,000	950
Other wounding	Threat with weapon	36,000	360	16,000	160	52,000	520
Common assault	Pushed, held down, slapped	410,000	4,100	174,000	1,740	584,000	5,840
Other wounding	Stalking	446,000	4,460	71,000	710	517,000	5,170
Sexual assault	Non-penetrative sexual assault	26,000	260			26,000	260
Total		1,320,102	13,201	468,023	4,680	1,788,125	17,881

* Based on Cumbria population being 1% of England and Wales population

In Table 3 the domestic violence cost to services for England and Wales is given, as is the proportion of those costs for services in Cumbria. Costs included under each heading are as follows:

- Criminal Justice System (CJS) – police (largest single component), prosecution, courts, probation, prison and legal aid. Domestic violence accounts for almost one quarter of the CJS budget for violent crime

- Health care – includes GPs, hospitals and mental health care. Around 3% of NHS expenditure is due to physical injuries resulting from domestic violence

- Social services – the large majority of these costs relate to children rather than adults

- Housing – includes emergency housing, housing benefit and refuges

- Civil legal – about half of the £0.3 billion costs is borne by legal aid, the other half by individuals and includes legal actions to obtain injunctions, divorce and child custody costs

- Economic output – based on the cost of time off work due to injuries – half of the costs borne by employers and the rest by individuals in lost wages

- Human and emotional – costs of emotional and physical pain and suffering based on Home Office and Dept for Transport methods for estimating costs in comparable circumstances of crime and injury – costs calculated on basis of public's 'willingness-to-pay' to avoid pain and suffering

Table 3: Estimated costs of domestic violence for Cumbria in one year: figures based on Walby (2004) summary of estimated costs

Type of cost	E&W – cost £billions	Cumbria
Criminal Justice System	1.017	10,170,000
Of which police	*(0.49)*	*(4,900,000)*
Health care	1.396	13,960,000
Of which physical health	*(1.22)*	*(12,200,000)*
Of which mental health	*(0.176)*	*(1,760,000)*
Social services	0.228	2,280,000
Housing	0.158	1,580,000
Civil legal	0.312	3,120,000
All services	3.111	31,110,000
Economic output	2.672	26,720,000
Sub-total	5.783	57,830,000
Human and emotional	17.086	170,860,000
Total	22.869	228,690,000

A summary of the costings is presented on the following page. The total yearly cost to the Cumbrian population is £228,690,000, which, based on the population size of 487,606 as at the 2001 census, is equivalent to £469 per head per annum.

Key findings summarised for England and Wales and Cumbria

Annual total costs of domestic violence are:
Services (CJS, health, social services, housing, civil legal)

£3.1 billion (E&W)   £31.1 million (Cumbria)
Loss to the economy
£2.7 billion (E&W)   £26.7 million (Cumbria)

This amounts to just over £5.7 billion a year for England and Wales – £58 million for Cumbria – which breaks down as follows:

Criminal Justice System **£1 billion (E&W)**   **£10.17 million (Cumbria)**
Of which police   *(£0.49 billion E&W)*   *(£4.9 million Cumbria)*
Almost ¼of CJS budget for violent crime; largest single expenditure being on police but also includes prosecution, courts, probation, prison and legal aid.

Health Care   **£1.4 billion (E&W)**   **£14 million (Cumbria)**
of which physical injuries   *(£1.2 billion E&W)*   *(£12.2 million Cumbria)*
of which mental health   *(£0.176 billion E&W)*   *(£1.76 million Cumbria)*
Physical injury costings, which account for approx. 3% of NHS expenditure, include GPs and hospitals. Physical injuries account for most of the NHS costs.

Social Services   **£0.25 billion (E&W)**   **£2.28 million (Cumbria)**
Vast majority of this expenditure being on children, especially those who experience domestic violence and child abuse.

Housing   **£0.16 billion (E&W)**   **£1.58 million (Cumbria)**
Expenditure includes emergency housing costs to Local Authorities and Housing Associations who accommodate those made homeless by domestic violence, emergency housing benefit and refuges.

Civil Legal   **£0.3 billion (E&W)**   **£3.12 million (Cumbria)**
Half funded by legal aid and half by individuals – includes injunctions, divorce and child custody actions.

TOTAL COSTS   **£3.1 billion (E&W)**   **£31.11 million (Cumbria)**
OF SERVICES

Economic Output   **£2.7 billion (E&W)**   **£26.72 million (Cumbria)**
Includes cost of time off work due to injuries. Estimated half of such cost borne by employer and half by the individual in lost wages.

Human and emotional costs   **£17.086 billion (E&W)**   **£170.86 million Cumbria)**
Costs of emotional and physical pain and suffering based on HO and Dept of Transport methods for calculating comparable circumstances of crime and injury.

TOTAL COSTS OF DV
£23 billion (E&W)
£229 million (Cumbria)

Sue Griffiths University of Sunderland August 2006

Appendix 1D

Evaluation Methodology

Introduction

This was a multi-method evaluation focusing on both process and impact outcomes to evidence the effectiveness of the early intervention model being tested by each Project. An essential part of the evaluation's remit was to be reflective: to identify learning and allow key informants to reflect on their own learning. Consequently, annual reports were given to each Project and, during process interviews opportunities were given to reflect on respondents' observations and those of the evaluation team. Quantitative and qualitative data were analysed to provide insights into how each Project developed and what impacts each had on victim/survivors, their children and perpetrators of domestic violence.

There are four parts to this discussion. In the first, there is an explanation of the key evaluative questions asked, the sources of data used to address these questions and the key indicators of impact used. In the second part, there is an explanation of the key measures used in the evaluation. In the third, there is an account of how the quantitative and qualitative data were collected and a profile of the samples. The final part is a summary of learning gained through the evaluation process.

Evaluation questions and indicators

Data were identified to address the following core evaluation questions:

1. To what extent was an early intervention model effective in improving the health and well-being of victim/survivors of domestic violence and their children?

2. What impact did each Project have on victim/survivors and their children?

3. What impact did each Project have on perpetrator accountability?

4. To what extent were the Projects able to achieve a holistic service?

5. How did MA working evolve during the life of each Project?

Indicators of the early intervention model were identified in each Project as:

- re-referral rates to the Gateshead Project and rates of repeat police incidents for victim/survivors engaging with the Cumbria Project;[167]

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[167] The Letgo database did not allow for a record to be made of re-referrals and in this case police data was used for those victim/survivors engaged with the Project.

- risk reduction[168] based on risk assessment (RA) checklists completed by Independent Domestic Violence Advocates (IDVAs), and perceptions of victim/survivors and given as scores within the Safer Families and Letgo database, and questionnaires with victim/survivors respectively. In addition, in Letgo, at review, IDVAs' perception of risk reduction was also recorded in the database as was victim/survivors' perception of their safety.

- evidence that engagement with the Projects facilitated victim/survivors in recognising their experience as domestic violence;

- MA working as evidenced by databases at Safer Families and Letgo;

- improvement in self-perceptions of health and well-being based on feedback in interviews with victim/survivors;

- evidence of confidence in the Projects indicated by how victim/survivors rated the quality of the service they had received;

- evidence that engagement with the Projects had given victim/survivors confidence about future help-seeking;

and in the Cumbria Project:

- evidence that different outcomes, Project effort and time engaged with the Project was correlated with different groups of victim/survivors.

Definitions of key measures

Engagement

In both Safer Families and Letgo a manual trawl of all the contact notes of referrals was made to ascertain who was engaged with the Project. Engaged victim/survivors were identified as any of those who had contact with an IDVA where an action was recorded – including those who subsequently disengaged. Those victim/survivors who were repeat referrals were counted as engaged if they had engaged at least once in a series of referrals even if they did not engage at any subsequent referral.

Risk and risk reduction

Safer Families provided data that gave the risk ascribed at intake and at close of case in 157 cases. The RA was given a score of 4=very high risk, 3=high risk, 2=medium risk and 1=standard risk. Risk reduction was calculated by taking the score at close of case from the score at intake.

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[168] The evaluation team are grateful to The Hestia Fund, Sigrid Rausing Trust and Henry Smith Charity IDVA evaluation for allowing us access to their fields in the Letgo database on risk and changes made by victim/survivors: Howarth, E., Stimpson, L., Barran, D., Robinson, A. (2009) *Safety in Numbers: A Multi-site Evaluation of Independent Domestic Violence Advisor Services*, London: The Henry Smith Charity.

From the Letgo database, three RA tools were used to explore risk reduction: Two intake RAs and the review RA were based on the Co-ordinated Action Against Domestic Abuse (CAADA) RA checklist and review questions. The intake RA fields were the 'Concern Score' and the 'Yes Score' and gave independent scores that depended on boxes ticked in the RAs. The 'Yes Score, gave a count of the number of questions on the risk review questionnaire answered 'Yes', with a potential maximum of 31; secondly the 'Concerns Score', gives a score out of 5, based on whether there are significant concerns relating to the five main indicators of risk, namely previous convictions, injuries inflicted, use of weapons, threats of suicide and threats to kill. A calculation was made based on the difference between the scores at intake and the scores at review.

The review RA was based on three factors: the first was the intake RA which produced a score based on the answers checked; the second was risk reduction based on the perception of the IDVA; and the third was a question about improved safety based on the perception of the victim/survivor.

In both Projects, feedback from dip samples and exit interviews with victim/survivors (see below) was also collected which included questions asking about their perception of risk and safety prior and subsequent to engagement with each service. Victim/survivors were also asked about their perception of their health and well-being and that of their children's prior and subsequent to engagement with each service.

Victim/survivor making changes

The 'Changes Made' field in the Letgo database gave data on five possible ways in which victim/survivors might make changes: their coping, support networks, housing, substance use and engagement with a pattern-changing course. Changes made by the victim/survivor were indicated by a yes/no answer based on whether the IDVA believed the victim/survivor had made changes.

Project Effort

In the Gateshead Project, project effort was indicated by a count of the contact notes attached to each victim/survivor in the database. These were free text fields and allowed the IDVAs to record chronologically, as in a case file, the work they have conducted with or on behalf of victim/survivors. Each contact note was dated and a record given of 'work done' with or on behalf of the victim/survivor which included MA working with partner agencies. However, some contact notes record only one 'action', whereas others may record several actions. Since the spread of these multiple tasks within single contact notes occurred throughout the referrals, this crude count was used as a way of indicating the amount of investment made with each referral.

In the Cumbria Project there were two indicators of project effort: a count of contact notes calculated on the same basis as that done in the Gateshead Project and the 'contact level' field which indicates how many contacts have been made solely with a victim/survivor. These are coded within the database as Level 1 = less than 5 contacts, Level 2 = more than 5 contacts, Level 3= extensive.

Multi-agency working

In the Gateshead Project the number and type of agencies who had been involved in supporting engaged victim/survivors were identified and counted as an indicator of MA working.

In the Cumbria Project the field 'Support Given' included questions about the numbers and type of agencies who were supporting engaged victim/survivors. However, these findings did not reflect the breadth of the partnership-working that Letgo was involved with. Since October 2007, the database field that identified all agencies referred on to was discontinued in favour of the 'review support given' question. The list in this question was necessarily more generic (as it is part of a national evaluation) and was not able to reflect the variety of local voluntary agencies that Letgo works with. For example, at the Northern Rock Foundation (NRF)/University of Sunderland Seminar on Multi-Agency Working[169], the deputy manager of Letgo presented a case study of a victim/survivor and indicated the web of support provided with Letgo acting as the hub. The following is the list of agencies that were involved with the support of the case study[170]:

- Multi-agency Risk Assessment Conference (MARAC)
- PDSI – door monitor and intercom
- solicitors – civil legal orders
- GP – counselling referral
- Churches Together – social network
- Action for Blind People – completing forms
- Crossroads – liaising with PDSI
- Cocoon Watch – family and neighbours.

Apart from MARAC none of these agencies can be identified in the 'support given' field except PDSI, which would be categorised in 'Social Services' and would not be identified as adult social services.

Methods of data collection

Process Evaluation

Six-monthly interviews (dependent on availability) were undertaken with senior managers and frontline staff of agencies signed up as partners to each Project. These interviews started soon after each Project was informed of its successful bid (September 2004 for Gateshead and January 2005 for Letgo) and continued until final interviews in 2008 for both Projects. Table 7.1 (below) shows a breakdown of the interviews in each Project. Interview themes explored with frontline staff included:

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[169] Held on 3 July 2009.

[170] PDSI is the Physical Disability and Sensory Impairment Team (Adult Social Care) which offers assessment and practical support for adults with disability; and Cumbria Crossroads (previously Carlisle Crossroads) provides respite care for carers and emotional and practical support for disabled people and those with life-impairing conditions.

- what MA working was/should be
- what MA working relationships were like currently
- had the Project had an impact on MA working relationships
- hopes and fears for the new Project
- impact of rurality on domestic violence and services to respond to this
- awareness of own agency's role in the new Project
- challenges and solutions
- new developments.

Interview themes with senior management of partner agencies were similar to the above but also included exploration of:

- progress of Project
- involvement of senior management of partner agencies
- future sustainability
- lessons learned.

Table 7.1: Numbers of interviews in each Project

Project	Senior management (no. of interviews)	Frontline staff (no. of interviews)	Support groups* (no. of interviews)	Total no. of interviews
Letgo	55 (5)	52 (4)	12 (5)	119
Gateshead	98 (6)	72 (5)	NA	170
Total no. of interviews	153	124	12	289

* Support Groups were regional groups who became involved with and supportive of the Cumbria Project's aims and objectives but were not formally signed-up partners; they were unique to the Letgo Project. In the Gateshead Project, Victim Support management and frontline staff were interviewed, since, although neither a signed-up Project partner, nor a 'support group', they were linked to the Project via Police referrals.

The process evaluation also included attendance at and observation of the strategic boards overseeing each Project and the steering groups responsible for the operational aspects of each Project:

- Gateshead domestic violence partnership (formerly Domestic violence forum) – 15 (December 2004–June 2008)
- Safer Families Crisis Intervention Service – Steering Group (later called Crisis Intervention Operation Group) – 16 (May 2006–November 2007)
- Letgo Strategic Management Board (SMB) – 21 (May 2005–October 2008)
- Letgo Steering Group – 5 (November 2005 – May 2007).

Impact Evaluation

1. Qualitative data: service users

While it is recognised how crucial it is to include the voices of victim/survivors in any evaluation of domestic violence services, it is also acknowledged how difficult this can be to achieve[171]. To address this, the same questionnaire[172] was carried with two groups of victim/survivors.

- Ex- Project users were invited to take part in an exit interview.

- All willing victim/survivors who were in contact with Safer Families and Letgo during a given week were invited take part in the questionnaire, thereby forming a dip sample. There were three such dip samples undertaken in Safer Families and Letgo at six-monthly intervals over a period of 18 months.

In Cumbria, the dip samples took place the week beginning:

- Monday, 12 November 2007
- Monday, 14 July 2008
- Monday, 30 March 2009.

In Gateshead, the dip sample took place the week beginning:

- Monday, 14 April 2008
- Monday, 13 October 2008
- Monday, 18 May 2009

The dip sample method proved most successful in obtaining the views of victim/survivors. Both Projects were instrumental in coordinating contact between the evaluation team and victim/survivors during these weeks. The questionnaires were then conducted either face to face or over the telephone. This process resulted in 31 interviews in the Gateshead Project which was 11% of the total number of victim/survivors engaged with the Project and 25 in Letgo which was 8% of the total number of engaged victim/survivors.

2. Quantitative Data

Evidencing the impact of the Projects was limited to the two most consistently available quantitative data sources:

- Police and Crown Prosecution Service (CPS) quantitative data on incidents reported, police actions and, where charges were made, court outcomes. The process of

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[171] Hague, G. and Mullender, A. (2006) 'Who Listens? The Voices of Domestic Violence Survivors in Service Provision in the United Kingdom'. *Violence Against Women*. Vol. 12 No. 6: 568–587; Robinson, A and Tregidga, J. (2007) 'The Perceptions of High Risk Victims of Domestic Violence to a Coordinated Community Response in Cardiff, Wales'. *Violence Against Women*, Vol. 13 No. 11: 1130–1148.
[172] See Appendix 1G.

identifying relevant police cases (by arrest and charge) then linking them to CPS data and the domestic violence services' databases was a lengthy and complex one.

- o **I**n Gateshead these data were collated by the evaluation team trawling the police criminal intelligence systems and linking the retrieved information with both CPS and database records. In Gateshead, repeat victimisation rates were not available for the pre- or Project years. Prior to April 2008, repeat victimisation rates were miscounted in that repeat *incidents,* rather than individual victim/survivors of an incident, were counted as repeat victimisation rates. For example, a first police attendance to a certain victim/survivor in January followed by another police attendance in March would be counted as two repeat victims rather than one. Consequently, the Northumbria force area appeared to have high repeat victimisation rates as a single repeat victim/survivor could be counted as 20 should s/he have been attended on 21 occasions. From April 2008, a new system for logging domestic violence incidents and calculating repeat victimisation rates was installed. However, this is not a retrospective system and so accurate repeat victimisation rates were not expected to be properly recorded until April 2010.[173] Limited pre-Project police data were made available covering the period July 2002 to June 2005 (the month before the Project started).

- o In Cumbria the SMB used a data collection and analysis service, Cumbria Partnership Support (CuPS), based at the police force's headquarters. It was this service that the evaluation team met with and agreed the data to be collected and the interpretation of these data for the Project's evaluation. During the first three years of the Project, CuPS devised an interactive CD that was distributed to members of the SMB. This CD contained specific information on domestic violence incidents, repeats, arrests and (latterly, although incomplete) convictions. The CD enabled viewers to select areas of particular relevance (e.g. North, South and West Cumbria) including the selection of the Letgo area of Eden and rural Carlisle. CuPS was only able to identify a small number of cases where CPS outcomes for incidents resulting in arrest and charges existed. Consequently, it was not possible to conduct an impact analysis approach on the Letgo data.

- Project databases: This provided varying degrees of demographic information. Although the Letgo database was far better utilised than the database at Safer Families, there were some deficiencies in recording that increased over time.

- o Letgo**:** The database also provided extensive demographic data of the victim/survivors RA levels at referral and review; numbers of contacts made by Projects in relation to individual victim/survivors; and numbers and types of other agencies involved. Data was collected from this database for the 36 months between January 2006 and December 2008.
- o Gateshead: The database was only able to provide demographic data on gender and age. Data that had been retrieved from paper files was provided about RA levels at referral and case closure, numbers of contacts made by Projects in relation to

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[173] This situation was clarified with a member of the Public Protection Unit (PPU) at police HQ in April 2009.

individual victim/survivors, and onward referrals made by Projects in four dip sample periods, January to March, between 2006 and 2009.

Evaluation lessons

Undertaking the evaluation of MA domestic violence initiatives is a complex process that has not been frequently attempted.[174] Evaluation of individual agency-led initiatives or of individual aspects of a MA initiative is the more typical approach. In this evaluation, we planned to stitch together the numerous partner agencies of each Project and use their data to provide a collective set of indicators demonstrating the impacts of the two Projects. In practice, the evaluation showed how little linking there was across agencies working in the same arena (e.g. criminal justice system [CJS]) and in relation to specific issues such as domestic violence so that evidencing a joined-up approach to tackling domestic violence was severely hampered. Lessons for funders and for the design of evaluations include:

- Agreement should be achieved early on in the development phase about how the project will be monitored by each agency: which indicators will be used and over what time period, including baseline data where available.

- Funding of initiatives should include agreements as to which data will be recorded, made available, from which agencies and within what timetable.

- This could include a requirement for bids to include an audit of databases available and/or proposed.

- Definite time-periods for the development and set-up of databases integral to Projects' services should be agreed in advance of awards being finalised.

- Project staff should be sufficiently trained in the use of databases and the purposes of monitoring.

- Databases should, as far as possible, be developed so that data collected for monitoring purposes are embedded in fields that are routinely maintained, thus reducing the need for hard-copy files and facilitating analysis for monitoring and evaluation purposes.

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[174] See, for example, Hester, M. and Westmarland, N. (2005) Tackling domestic violence: effective interventions and approaches (PDF). Home Office Research Study 290. London: Home Office.

Appendix 1E

Dip Sample and Exit Survey Questionnaire
Northern Rock Foundation Evaluation

A. Introduction

Database ID number:
Date of survey:
Time of survey:
Contact method:
Contact date with Project:
Type of Contact with Project:

Comment:………………………………………………………………………………………………………
………

Thank you for sparing the time to take part in this survey. The questions last a few minutes. We're interested in finding out how Letgo has helped you and if you have any suggestions about how the service could be improved. We talk about dv in this questionnaire and by this we mean any physical, sexual or psychological abusive behaviour you may have experienced. We won't be using any names and all the information will be treated confidentially. You don't need to answer any questions you don't want to. Send £10 voucher.

B. About you…

1. How old were you on your last birthday? …………………………….
16–17 []   34–41 []   58–65 []
18–25 []   42–49 []   66–73 []
26–33 []   50–57 []   73+   []

2. Are you currently employed?
Full time []   Part time []   Student []   Home-maker []
Incapacity benefits [] Unemployed []   Other [](please specify)…….

3. Are you currently in a relationship?
Yes []   No []

4. Is it with the partner/person who led you to have contact with Letgo?

Yes []   No []

If yes, do you currently live with the partner who led you to have contact with Letgo?
Yes []   No []

If No [] do you still have contact with the partner/person who led you to have contact with Letgo?
Yes []   No []

If yes, is this for child access/ contact reasons?
Yes []   No []

Are there any issues/ problems with contact arrangements?

Comment……
……………………………………………………………

4a. Can I ask, was this partner/person a man or a woman? Man []   Woman []

5. Do you have any children?
No children []   pregnant []   1 []   2 [] 3 [] 4 [] 5 [] 6 [] 6+ []

5a. Can you tell me their ages?
1st …yrs   2nd ….yrs 3rd ….yrs   4th….yrs   5th….yrs   6th….yrs

6. How would you define your ethnicity?
White British []   White Other []
Mixed-White and Black []   Mixed-White and Asian []
Asian or Asian British []   Black or Black British []
South East Asian (Chinese, Japan, Thailand) []
Other [] please specify………………

7. How would you describe your current housing ?
Owner []   Refuge/Safe House []
Private Rented []   Staying with friends []
Housing Association Rented []   Staying with family []
Council Rented []   Temporary accommodation i.e. B &B []
Other [] (please specify)………………………………………….

C. Seeking Support…

---

8. Before you had contact with Letgo, had you told anyone about the domestic violence you were experiencing? (tick ALL those that *did* know.)

Your family	[]	GP	[]
Friends	[]	Midwife	[]
His family	[]	Health visitor	[]
Your work colleagues	[]	Police	[]
Neighbour	[]	Social services	[]
Church/faith Groups	[]	Other	[] (specify)………………………

[S=significant i.e. respondent reply; then me to offer list]

9. Since your contact with Letgo do you feel more confident contacting *any* of those?
Less confident []   No change []   More confident []

10. So, about Letgo, were you referred or did you contact them yourself?
Referred by []

Police   []   Social Worker []   GP []   Health Worker []   Midwife []
Church []   Housing []   Rape Crisis []   Victim Support []
Probation []   Family member []   Friend []   Other []………………………..

10a. Can you remember, were you contacted within the first 24 hrs by the project?
Yes []   No []   Unsure []

I contacted them myself []
Telephone []   I left a message on project answer machine []
Visited Project []
Other [] (please specify)…………………………………………………………..

11. So, when was your first contact with Letgo?/So, when was that then?
Approximately
2.5 yrs ago []   1 yr ago   []   2months ago []
2   yrs ago []   6 months ago []   1 month ago []
1.5 yrs ago []   3–5months ago   []   less than a month ago []
This week []   Today []

12. How frequently have you had contact with Letgo since your first contact?
Rarely []   Monthly []   Daily []
Occasionally []Fortnightly []   Other [] (please specify)…………….
Frequently []   Weekly []

[Use B for beginning and R for recent-last 3 months]

13. We want to ask you about the services that Letgo provided. We know they can offer a range of services. If I read a list of possible services, can you tell me whether Letgo *did* offer you this service or whether Letgo referred you on elsewhere?

	Project Provided	Referred On
Risk assessment	[ ]	[ ]
Safety Planning	[ ]	[ ]
Emotional Support (listening)	[ ]	[ ]
Practical support	[ ]	[ ]
Counselling	[ ]	[ ]
Children's worker	[ ]	[ ]
Play therapist	[ ]	[ ]
Perpetrator work	[ ]	[ ]
Benefits	[ ]	[ ]

Housing	[ ]	[ ]
Solicitor	[ ]	[ ]
Criminal court case /domestic violence court	[ ]	[ ]
Civil court/remedies?	[ ]	[ ]
Police	[ ]	[ ]
Employment /training	[ ]	[ ]
MARAC	[ ]	[ ]
Other (specify) ……………………………	[ ]	[ ]

14. How would you rate the overall quality of the Project?
Very Poor []   Poor []   Average [] Good []   Excellent []

15. Looking back, what further support would have been useful from the Project?
………
……………………………………………………

16. I'd like to ask you a few questions about your safety before and after your contact with Letgo. Before contacting Letgo, how safe did you feel?
Not very safe []   Reasonably safe[] Very safe []

17. Since contacting Letgo, how safe do you feel; is it less, the same or more safe?
Less safe []   Same[]   more safe []

18. The next question is about risk. Before contacting Letgo what risk did you feel from his behaviour? [Read off list straight away]
No risk []   some risk []   increasing risk []

19. Since contacting Letgo how 'at risk' do you feel from his behaviour, is it less risk, the same risk or greater risk?
Less risk [] same risk []   at greater risk []

D. Other Services

20. Since having contact with Letgo, what other services have you been in contact with?
[I've got a list here can I go through it] Circle relevant below

21. How would you rate these agencies in terms of quality of service in dealing with domestic violence?
[S=significant i.e. respondent reply, then me to offer list]

GP	Poor[] Average[] Good[]
Helpline	Poor[] Average[] Good[]
Midwife	Poor[] Average[] Good[]
Health visitor	Poor[] Average[] Good[]
Police	Poor[] Average[] Good[]
Children'sServices	Poor[] Average[] Good[]
Faith group	Poor[] Average[] Good[]
Solicitors	Poor[] Average[] Good[]

Benefits	Poor[]	Average[]	Good[]
Helpline	Poor[]	Average[]	Good[]
Samaritans	Poor[]	Average[]	Good[]
VictimSupport	Poor[]	Average[]	Good[]
WitnessSupport	Poor[]	Average[]	Good[]
Housing	Poor[]	Average[]	Good[]
Criminal Court/Special DV Court	Poor[]	Average[]	Good[]
Civil court/remedies	Poor[]	Average[]	Good[]
Other(specify)	Poor[]	Average[]	Good[]

E. What impact did your experience have on you?

---

22. We know that living with domestic violence can have an impact on people's health and well-being. We've got a list of possible effects. I'd just like to read them off and can you tell me if they're relevant to you?

Physical health []   Mental health (diagnosed) []
Depression []   Low self-esteem []   Increased use of alcohol []
Stress/anxiety []   Self blame []   Increased use of prescribed drugs []
Self-harm []   Anger/frustration []   Increase use of recreational drugs []
Considered suicide []   Other [] (specifiy)…………………………………………

23. Before you contacted Letgo, how would you rate your health and well-being?
Poor []   Average []   Good []

24. Since contacting Letgo, how would you rate your health and well-being, now?
Worse []   Same []   Better[]

25. We know that domestic violence can also have an impact on children whether they have witnessed it or not. I want to go through a list and ask if you think any of your children have experienced any of the following:

Behavioural Problems at school [] a) attendance [] b) educational achievement [] c) being bullied at school [] d) have they started bullying themselves[?] at school?

Depression []   Low self-esteem []
Stress/anxiety []   Self blame/guilt []
Mental health problems-diagnosed []   Physical health problems []
Self-harm []   Anger/frustration []
Other [] (specify)…………………………………………………………………………

26. Have your children received any help from Letgo?
Yes []   No []   Unsure []

26a. If yes,
a) did they refer your child/children on []
b) are they seeing the children's worker

c) are they seeing the play therapist []
c) both []

27. How do you rate the quality of service of Letgo to your children?
Poor []   Average []   Good []

28. Before you contacted Letgo, how would you rate your children's health and well-being? [Denote 1st (eldest), 2nd, 3rd youngest child]
Poor []   Average []   Good []

29. Since contacting Letgo, how would you rate your children's health and well-being now? [Denote 1st (eldest), 2nd , 3rd (youngest) child]
Worse []   Same []   Better []

30. Has the children's health improved at all?
Yes []   No []   Not sure []

That's all the questions we wanted to ask you, unless there's anything else you want to say?
Thank you very much for your time and taking part in this questionnaire/evaluation

Comment:………
………
……

Appendix 2A

Diagram 2.4 Engagement by Initial Risk Assessment
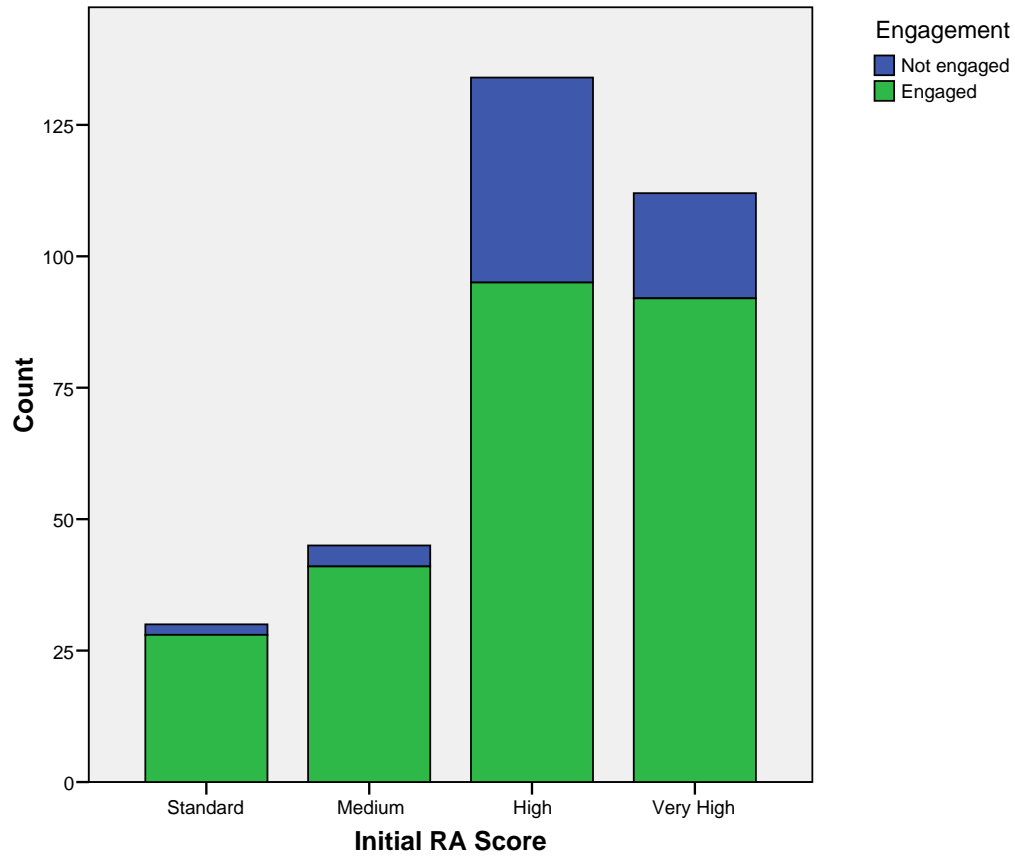
Appendix 2B

Safer Families Risk Indicator Checklist

Crisis Intervention Service
Initial Risk Assessment (Victim)

Date		Time		Worker's name	

Victim

Name			Date of Birth		M/F	
Address						
Safe Contact Number						
Car Details	Make/Model		Colour		Reg. No.	

Perpetrator

Name		Date of Birth		M/F	
Address					
Telephone number					
Which Police Station?					
Car Details	Make/Model		Colour		Reg. no.	

Relationship Status									
Married		Non-Cohabiting		Divorced		Separated		Co-habiting	

If separated – How long?			Risk Indicator Checklist	Yes	No

Less than 7 days	
Up to 3 months	
3–6 months	
6 months–year	
More than a year	

completed?		
Very High		
High		
Medium		
Standard		

Victim

 Initial Risk Indicator Checklist

1. Does perpetrator have a criminal record for violence or drugs?	YES	NO
If "YES" tick box if domestic abuse related	YES	NO
2. Has the current/most recent incident resulted in injuries? (specify)	YES	NO
If "YES" does this cause significant concern?	YES	NO

3. Has the incident involved the use of weapons?	YES	NO
If "YES" does this cause significant concern?	YES	NO

4. Is the perpetrator experiencing financial problems, which contributed to this incident?	YES	NO	
5. Does the perpetrator have/had problems with alcohol, mental health or drugs?	YES	NO	
If "YES" Specify	Alcohol	Mental Health	Drugs

6. Is victim pregnant?	YES	NO
7. Has the perpetrator behaved in an obsessively jealous or controlling way?	YES	NO
If "YES" does this cause significant concern?	YES	NO

8. Has there been/is there going to be, a relationship separation	YES	NO

9. Is the perpetrator using child contact as a means of continuing to abuse/control the victim? Give details in summary	YES	NO

10. Has perpetrator threatened to kill victim in the last 12 months, in a manner that made the threat seem real?	YES	NO
If "YES" does this cause significant concern?	YES	NO

11. Has perpetrator attempted to strangle/choke/smother past or current partner?	YES	NO

12. Has the physical violence become worse and/or is it happening more often?	YES	NO

13. Has the perpetrator made serious threats/attempts at suicide in the last 12 months?	YES	NO

14. Has the perpetrator got a history of breach of civil or criminal orders relating to domestic violence (e.g. bail conditions/non-mol. orders)	YES	NO

15. Has perpetrator used tactics of sexual abuse against the victim?	YES	NO

16. Does the victim express fears regarding how the perpetrator will behave following this incident? Give details in summary.	YES	NO

17. Does the victim feel the perpetrator will kill her?	YES	NO

18. Does the victim feel isolated from family/friends? If "YES" give details below (include if victim resides in isolated area).	YES	NO

19. Does victim suspect he/she is being stalked? If "YES" give details below.	YES	NO

20. Has victim contemplated suicide related to the abuse? If "YES" give details below.	YES	NO

Staff observations/concerns

Worker's Name	

Appendix 2C

Table 2.2 Recording of initial risk assessments over time

		Year				Total
		2006	2007	2008	2009	
Safer	Very High	2	37	24	49	112
Families	High	17	36	22	59	134
initial RA	Medium	3	32	10	0	45
	Standard	3	14	13	0	30
	Unknown (percentage of total)	63 (71.5%)	86 (42%)	64 (48%)	2 (2%)	215
Total		88	206	134	110	538

Diagram 2.5 Risk Reduction by Year
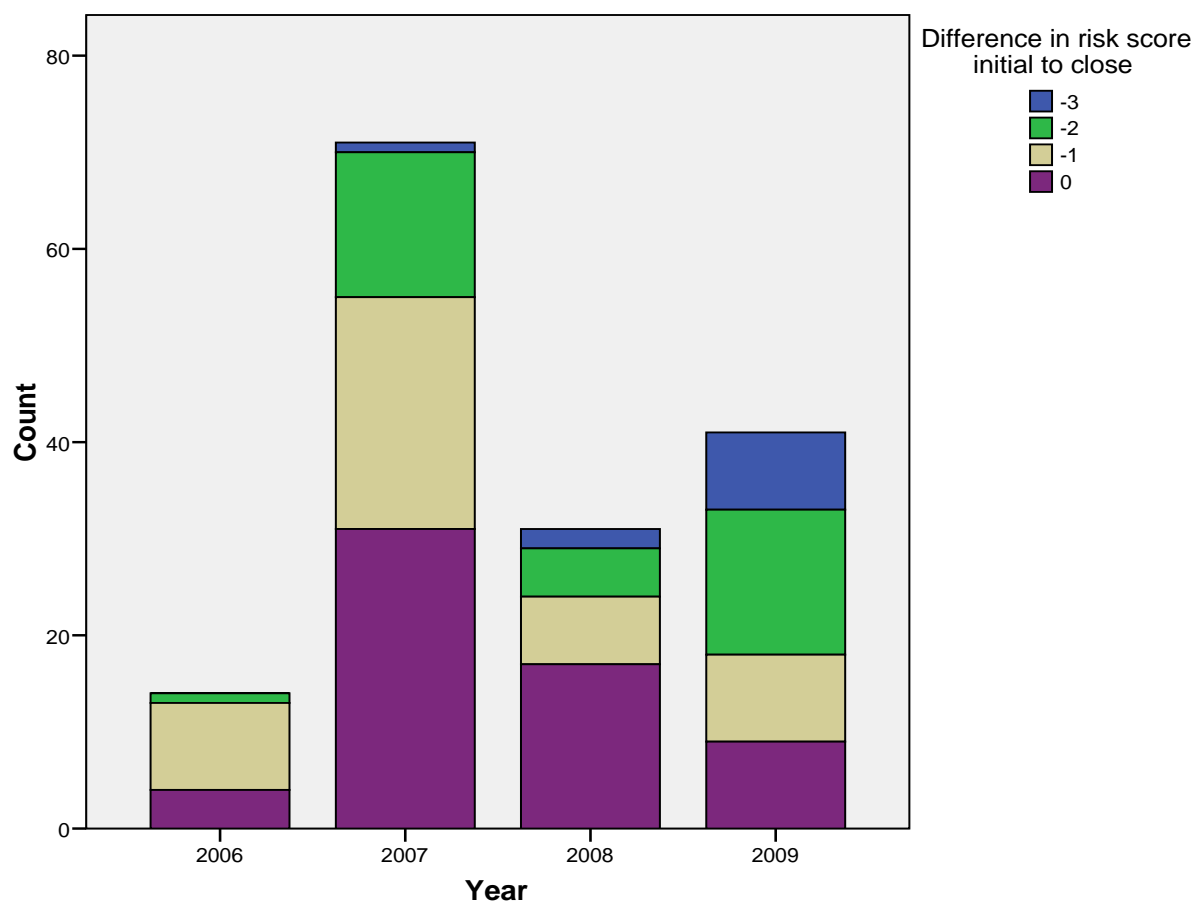
Appendix 2D

Demographic Profile of the Dip Sample and Exit Interview in the Gateshead Project

- Thirty-one women took part in the dip sample and exit interviews:

- The age of women ranged between 18 and 43 years. The majority of women (52%, N=16) were in their twenties and the average age was thirty years.

- All identified as White British.

- The majority (N=26, 84%) were not in a current relationship.

- All were heterosexual.

- Twenty-eight (90%) were mothers; nine (29%) had one child, ten (32%) had 2 children, eight (26%) had three children and one (3%) had four children.

- Eleven (35%) of the women were full-time home makers; three (16%) were employed full-time, five (16%) part-time; and four (13%) were unemployed[175]. One woman said she was on sick leave and another that she was unemployed as a result of domestic violence.

- The largest numbers (N=19, 61%) of women were renting; of these 10 (53%) were in council properties; five (26%) were in housing association; and four (21%) were in privately rented properties. Of the rest, four (13%) were 'homeless' as they were staying with family; five (16%) were owner occupiers and one woman was in a refuge.

The dip sample/exit interview sample was 'typical' of the victim/survivors using Safer Families in age and gender.

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[175] Numbers may not add up to 31 as not all questions were answered by all of the respondents.

Diagram 2.7 Agency Involvement Versus Initial Risk Assessment
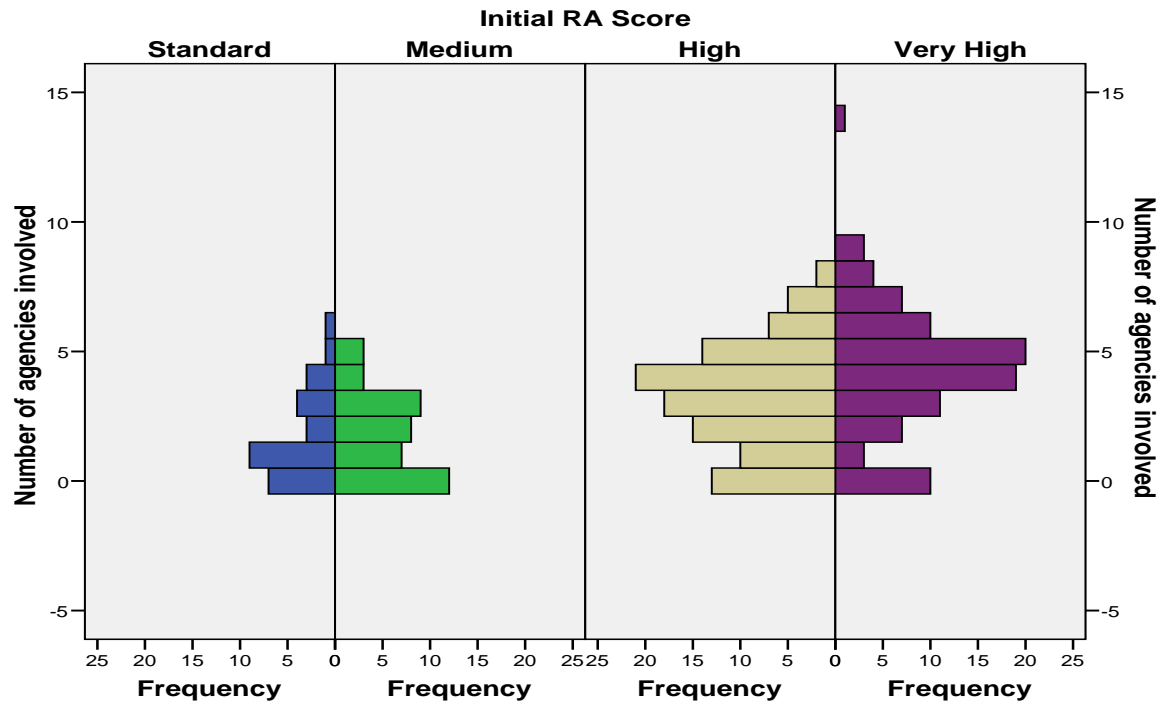
Diagram 2.8 Agency Involvement Versus Risk Reduction between Entrance and Closure of Case

Appendix 2G

Legend:

- Let Go Area
- Partially Let Go Area
- Non Let Go Area
- ▪▪▪▪ Let Go Border
- ⊙ Let Go Project (Penrith)

CA6
9.7% Engaged
13.6% Not Engaged

CA8
12.7% Engaged
14.0% Not Engaged

CA1, CA2, CA3
1.5% Engaged
3.3% Not Engaged

CA7
1.1% Engaged
0.4% Not Engaged

CA5
1.1% Engaged
2.1% Not Engaged

CA4
3.4% Engaged
5.8% Not Engaged

CA9
2.6% Engaged
1.2% Not Engaged

CA11
34.8% Engaged
34.6% Not Engaged

CA12
0% Engaged
0.8% Not Engaged

CA10
23.6% Engaged
14.0% Not Engaged

CA16
3.0% Engaged
4.9% Not Engaged

CA17
6.4% Engaged
5.3% Not Engaged

Longtown
Brampton
Wigton
Carlisle
Alston
Lazonby
Penrith
Keswick
Appleby in Westmorland
Crosby Ravensworth
Brough
Kirkby Stephen

Appendix 2H

Diagram 2.11 Distribution of Victim/Survivor Registration dates[176]

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[176] Registration of referrals in 2004–2005 are explained because one of the new members of staff at Letgo brought with her clients she had from her previous employment as a floating support worker at Impact Housing.

Appendix 2I

Table 2.6 Distribution of risk reduction in 'Yes Score' Scores for engaged victim/survivors across the life of the Project by year and in total

Risk reduction on 'Yes Score'[177]	2006	2007	2008	2006–2008
−17	0	0	1	1
−3 to −1	3	4	0	7
No difference	2	5	2	9
1–5	19	25	8	52
6–10	18	24	8	50
11–15	2	2	0	4
16–24	1	0	0	1
Numbers of RAs	45	60	19	124
(% of total)	(36%)	(68%)	(30%)	(45%)
Missing	79	28	45	152
(% of total)	(64%)	(32%)	(70%)	(55%)
Total numbers of victim/survivors	124	88	64	276

Table 2.7 Distribution of risk reduction in 'Concern' Scores for engaged victim/survivors across the life of the Project by year and in total

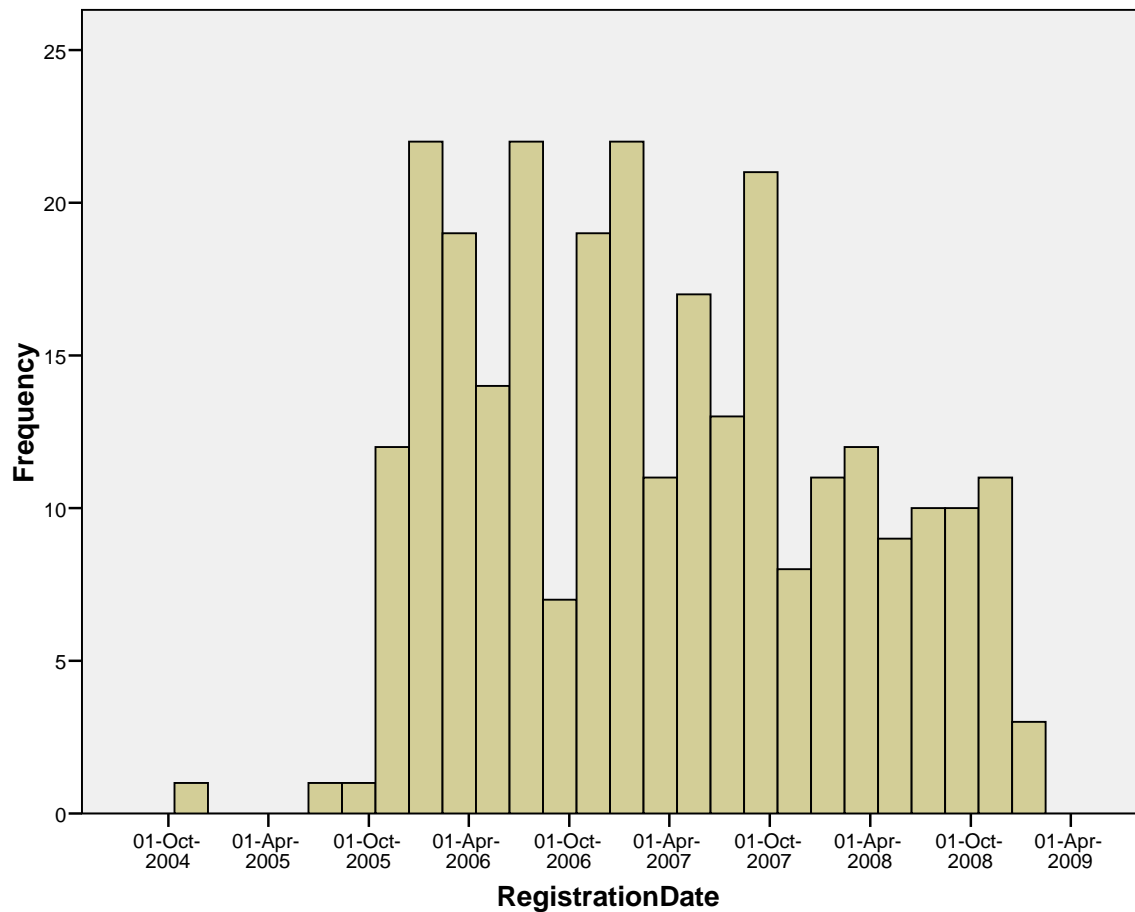| Difference scores For 'Concern Score'[178]	2006	2007	2008	2006–2008
−4			1	1
−3				
−2	1			1
−1	3	8	2	13
No difference	17	22	9	48
1	12	15	3	30
2	9	9	3	21
3	2	5	1	8
4	1	1		2
Numbers of RAs	45	60	19	124
(As % of total)	(36%)	(68%)	(30%)	(45%)
Missing	79	28	45	152
(As % of total)	(64%)	(32%)	(70%)	(55%)
Total numbers of victim/survivors	124	88	64	276

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[177] The range of scores for the 'Yes' score was from −17 to +24. A positive value for the score difference indicates a reduction in risk.

[178] The range of scores for the 'Concern' score was from −4 to +4. A positive value for the score difference indicates a reduction in risk.

Appendix 2J

Demographic profile of the Letgo Sample from the database

Victim/survivor profile of engaged victim/survivors from the database

Nature of abusive relationship: 276 of the engaged victim/survivors (91% of the total number of engaged victim/survivors) were in intimate partner relationships; of these, 271 [98%] were female and 5 [2%] were male); 27 (9% of the total engaged victim/survivors) were in Non-Intimate relationships i.e. sibling or parent/child relationships; of these, 24 [89%] were female and 3 [11%] were male. [179]

Nationality: 269 (98%) were identified as White British, 2 (0.7%) were EU nationals, both Polish, 3 (1%) had been awarded British Citizenship and 2 were of unknown immigration status.

Age: the mean age of victim/survivors (data is available for 263 victim/survivor) was 36 years ranging from 16 to 81[180]; the distribution showed two peaks, one in the late 20s, and the other around 40.

Employment status: this was recorded for 151 (50%) of the victim/survivors – 34 (22.5% of those for whom status was recorded) employed full-time, 25 (17%) part-time, 8 (5%) self-employed, 46 (30.5%) homemakers, 25 (17%) unemployed, 6 (4%) on sickness benefit, 3 (2%) students, 4 (3%) retired.

Unemployed victim/survivors were more likely to be disabled (28.0%) than those who were employed full-time (15%) or part-time (4%). As might be expected, the highest levels of disability occurred in those on sickness benefit (100%), and retired (50%).

Disability: overall, 44 (16%) of the sample of 276 victim/survivor were identified as having a known disability which was slightly lower than the UK as a whole[181] (14 [5%] of these were recorded as having a physical disability or sensory impairment and 27 [9 %] as having a mental disability, including learning difficulties, literacy and numeracy problems[182]).
Victim/survivors with a known disability were significantly older (median 41 years) than those without a known disability (median age 34 years). This is in line with the census data which indicate that disability becomes more common with increasing age.

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[179] Consideration of the records of those who did not engage with Letgo (many of which have no recorded data) indicates that there are no particular demographic characteristics that distinguish this group from those who did engage.

[180] Many of the records had missing values for age, but the majority had a date of birth, so age was recalculated for all records as the difference between the date of referral and the date of birth. This gave a result sometimes a year or two different from the age recorded on the database.

[181] In the 2001 census, 18.2 % of the UK population were recorded as having a long-term illness, health problem or disability, including more than 1 in 8 (more than 12.5 %) of working age. http://www.statistics.gov.uk/census2001/profiles/commentaries/health.asp.

[182] Where figures do not add up to the total this is because data were missing.

Victim profile: 5 of the sample (2%) were identified as male victims; 22 (8%) (2 of those were male) were identified as being perpetrators as well as victims; 224 were identified as victim only; and there was no information available for 30 referrals.

Relationship status: this was available for 262 of the sample, and showed that 21 were divorced (8.0%), 67 married (26%), 59 separated (22.5%), 73 single (28%), 41 co-habiting (16%), 3 (1%) were in female same-sex couples, 265 were in heterosexual couples.

Children: 187 victim/survivors (66%) were recorded as having children and 61 (22%) as not having children; 47 victim/survivors (17%) were recorded as having children 'at risk' and 104 (38%) as not[183].

Alcohol/drugs: 14 (5%) of the victim/survivors are identified as using drugs, 171 as not using drugs, and 91 as drug use not known; 35 (13%) were identified as using alcohol, 149 not using and 92 not known; overall, 43 (16%) used alcohol, drugs or both.

There was a statistically significant association between the victim/survivors' alcohol and drug use: they tend to use both, or neither, and are less likely than would be expected to use just one. There was also an association between disability and alcohol/drug use, with a tendency for them to occur together. Comparing alcohol/drug use with employment status, it was most prevalent among those on sickness benefit, and those who were unemployed. Owner-occupiers were the least likely to use alcohol, and there was a similar pattern for perpetrators with alcohol/drugs especially drugs.

Housing: Some analysis was done on those victim/survivors whose address changed during their time of being engaged with Letgo. The first of any multiple records was taken on the assumption that it best indicated the victim/survivor's housing status at the time of intake, and the last to indicate their housing status at the end of their involvement with the Project. Because of the large number of categories, all containing small numbers, statistical analysis was not very useful in this area, so the findings below should be taken as indications.

- The majority of victim/survivors had only a single address. For these, the first address was also the last address.

- The majority of moves of address involved the victim/survivor moving in with family or friends.

- There was an indication that owner/occupiers were the least likely to move, council and housing association tenants were the most likely, or at least, the most likely to move more than once.

- Younger victim/survivors were more likely to move which may reflect a greater mobility of the young in general.

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[183] Victim/survivors who do not have children are generally recorded as 'No' for the 'Children at Risk' category, although some appear as 'unknown'. One victim/survivor (ID 1580) is recorded as having children at risk but not having children, because she was pregnant and the unborn child was already on the 'At Risk' register.

The following other indications of relationships with housing status were found.

- Private tenants were more likely to have a review RA.

- Where the perpetrator was disabled, the victim/survivor was most likely to be a council tenant.

- Victim/survivors with a history of multiple abuse were most likely to be council tenants – this may be because they moved out of previous abusive relationships.

- The initial RA 'yes score' in the initial RA was lower for owner-occupiers than tenants.

History of abusive relationships: Of the 276 victim/survivors in intimate relationships, the majority (251, 91%) had a single current perpetrator associated with them, 18 (7%) had more than one, and data was missing for seven (2.5%). However, in the database there was an additional field that gave information about a victim/survivor's experience of previous abusive relationships. By combining these fields the following relationships emerge about those with a history of multiple abusive relationships who were: more likely to be identified as a "Perpetrator as Well"; more likely to use alcohol or drugs (considered combined or [with lower significance] separately); most likely to be described as single; more likely to be identified as disabled; more likely to be not in a male-perpetrator-female-victim/survivor relationship; had a higher yes score at review and greater yes score difference from intake to review; and had more contact notes.

Profile of the dip sample and exit interview sample: Twenty-four victim/survivors agreed to take part in the dip samples or exit interviews. The demographic profile of this group was:

- Age: The ages of the women in the sample ranged from those in their twenties to those in their fifties. The largest age group of women was those in their thirties (40%) and the average age was 39 years.

- Relationship status: Of the sample of women interviewed, a third (36%) were currently in a relationship and 64% were not in a relationship. All women were heterosexual.

- Children: All of the women except one were mothers. Six women had one child, eight had two children, seven had three children, and three had four children. The ages of their children ranged from 4 to 28 years and the average age was 10 years but there were no children aged under 1 year.

- Ethnicity: 24 of the women defined their ethnicity as White British; one as Polish.

- Employment status: In terms of employment status most women were employed (36% worked part time, 20% worked full time); and 8% were homemakers.

- Housing: The majority of victim/survivors lived in rented accommodation (68%). Of these, 35% were living in council homes and 35% were in housing association accommodation. Slightly less (29%) were living in private rented accommodation.

Twenty-four percent were homeowners. None of this sample classed themselves as homeless nor was any women in a refuge at the time of interview.

Existing demographic data available for *all* Letgo victim/survivors (303 in total) engaged with the project between January 2006 and 31 December 2008 indicate that the profile of the dip samples/exit interviews was representative of the victim/survivors of Letgo: she was a White British woman, in her thirties whose relationship to the perpetrator was usually that of an ex- spouse or partner (47%). A slightly higher percentage of those in the dip sample (67%) were not in a relationship at the time of interview.

Diagram 2.15: Changes in Support Level over Time
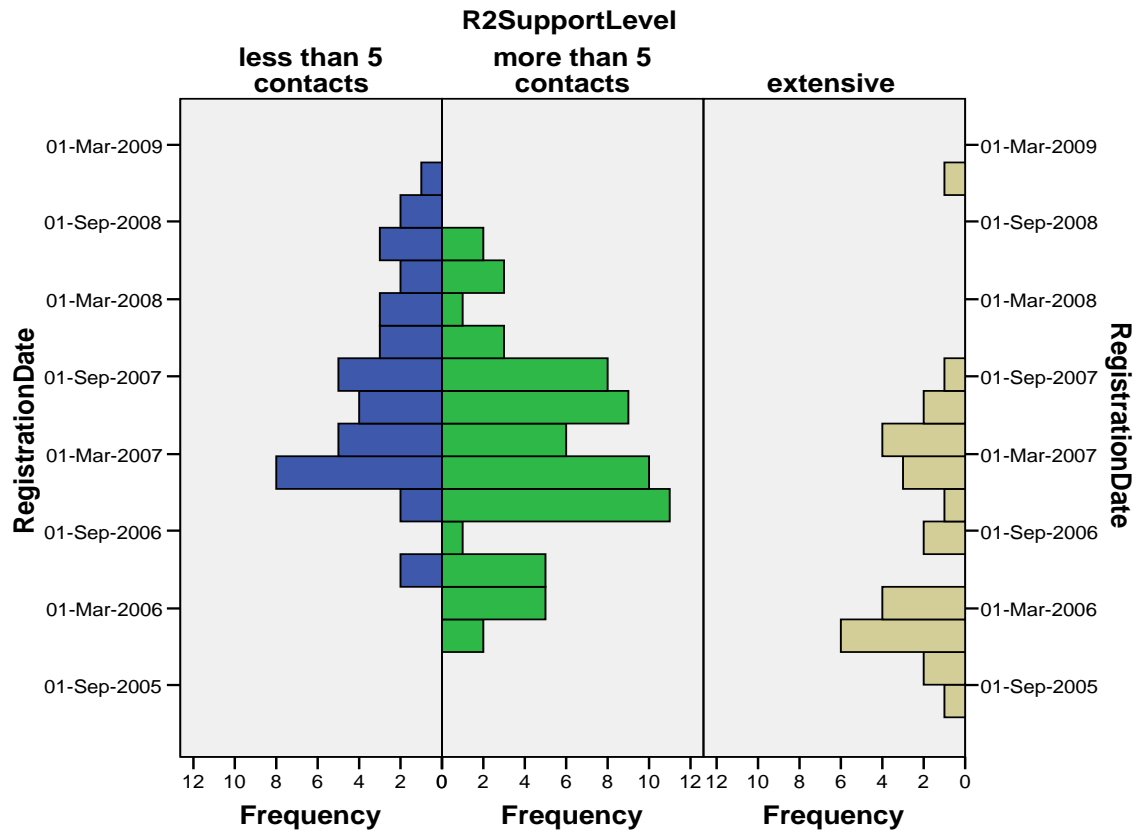
Appendix 3A

Table 3.1: Northumbria Force domestic violence incidents, arrests and referral rates

	April–March 2005–2006	April–March 2006–2007	% Yearly increase	April–March 2007–2008	% Yearly increase	April–March 2008–2009	% Yearly increase
Force domestic violence incidents	22,866	24,273	6%	25,659	6%	26,650	4%
Gateshead domestic violence incidents	3,629	3,536	−3%	3,876	10%	4,113	6%
Gateshead domestic violence incidents (as % of Force)	16%	15%		15%		15%	
Force domestic violence arrests (as % of Force incidents)	6,598 (29%)	7,441 (31%)	13%	8,967 (35%)	21%	8,488 (32%)	−5%
Gateshead domestic violence arrests (as % of Gateshead incidents)	998 (28%)	1,156 (33%)	16%	1,279 (33%)	11%	1,290 (31%)	1%
Gateshead domestic violence arrests (as % of Force arrests)	15%	16%		14%		15%	
Force domestic violence referrals* (as % of Force incidents)	1,666 (7%)	3,470 (14%)	108%	3,656 (14%)	5%	5,103 (19%)	40%
Gateshead domestic violence referrals (as % of Gateshead incidents)	315 (9%)	734 (21%)	133%	705 (18%)	−4%	943 (23%)	34%
Gateshead domestic violence referrals (as % of Force referrals)	19%	21%		19%		18%	

*Referrals are to any local support service though mainly to Safer Families or Victim Support in the Gateshead area

Appendix 3B

CPS Data – Outcome Codes/Reasons

E1 Inadmissible evidence – breach of PACE
E2 Inadmissible evidence other than breach of PACE
E4 Conflict of evidence
E5 Medical evidence missing
E6 Essential forensic evidence missing
E7 Essential legal element missing
E8 Unreliable witness or witnesses
E9 Key victim does not support case
E10 Key witness does not support case
E11 Unreliable/lack of identification

O33 Bind over acceptable
O34 Acquittal after trial
O34 Jury acquittal
O35 Other

P12 Effect on victim's physical or mental health
P13 Defendant elderly or in significant ill health
P14 Loss or harm minor and single incident
P15 Loss or harm outright
P16 Long delay between offence/charge or trial
P17 Very small or nominal penalty
P18 Other indictment/sentence
P19 Informer or other Public Immunity Issue
P20 Caution more suitable
P21 Youth of offender
P36 Inappropriate to compel victim
P37 Inappropriate to compel witness

U22 File not received from police – adjournment refused
U23 CPS not ready – adjournment refused
U24 Offence TIC (Taken Into Consideration)
U25 Victim refuses to give evidence or retracts
U26 Other witness refuses to give evidence or retracts
U27 Victim fails to attend unexpectedly
U28 Other civilian witness fails to attend unexpectedly
U29 Police witness fails to attend unexpectedly

CPS Outcome Code Categories for Discontinuances used in Analysis

Victim/Survivor Related Reasons
E9   Key victim does not support case
P12 Effect on victim's physical or mental health
P36 Inappropriate to compel victim
U25 Victim refuses to give evidence or retracts
U27 Victim fails to attend unexpectedly

Witness Related Reasons
E8   Unreliable witness or witnesses
E10 Key witness does not support case
P37 Inappropriate to compel witness
U26 Other witness refuses to give evidence or retracts
U28 Other civilian witness fails to attend unexpectedly
U29 Police witness fails to attend unexpectedly

Legal reasons
E1   Inadmissible evidence – breach of PACE
E2   Inadmissible evidence other than breach of PACE
E4   Conflict of evidence
E5   Medical evidence missing
E6   Essential forensic evidence missing
E7   Essential legal element missing
E11 Unreliable/lack of identification
U22 File not received from police – adjournment refused
U23 CPS not ready – adjournment refused

Reduced Sentence Reasons
O33 Bind over acceptable
P17 Very small or nominal penalty
P18 Other indictment/sentence
P20 Caution more suitable
U24 Offence TIC (Taken Into Consideration)

Other Reasons
O34 Acquittal after trial
O35 Other
P13 Defendant elderly or in significant ill health
P14 Loss or harm minor and single incident
P15 Loss or harm outright
P16 Long delay between offence/charge or trial
P18 Other indictment/sentence
P19 Informer or other public immunity issue
P21 Youth of offender

Appendix 3C

Table 3.2: Comparison of Gateshead and Northumbria domestic violence court case outcomes for 2005[184]

Magistrates' and Crown courts combined[185]	2005 Total
Total finalised	
Northumbria	1,423
Gateshead	183
Gateshead as % of Northumbria	13%
Guilty pleas	
Northumbria (% of Northumbria total)	897 (63%)
Gateshead (% of Gateshead total)	111 (61%)
Gateshead as % of Northumbria	12%
Guilty Verdicts (including cases proved in absence)	
Northumbria (% of Northumbria total)	65 (5%)
Gateshead (% of Gateshead total)	10 (5%)
Gateshead as % of Northumbria	15%
Discontinued (including judge-directed acquittals)	
Northumbria (% of Northumbria total)	454 (32%)
Gateshead (% of Gateshead total)	61 (33%)
Gateshead as % of Northumbria	13%
Victim/survivor reasons for discontinuances	
Northumbria (% of Northumbria discontinued total)	199 (44%)
Gateshead (% of Gateshead discontinued total)	29 (48%)
Gateshead as % of Northumbria	15%

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[184] Previously, the only domestic-violence specific data maintained by the CPS were limited to a regular single month snapshot (December) and the information was sorted under broad headings concerning numbers proceeded with, convictions and discontinuances.
[185] The number of cases going to Crown Court was relatively small for Gateshead: 20 in 2005 (11% of all Crown Court domestic-violence cases). In order to include these cases in the analysis, data from both magistrates' and Crown courts have been combined in this Table.

Appendix 3D

Table 3.3 Comparison of Gateshead and Northumbria domestic violence court case outcomes for years 1–4 of Project

Magistrates' and Crown courts combined	Year 1 2005/06	Year 2 2006/07	Year 3 2007/08	Year 4 2008/09
Total finalised				
Northumbria	1,509	2,008	2,282	2,525
Gateshead	180	228	307	393
Gateshead as % of Northumbria	12%	11%	13%	16%
Guilty pleas				
Northumbria (% of Northumbria total)	918 (61%)	1,251 (62%)	1,442 (63%)	1,684 (67%)
Gateshead (% of Gateshead total)	108 (60%)	132 (58%)	189 (62%)	272 (69%)
Gateshead as % of Northumbria	12%	10.5%	13%	16%
Guilty verdicts (including cases proved in absence)				
Northumbria (% of Northumbria total)	76 (5%)	78 (4%)	107 (5%)	99 (4%)
Gateshead (% of Gateshead total)	12 (7%)	8 (4%)	17 (6%)	10 (3%)
Gateshead as % of Northumbria	16%	10%	16%	10%
Discontinued (including judge-directed acquittals)				
Northumbria (% of Northumbria total)	509 (34%)	669 (33%)	728 (32%)	726 (29%)
Gateshead (% of Gateshead total)	59 (33%)	88 (39%)	100 (33%)	108 (27%)
Gateshead as % of Northumbria	11.5%	13%	14%	15%
Victim/survivor reasons for discontinuances				
Northumbria (% of Northumbria discontinued total)	239 (47%)	408 (61%)	477 (66%)	425 (59%)
Gateshead (% of Gateshead discontinued total)	26 (44%)	56 (64%)	57 (57%)	68 (63%)
Gateshead as % of Northumbria	11%	14%	12%	16%

Appendix 3E

Table 3.10: Comparison of domestic violence incidents in Letgo area and Cumbria County between April 2003 and March 2006

Cumbria and Letgo DV incidents	Cumbria	Letgo	Letgo as % of Cumbria	Cumbria annual increase %	Letgo annual increase %
Total pre-Project year January–December 2005	4231	262	6%		
Total year 1 January–December 2006	4220	220	5%	0%	−16%
Total year 2 January–December 2007	5016	368	7%	19%	67%
Total year 3 January–December 2008	4991	362	7%	0%	−2%

RV Incidents	Cumbria DV incidents	Cumbria RV %	Cumbria RV no.	Letgo DV incidents	Letgo RV %	Letgo RV no.	Letgo RV as % of Cumbria RV	Cumbria annual increase %	Letgo annual increase %
Pre-Project year January–December 2005	4231	37%	1563	262	27%	71	5%		
Total year 1 January–December 2006	4220	38%	1595	220	30%	67	4%	2%	−6%
Total year 2 January–December 2007	5016	41%	2047	368	36%	132	6%	28%	97%
Total Y3 January–December 2008	4991	43%	2136	362	38%	112	5%	4%	−15%

Arrests	Cumbria DV Incidents	Cumbria arrest %	Cumbria arrest no.	Letgo DV incidents	Letgo arrest %	Letgo arrest no.	Letgo arrest as % of Cumbria arrest	Cumbria annual Increase %	Letgo annual increase %
Pre-Project year January–December 2005	4231	30%	1274	262	27%	71	6%		
Total year 1 January–December 2006	4220	29%	1243	220	28%	62	5%	−2%	−13%
Total year 2 January–December 2007	5016	32%	1586	368	33%	120	8%	28%	94%
Total year 3 January–December 2008	4991	34%	1653	362	31%	112	7%	4%	−7%

Appendix 3F

Table 3.11: Cumbria and Letgo court finalisations for domestic violence related incidents

Cumbria/Letgo
NB Admin Finalised NOT inc in totals finalised as dealt with in later CC figures

All Courts	Total finalised		Letgo % of Cumbria finalised	Guilty plea/guilty plea+dismissed after full trial		Letgo % of Cumbria guilty pleas	Guilty pleas as % of total finalised		Guilty verdict/conviction after trial (including proved in absence)		Letgo % of Cumbria guilty verdicts	Guilty verdicts as % of total finalised	
	Cumbria	Letgo		Cumbria	Letgo		Cumbria	Letgo	Cumbria	Letgo		Cumbria	Letgo
Pre-Project year 2005	479			281			59%		12			3%	
Year 1 of Project 2006*	491	29	6%	299	23	8%	61%	79%	27	3	11%	5%	10%
Annual increase %	3%			6%					125%				
Year 2 of Project 2007	493	24	5%	359	18	5%	73%	75%	23	1	4%	5%	4%
Annual increase %	0%	−17%		20%	−22%				−15%	−67%			
Year 3 of Project 2008	613	111	18%	451	88	20%	74%	79%	30	5	17%	5%	5%
Annual increase %	24%	363%		26%	389%				30%	400%			

*Letgo data from April 2006 onwards.

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Appendix 3G

Table 3.12: Cumbria and Letgo discontinuances for domestic violence related incidents

Cumbria/Letgo

All Courts	Total finalised		Discontinued/dismissed/NEO/withdrawn/ judge-directed acquittals		Letgo % of Cumbria discontinued etc	Discontinued etc. as % of total finalised		Victim-based reasons Total victim-based reasons		Letgo % of Cumbria victim reasons	Victim reasons as % of discontinued etc.	
	Cumbria	Letgo	Cumbria	Letgo		Cumbria	Letgo	Cumbria	Letgo		Cumbria	Letgo
Pre-Project year 2005	479		186			39%		71			38%	
Year 1 of Project 2006*	491	29	163	3	2%	33%	10%	65	2	3%	40%	67%
Annual increase %	3%		−12%					−8%				
Year 2 of Project 2007	493	24	110	5	5%	22%	21%	51	3	6%	46%	60%
Annual increase %	0%	−17%	−33%	67%				−22%	50%			
Year 3 of Project 2008	613	111	131	17	13%	21%	15%	68	8	12%	52%	47%
Annual increase %	24%	363%	19%	240%				33%	167%			

*Letgo data from April 2006 onwards.

Appendix 4A

REPORT TO THE NORTHERN ROCK FOUNDATION ON THE SAFER FAMILIES DOMESTIC VIOLENCE SERVICE

September 2007

EXECUTIVE SUMMARY

Our visit to Gateshead revealed a group of able and committed practitioners from all agencies involved with the provision of domestic violence services for the City. However, there are organisational issues that are preventing the realisation of the goals set by the Foundation when this project was embarked on three years ago. We believe that with some simple restructuring, a service can be created that meets the needs of all the key stakeholders in the city and most importantly addresses the safety of victims most effectively within the resources available.

We would suggest that the Foundation considers the following options for the future:

- **Restructuring and refocusing the service:** We believe that the resources required to offer a city-wide service are significantly less than is currently the case if the service was re-organised in the ways set out below. We believe that the overall headcount could be reduced from the current figure of 18 to 10 while increasing the number of clients supported and improving partnership links.

- **Refocus the Crisis Service into a conventional IDVA service:** recent practice shows that the IDVA is most effective when focused on high and very high risk victims rather than on a strict definition of 'crisis' relating to a police call out. This includes referrals from health agencies in particular and also some self-referrals. We believe that this could be carried out with a smaller team than is currently employed, but deal with a larger number of cases, thanks to a more streamlined referral and case-management system.
- **Creation of a group work programme for children** in conjunction with partner agencies to support children based on the London, Ontario model. This would offer city-wide provision for children and build on the capacity and links with partner agencies. This would address the needs of children in relation to the IDVA and the VPP work.
- **Continue to deliver the VPP programme with a smaller team:** given the potential level of referrals from Gateshead, the current size of the team is financially unsustainable. We believe that by integrating the work of the Women's Support Worker and the IDVAs and combining the children's work, the costs of this service can be reduced without impacting on the volume or quality of delivery.

- **139**dedicated team or management committee to support the manager of the service. The line management and case-management structure within the organisation need to be less centralised and more authority delegated to practitioners for decisions relating to client work. Accountability structures need to be simplified and bureaucracy reduced. The manager and MC need to focus on developing the multi-agency work and rebuilding the confidence of the team and the organisation. This will require a culture shift in terms of the focus of the service, its confidence with partners and the need for integration with other agencies.
- **Co-location:** while remaining an independent service, the work of the team could be leveraged through co-location with other practitioners. Ideally this would be through the secondment of staff to the service, but failing this, co-location with the police for example can ease practical working arrangements. Again this would reinforce partnership work, ensure best use of limited resources and help to contain the costs of the service.
- **Reinvigorating the partnership work** by the dissolution of the CIOP and replacing it with a steering group for MARAC and the Children's Group work programme which meets bi-monthly. We received almost universal feedback that despite everyone's best efforts, the CIOP was not an effective way of developing the response of all agencies. Rather, we felt that the operational successes with MARAC and potentially the children's group work could form the basis of a revived partnership response grounded in practice. These would need to have links with the relevant strategic bodies for each area.
- **Implementation of simple data collection and case-management systems** to ensure that evidence is gathered to support the work of the practitioners and the partnership. This is vital to ensure that evidence exists to support the future funding of the service.

We believe that a service could be delivered city-wide that would meet the Foundation's goals for victims, children and perpetrators and would fund work with 270 high risk victims, up to 500 children and 30 perpetrators to complete the Violence Prevention Programme. It will however require some difficult decisions in relation to the reduction in headcount and careful consideration of the structure and management of the service for the future.

CAADA
September 2007