



# Independent Domestic Violence Advocates Service

Healthwatch Devon Engagement Gateway Request

October 2014

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## Introduction

The Domestic Violence and Abuse Support Service for high and medium risk adult victims (16 years plus) was tendered in 2013 through a partnership budget.

The tender was won by Splitz Support Service who started delivery on the 1st April 2014. In addition to this contract, two of the previous domestic violence and abuse providers (North Devon Against Domestic Violence and Abuse (NDADA), Stop Abuse for Everyone (SAFE)) have retained 6 Independent Domestic Violence Advocates (IDVA) who support primarily high risk victims through Multi-Agency Risk Assessment Conferences (MARACs) and Specialist Domestic Violence Courts (SDVC). These posts are being retained for 2014/15 through grants from Ministry of Justice, Home Office, the Alliance and the organisation's own reserves. As a result of this arrangement, Splitz Support Service employs two MARAC IDVAs who work with high risk clients and an outreach team that focuses on medium risk clients.

However this model is not sustainable because the overall combined budget available for 2015/16 will be reduced.

Devon County Council has undertaken a project to develop an effective and sustainable model of support for high and medium risk adult victims (16 years plus) for domestic violence and abuse for 2015/16 onwards. As part of the process Healthwatch Devon was invited to gather service users experiences of being supported by an IDVA to inform the review of current provision and commissioning in the future.

For more information about the Healthwatch Devon Engagement Gateway see Appendix A.

## Methodology

Healthwatch made contact with NDADA, SAFE and Splitz Support Service who currently provide IDVAs across Devon. The project was discussed with each organisation and agreed that telephone interviews would be the most appropriate method to gather service users experiences both for confidentiality and to reduce travel and inconvenience.

NDADA, SAFE and Splitz provided 30 names and contact telephone numbers of recent IDVA service users. The service users were contacted by the providers to ensure service users consent for Healthwatch to contact them.

In addition Survivors Empowering and Educating Domestic Abuse Survivors Devon (SEEDS) were contacted. Within their support group are a number of individuals who have been supported by an IDVA and they also agreed to be interviewed.

It was agreed with Devon County Council that the key areas that the interviews needed to focus on were:

- Initial contact for support by an IDVA
- What did the IDVA do practically
- Any transitions, and how they were managed
- Exit strategy and how the service user felt after leaving the support of the IDVA

- Any additional comments about the service

It was therefore agreed that the interviews would invite the service user to tell their story of support, and for the interviewer to draw out these themes within the conversation.

It was made clear to interviewees that no questions would be asked about, nor would there be any need for information to be given as to why they needed the support of an IDVA.

As the methodology for engagement involved hearing people's stories, as much as possible this report includes direct quotes to enable service user voices to be heard.

## Engagement Findings

This section of the report groups comments made by service users around some key headings and themes.

An attempt was made to contact all 30 individuals whose contact details were provided. Inevitably many were unavailable when called; others decided they did not wish to take part. Six telephone interviews were conducted in total.

In addition, five service users were interviewed from SEEDS. This makes eleven responses in total. There were ten female and one male service users.

Many of the respondents commented that the time at which they were supported by an IDVA was a chaotic and uncertain time in their lives. Therefore remembering what exactly happened and who provided which piece of support may not be entirely accurate.

*“The confusion then started as all these different services started getting in touch with me and I didn't understand what was going on.”*

It was clear that those service users put forward by IDVA providers had a much clearer memory of their IDVA, and could often name them. Those who were interviewed from SEEDS were often much less clear about the role of the IDVA, and a couple could remember the MARAC but could not clearly identify who their IDVA was within that process.

It also followed that those service users whose names had been supplied by the service providers generally spoke much more highly of the support provided by their IDVA than those who were interviewed independently from SEEDS.

As already noted, some service users could name their IDVA, but to maintain confidentiality within this report they will all be referred to as 'IDVA'.

### General Comments

Overall the majority of comments about the support provided by IDVAs were positive. No respondent said that they had a negative experience overall. A range of comments illustrate this point well:

*“I might not be alive if IDVA hadn't been there”*

*“IDVA support invaluable”*

*“IDVA helped me find strength”*

*“IDVA has been a star...She was like a ‘mum’ to me”*

*“Support through the MARAC was brilliant”*

*“IDVA helped me see that violence isn’t normal and that I don’t need to live with it”*

## **Initial Contact**

There was a broad range of service users being put in contact with an IDVA. Some respondents could not remember how this came about, but those who could illustrate the variety.

*“Contacted SAFE, who put me in touch with a police support worker who advised I was ‘high-risk’ and therefore put me in touch with an IDVA.”*

*“Contacted police about partner who put me in touch with IDVA.”*

*“Through Mensafe I was put in touch with an IDVA and the Domestic Violence Unit.”*

*“Supported by an outreach worker for 18 months, mostly by a weekly phone call. I then moved and changed area of support so was put in touch with a new organisation. They made contact and after an initial conversation, two days later I was contacted by their IDVA. She couldn’t access all the old records, but was concerned that I was high risk.”*

*“I had post-traumatic stress and was hospitalised. Whilst in hospital I met somebody, another patient, who said what I was going through was domestic abuse. I tried to talk to hospital staff but they were no use. Another patient got in touch with Women’s Aid on my behalf. With their support I separated from my partner, but was told there was no need for MARAC and an IDVA as I was now out of the high risk situation. I was confused by all the information, groups and talking. There was then a gap of 18 months with support from Women’s Aid, before I needed the support of an IDVA.”*

*“In hospital I filled out a DASH form. I was contacted by a lady there. This was just before Christmas which wasn’t ideal and therefore took three weeks before someone came and saw me. She put me in touch with different services and tried to put me in touch with other people in the same situation, but I didn’t want that. It then all calmed down and the support became less. Then there was another incident and I had more support, this time with an IDVA.”*

*“The police domestic violence unit referred me to an IDVA.”*

## **Support provided by MARAC IDVA**

The Multi-Agency Risk Assessment Conference (MARAC) is a potentially confusing time for victims of domestic violence, at a time when they are feeling vulnerable and uncertain. The role of the IDVA at this time is therefore very important. The length of support

provided by MARAC IDVAs varied from four weeks to two months. Some had been through the process several times.

Explaining the MARAC process and helping service users understand it, as well as liaising with other support organisations was often a positive experience.

*“IDVA explained MARAC and kept in touch with the police.”*

*“There had been so many people involved supposedly helping me, IDVA helped make sense of the situation.”*

*“IDVA just helped me with the MARAC process, explained it to me, who would be there, what would happen.”*

This wasn't always the case. Occasionally, and despite the IDVAs efforts the experience could still be overwhelming.

*“IDVA explained the MARAC process and made it clear to me. The confusion then started as all these different services started getting in touch with me and I didn't understand what was going on.”*

Another service user reported that it was an informative rather than supportive experience.

*“I didn't feel supported, but felt informed - Women's Aid workers provided my support and any additional advice.”*

Whilst the initial contact and support through the MARAC was considered acceptable from all ten female service users, for the male service user the initial experience was quite different.

*“Because I am a man, I was thought to be the perpetrator, even by the IDVA.”*

The frequency and manner that an IDVA contacted each service user varied quite widely.

*“Met with IDVA every week for face-to-face support and to discuss options.”*

*“I had contact with my IDVA every 3-4 weeks.”*

*“IDVA phoned and texted daily to check I was ok.”*

*“I met the IDVA twice weekly initially.”*

*“The IDVA set very clear boundaries about when I could contact her and when I should use the 24hr support line. When she was 'on-duty' she was always available, or got back to me promptly.”*

The frequency of meeting with an IDVA seems to be set at an appropriate level for each individual because despite the different levels of support mentioned nobody commented on it negatively. Perhaps the perception from IDVAs is they should be offering more though?

*“The IDVA always said she wished she had more time.”*

For a minority of service users spoken to the MARAC process was the limit of the support provided by the IDVA.

*“I had 7 or 8 MARAC meetings, 2-4 years ago. The process was the same each time, contact from an IDVA prior to the MARAC meeting, only over the phone, and then a conversation afterwards to explain the outcome. Twice I had to chase the IDVA to hear the outcome”*

*“IDVA just helped me with the MARAC process, explained it to me, who would be there, what would happen.”*

Beyond the MARAC it was reported that IDVAs provided a whole range of additional support. This included supporting the victim to attend other meetings:

*“IDVA came to two CAF meetings, to the doctors, to the hospital; anywhere I felt I needed support.”*

*“IDVA attended the GP with me, when I was breaking down in tears she prompted me.”*

*“IDVA went to the pharmacy with me to arrange that only I could collect my medication, not my husband.”*

In addition, the presence of an IDVA at these meetings could often change the attitude of other professionals present.

*“Just having the IDVA present changed the atmosphere of the meeting and the questions being asked. The IDVA’s presence makes the other agencies do their work. It turned the attitude of other workers round by 180 degrees”*

*“Within two or three visits IDVA understood the situation. This was unseen domestic violence, no bruising or anything obvious. Therefore I was worried nobody would believe me, but IDVA fully understood. For 3 or 4 years I had been visiting social services, but they wouldn’t believe me, they thought it was as much my fault as his. But with IDVAs support I was believed.”*

*“My IDVA didn’t accompany me to all the different meetings, for example at a meeting she didn’t attend a social worker told me all abuse is 50-50.”*

*“IDVA understood the situation, but other professionals didn’t. For example at the school. IDVA tried to help others understand the situation and ensured I didn’t feel stupid.”*

*“IDVA was able to advise other support workers about their roles and responsibilities.”*

There were also many practical things that IDVAs arranged on the behalf of service-users.

*“Husband was controlling my medication and the IDVA made sure I got it anyway.”*

*“Got the GP surgery to call my mobile number as my husband was hiding test results from me.”*



*“IDVA went to the bank with me as husband was withholding money from me, and we changed my cards and details.”*

*“IDVA arranged to have an alarm fitted - a police alarm - and extra locks on windows.”*

*“IDVA suggested I went to the doctors regarding depression.”*

*“Second night I was worried about the home and they arranged for somebody to come round and change the locks.”*

*“IDVA supported me to do an online course: Understanding Domestic Violence.”*

*“My IDVA took me and the children to the refuge when I needed it.”*

One area of weakness was around reporting to the police. Two service users had been advised by their IDVA to report every incident involving their abuser to the police so it could be logged.

*“I was told by the IDVA to report to the police so that it was logged every time my partner contacted me because there was a court ruling to say he couldn’t make contact on any grounds. Spoke to police officer involved with domestic violence who confirmed this was the right thing to do. But when I did, the police said ‘this isn’t threatening so why are you contacting us?’ It felt like I was wasting people’s time. There was nobody to support me.”*

*“Because I had to go on my own to the police each time it made it harder, I wondered whether it would be worth the effort. Sometime I just didn’t want to go because I would have to explain my story every time. The police were very understanding and would listen. But it was hard telling my story every time.”*

IDVAs were also reported to have provided some support to the wider family if applicable and wanted.

*“IDVA visited school regarding my child and additional support for him.”*

*“IDVA has also supported my son by texting him ‘good luck’ while he was taking his exams.”*

*“When social services visited, she attended. When the children were interviewed about child cruelty she attended.”*

*“IDVA spoke with the school. The children spoke more with the social worker. IDVA gauged rightly that the children didn’t want to speak to her, so she didn’t push it. The IDVA informed me about what would happen.”*

## **Support by SDVC IDVA**

Four service users commented on support provided by a SDVC IDVA.

*“During the court process, this was before the transfer to Women’s Aid, I met my IDVA regularly. She advised me not to go to court for the hearing or the sentencing,*



*but reported back to me after each what had happened. After the sentencing, my IDVA left the service, and then I had to do the chasing.”*

*“We had to go to court about the children and access. My IDVA supported me through the process and attended with me. She also attended the hearing and sentencing of my partner for me and reported what had happened back to me.”*

*“You’re not really with it and it’s hard to focus. IDVA helped me make sense of all the confusing stuff, about legal stuff and who was looking out for the children and what they would do.”*

*“Even though you’re the victim you panic in case you are doing something wrong, she put it in black and white.”*

*“We met once a week and she phoned me with updates from the courts.”*

*“I was also contacted by a Court IDVA. She talked me through the process and was at the court providing feedback about what was happening.”*

*“When I was worried I could speak to her.”*

*“Gave me professional advice e.g. block contact with partner of Facebook.”*

*“If she couldn’t answer my question she always got back to me.”*

*“Throughout the court process she would meet me in the car park and walked in with me so I didn’t bump in to him.”*

*“After the court case I had no further contact with her, but felt I could contact her if I needed further advice.”*

## **Transitions and Moving On**

Sometimes service users had to transfer from one IDVA to another or one service provider to another. Devon County Council was particularly keen to hear about these transitions.

### **Transitions**

When an individual’s circumstances change, for example moving from one area of Devon to another, a changeover between IDVAs has been necessary.

*“At my point of crisis, which was when I moved, the communication between the two organisations supporting me was poor. There was 48hours when I didn’t hear from anybody which was really worrying. The 24hr line was there but I’d have to tell my story again, and I was in no state to do that.”*

*“At one point I moved from one part of Devon to another and had to change IDVAs. No sharing of information at all. She couldn’t even access the information in their shared system about me. They didn’t know what support I had already received.”*

At the end of the support period from the IDVA, there is often the transition to a domestic violence outreach worker.

*“After MARAC, IDVA put me in touch with an outreach worker. Outreach worker would attend other support service meetings. Outreach worker helped me gain a perspective on what was happening. Transition from IDVA to outreach worker was very smooth.”*

*“When funding was cut the IDVA referred me to Women’s Aid and I was concerned I would only be supported by a support worker...The transfer went smoothly, I didn’t have to tell my story all over again.”*

*“IDVA passed me on to a support worker, it was a new organisation who were just starting up so it was strange for them also. IDVA prepared me for the transition and explained why it was happening. But new worker didn’t seem to have enough time to process all the information about me she had been given. She just met me and we had to go in to our first meeting.”*

*“At the endpoint my IDVA introduced me to an outreach worker face-to-face. We had a conversation there and then, but I have never got in touch with her again, and she hasn’t contacted me. I didn’t feel it was needed.”*

*“Support worker transition was fairly smooth. Initial meeting was in a public coffee bar so I wasn’t comfortable talking in public and getting my files out. IDVA was happy to meet in my home, but outreach worker wasn’t. We therefore couldn’t talk as frankly as I’d have liked. I would still burst in to tears so I didn’t want to talk in public.”*

Those that had moved on to be supported by an Outreach Worker were able to draw comparisons between the support from an outreach worker and their IDVA.

*“The support from the IDVA was much stronger than from the support worker.”*

*“[My] partner thought he could push his luck with the support worker, but not with the IDVA. IDVA knew how to put him in his place.”*

*“The outreach worker is full of concern. For example I had my husband coming round as we had to talk about the finances. She strongly suggested this shouldn’t happen, but I explained there was no other way. She was concerned when she saw me, but she never followed it up to see how it went, or what we decided. That was three weeks ago. If I had been supported by my IDVA in this situation she would at least have followed up. At least have called me afterwards to hear what happened.”*

Service users’ perception of move on activities and support is equally varied. Five respondents have been involved with the Changing Patterns course, and five are involved with SEEDS which provides additional support.

*“Meeting other women in the same situation has been very important. We’re able to support one-another.”*

*“IDVA still in touch to make sure I am OK, even though I am not officially supported by her anymore.”*

*“I didn’t feel like I needed an additional support, but would have the courage to phone the police now.”*

*“More support has been offered but currently I don’t feel like I need it.”*

*“My house now feels like home. I am happy and comfortable to be here. I can put my feet up without worrying.”*

*“I have now been referred to an outreach worker. We meet up, discuss support options on offer and what’s available, but I never get to the support. Have been going round in this cycle for months. Outreach worker keeps telling me this support would be ideal, and I agree, but then nothing happens.”*

*“I have moved to another vulnerable stage of my life, living on my own and I don’t have any support and I need it.”*

*“There is a course my outreach worker tells me about to help you live well on your own. This sounds ideal, but she never seems to get me on it, or do anything other than tell me about it.”*

*“Afterwards I didn’t feel I need any further support and none was offered.”*

## **The Important Role of IDVA and What Can Be Improved**

From their experience of being supported by an IDVA, service users were asked to comment on what support they felt it was essential to be provided, and what, if anything, could be improved about the current service.

*“The thing that needs most improvement is communication - at the very beginning of the process you need someone who can talk you through what is happening. Straight talking is important.”*

*“At the time I really didn’t know what was going on, and I’m not sure somebody could have explained it to me when I was in that situation. I wish I had taken the opportunity to have more input and said what I needed, for example at the court case, I just wasn’t able to at the time.”*

*“More written feedback about what had happened and what professionals thought and why would have been helpful at the time, and helpful now looking back to understand what did happen.”*

*“It’s really important to have one person to go to. You only want to tell your story once. I feared that I would miss a vital piece of information out that would be particularly relevant for different meetings.”*

*“The IDVAs don’t seem to know all the support services that are available and need a resource to turn to.”*

*“Having the IDVA present at other support meetings is the most important thing. It validates your experience.”*

*“It’s really important that you make clear what your service is, why you are contacting the victim and who you are calling from. All the information is overwhelming and it is hard to share with others.”*

*“It is important that the IDVA stay in touch throughout the process - and in my experience they did that.”*

*“Looking back at the end it may have been helpful to have something. But through the whole process I felt well looked after and safe.”*

## Conclusions

It is recognised that each domestic violence incident, and those involved, is unique. Somebody who is at high risk of domestic violence and therefore supported by an IDVA is likely to be vulnerable and potentially confused. The level of support required or expected can vary greatly. The comments made reflect this. However some themes did recur and these are highlighted as follows.

### Entrance in to being supported by an IDVA

There are many ways in to being supported by an IDVA, most commonly through a crisis point and referral from the police. For all women interviewed this was an acceptable experience with good communication as to why they were being referred (i.e. they were considered ‘high risk’).

For the one male interviewed this was not positive and his experience of domestic violence was doubted and was considered the perpetrator even by his IDVA.

The MARAC process was explained clearly to service users and overall all service users felt they were supported through this process, although not always by the IDVA alone. Other services, such as Women’s Aid, were mentioned as a source of additional support.

### What did the IDVA do practically

For both MARAC and SDVC IDVAs service users reported they were very pleased with the support they received around the MARAC and/or SDVC.

Feedback about the SDVC IDVAs suggests that they are very focussed on supporting the individual through the court process offering appropriate advice and support. Beyond the court process they offer little else and when the court case is finished quickly organise the transition to support from an Outreach Worker.

Some MARAC IDVAs seem to undertake a broad range of support, going beyond supporting the individual specifically through the MARAC. A range of additional support was reported.

MARAC IDVAs seem to also have acted as a catalyst to other support agencies taking seriously the victims story and providing an appropriate level of support.

However this was not universal. Some were just supported through the MARAC and even had to chase the IDVA to hear the outcomes of the meeting.

## **Any transitions, and how they were managed, from service providers or from one IDVA to another**

This was the greatest weakness reported. All service users who had needed to transfer from one IDVA provider to another had a negative experience. The new IDVAs were not able to access information about the services provided to the individual, nor the background to the service users situation.

## **Exit strategy and how the service user felt after leaving the support of the IDVA**

The majority of service users reported having been offered some form of continued support.

For those that weren't offered any support there is a mixed response. Some felt very happy moving forward, living independently and knew where to look for support if required. One service user felt she had been left in a vulnerable situation, living on her own and feeling isolated.

The most popular forms of additional support are peer-led or -coordinated. The Changing Patterns course and the support of SEEDS<sup>1</sup> were spoken of positively and the concept of peer support was highly valued.

The follow up support provided by Outreach Workers was inconsistent<sup>2</sup>. The general impression given throughout the interviews was:

- Outreach Workers have very limited time and cannot provide the individual support of an IDVA, nor what might be required or anticipated by the service user
- They provide options and advice but do not always follow through with them for the service user
- Outreach Workers are not as highly trained, experienced or confident to deal with confrontation if it occurs

## **Any additional comments about the service**

The most common comments about improvements and the essential function of an IDVA were about clear communication and ensuring the service user is aware of what is going on.

From the service user interviews this seems to be, for the most part, taking place. The one big exception being when transferring from one IDVA or organisation to another. Here systems seemed to have hindered the new IDVA from accessing old records and the service user has had to explain their situation and any support received to the new support worker.

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<sup>1</sup> As five of the service users interviewed were recruited through SEEDS, it isn't surprising that this was highly valued by those interviewed.

<sup>2</sup> It is beyond the scope of this report to consider the role of Outreach Workers in depth; this is a summary of the comments made by IDVA service users and their perceptions.

## Summary

The overall picture is varied, reflecting the variety of service users and their needs. Those service users provided by service providers spoke, overall, more highly of the service than those spoken to from SEEDS.

However, the picture presented suggests that IDVAs provide a valued service, to a higher level and in a more personalised manner than that provided by Outreach Workers.

MARAC IDVAs sometimes provided a wide range of additional support to service users. SDVC IDVAs were spoken off in a more functional manner, whose sole focus was supporting an individual through the court process.

Communication was highlighted as the greatest area of concern and need for improvement. Some service users reported that their MARAC IDVA failed to report back after the meeting. There were also significant communication breakdowns when transferring from one service provider to another.

The transition to follow on services for the most part seems to have been appropriate and happened smoothly. Peer-to-peer support in particular was highlighted of being great benefit.

# Appendix A

## Healthwatch Engagement Gateway Process

### What is the Engagement Gateway?

The Engagement Gateway is the central point of contact for commissioners to involve the public, service users and carers in Devon in the development and improvement of services.

### What communities can be accessed via the Engagement Gateway?

The Engagement Gateway makes it possible for representatives of all the broad range of communities of interest and communities of place throughout Devon to have their say on current services delivered, and on future plans to develop services or issues that affect them. Through the Healthwatch Devon networks the gateway can reach:

- Older people
- Children and Young People
- Carers
- People with learning disabilities
- People with sensory disabilities
- People with physical disabilities
- People with mental health issues
- Ethnic minority communities
- People who live across Devon from the most remote farmstead to housing estates in Exeter

### What sort of things does the Engagement Gateway do?

There are many different methods by which the Healthwatch Devon team can design and facilitate the collection of opinions and views about services or proposals, as illustrated by our Engagement Strategy model below:





### **How is the Healthwatch Devon Engagement Gateway funded?**

From April 2013, Healthwatch Devon has a contract with Devon County Council and NHS Devon to facilitate the involvement of the public as service users and carers in the design and development of services. The Engagement Gateway is one part of this contract.

### **The Engagement Gateway Principles**

All consultations or activities going through the Healthwatch Devon Engagement Gateway need to adhere to a set of principles. These Gateway Principles were created following consultation and guidance from the Joint Engagement Strategy.

### **What are the Gateway Principles?**

Our principles help us achieve our aims for inclusive, accessible and timely involvement activities.

All activities going through the Gateway will:

- Have information accessible to everyone, using plain English and different formats
- Be clear so that people know what they are being asked to do, what impact they can expect to have and how much time their involvement is likely to take
- Consider individual needs so that everyone has the support they require to be fully involved if they choose to be
- Try to involve 'hard to reach' individuals and communities and include their views
- Be effective - by working in partnership the involvement activity will reach the right people who have the choice whether or not to take part
- Have adequate resources
- Use a range of methods (when suitable) to involve people
- Have a reasonable timeframe so the right people are included and thorough involvement can take place
- Feedback to everyone involved so they know what has changed and where they have made a difference as a result of participating in consultation.
- Be transparent and answer all questions openly and honestly
- Address problems in a timely way and face to face if necessary
- Have a good ratio of 'professionals' to people involved
- Inform people from the beginning so they are aware of what is happening

For further information about the Engagement Gateway please see:

<http://www.healthwatchdevon.co.uk/home/working-together/healthwatch-devon-consultation-gateway/>