Kent & Medway Independent Domestic Violence Advisors

Needs assessment, equity audit

and initial recommendations

May 2012

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Executive summary

In Kent and Medway there will have been 54,773 (± 11,000) women or girls (16-59) who have experienced domestic abuse in the last year. In 2011/12 there were 7 domestic homicides in Kent and Medway. The previous year there were 3.

The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.

Statutory responsibilities in relation to survivors of domestic abuse and their children are limited, to domestic homicide, child protection and patient safety. Domestic abuse has been identified as a main driver for violent crime in Kent and Medway and a significant driver for the numbers of children who use Specialist Children's Services.

Kent and Medway Independent Domestic Violence Advisor (IDVA) services are a key element of the Coordinated Community Response to domestic abuse. As such they are part of a much wider system of services which make up a network of support. There is a small but reliable evidence base which shows that IDVA services can have a dramatic impact on reducing rates of re-victimisation and improve the safety of adult victims and their children.

Whilst financial costs associated with this group of victims are particularly high, especially to the health service and criminal justice system, **the actual cost of providing an IDVA for a high risk victim of domestic abuse is around £500 and the cost per successful outcome (i.e. where all forms of abuse cease), is less than £1,000** which is very low in comparison. Failing to address high risk cases is expensive for the public purse. The charity Co-ordinated Action Against Domestic abuse (CAADA), calculates that **the direct costs of an average 'high risk' victim to statutory agencies amounts to over £10,000 per year** this is represented by a 1:10 ratio of costs vs. benefits in cases where all abuse ceases.

Kent and Medway IDVA provision has historically been funded locally from public bodies and from a range of charitable organisations mainly with one off or short term funding. Ten separate providers operate IDVA services across Kent and Medway. The provision varies in terms of both quality and capacity from one district to another and is not targeted at areas where most need, demand or gap in provision is identified.

Whilst numbers of identified high risk cases presented at MARACs has increased by 25-33% per year, recent cuts in available funding have resulted in a significant drop in number of IDVAs from 23.1 f.t.e. to 16.84 f.t.e. in 2012/13; a 27% drop in IDVA numbers.

A paucity of standardised monitoring data has hampered a complete analysis of demand and activity, however it can be established that the current arrangement will not meet demand and it is clear resources are not equitably distributed. Equally, a dearth of financial information historically from both providers and funders has resulted in some difficulty identifying exactly what is being spent, by whom and to what effect.

A more strategic, jointly commissioned approach would help to address the need for more flexibility, better value for money, improved data for monitoring and planning purposes, and more consistent standards and processes.

A contract for a Medway and Kent -wide, sectorised service could also address some of the other key gaps in the current service arrangement such as a single point of contact phone line, lower tier of support for medium risk clients and volunteer domestic abuse (DA) support where appropriate.

Whilst improvements in IDVA provision can be achieved by a more strategic commissioning approach, it is also clear that the wider system of DA support services would benefit from a similar approach to needs assessment i.e. Clarifying what services are in place, where, identifying all funding streams, identifying overlaps, duplications and gaps in services, pooling resources and jointly commissioning agreed priority services that are flexible and sustainable and that meet assessed needs.

Introduction

Domestic abuse

Domestic abuse is serious and pernicious. It ruins lives, breaks up families and has a lasting impact. It is criminal[1]. It has been with us for a very long time and in Kent and Medway, reported incidents are rising. Research shows that nationally:

- Nearly 1 million women experience at least one incident of domestic abuse each year[2]
- At least 750,000 children a year witness domestic violence[3]
- Two women are killed each week by their partner or ex-partner [4]
- Victims of domestic violence are more likely to experience repeat victimisation than victims of any other types of crime[5]
- 76 per cent of all DV incidents are repeat incidents[6]
- Women experience an average of 35 incidents of domestic violence before reporting an incident to the police[7]

These statistics are shocking and demonstrate that women are still more at risk of violent crime at home than anywhere else. In Kent and Medway in 2010/11 around 22,000 domestic abuse incidents were reported to the police. A range of services exist including Independent Domestic Violence Advisors (IDVAs) to support victims of domestic abuse to reduce their risks and bring perpetrators to justice.

National definition of IDVA work

The following definition and explanation of IDVA work is from CAADA[8].

> *The main purpose of independent domestic violence advisors (IDVAs) is to address the safety of victims at **high risk** of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients **from the point of crisis** to assess the level of risk, discuss the range of suitable options and develop safety plans.*
>
> *They are **pro-active** in implementing the plans, which address immediate safety, including practical steps to protect themselves and their children, as well as longer-term solutions. These plans will include actions from the MARAC as well as sanctions and remedies available through the criminal and civil courts, housing options and services available through other*

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[1] Speech by Keir Starmer QC. CPS website accessed at http://www.cps.gov.uk/news/articles/domestic_violence_-_the_facts_the_issues_the_future/

[2] *2009/10 British Crime Survey data:http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1210.pdf as reported in latest cross-government VAWG strategy http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-paper?view=Binary*

[3] *DoH, (2002) Women's Mental Health : Into the Mainstream, accessed at: http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4075478 p.16*

[4] *Womens Aid (March 2011) accessed at: http://www.womensaid.org.uk/domestic-violence-articles.asp?section=00010001002200410001&itemid=1280*

[5] *British Crime Survey Reports*

[6] *Flatley, Kershaw, Smith, Chaplin and Moon (July 2010) BCS - Crime in England and Wales 2009/10 , Home Office, accessed at http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1210.pdf p24*

[7] *Yearnshaw 1997, accessed at http://safer.sthelens.gov.uk/SITEMANV2/publications/40/0901316LeafletsforDVVictims_3.pdf*

[8] CAADA – Coordinated Action Against Domestic Abuse

organisations. IDVAs support and work over the short- to medium-term to put them on the path to ***long-term safety.*** *They receive specialist accredited training and can hold a nationally recognised qualification.*

Since they work with the highest risk cases, IDVAs are most effective as part of an IDVA service and within a multi-agency framework. The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings.

Studies have shown that when high risk clients engage with an IDVA, there are ***clear and measurable improvements in safety****, including a reduction in the escalation and severity of abuse and a reduction or even cessation in repeat incidents of abuse.*

Rationale for the needs assessment

The Kent and Medway Domestic Abuse Strategy Group recognised for some time that funding arrangements for IDVA services has not been stable or coherent. There are 10 third sector agencies in Kent and Medway providing IDVA services all of which have multiple, mainly short- term funding streams. None of the IDVA services are strategically commissioned across the area which has resulted in patchy coverage, variable working practices, constant bids for 'bits' of funding and competition between the agencies for any funding streams identified.

Scope of needs assessment

Fizz Annand has been commissioned to undertake two pieces of work for the Domestic Abuse Task and Finishing Group in relation to IDVA provision specifically in Kent and Medway.

Firstly, complete this needs assessment focussing on IDVA provision and how the capacity and coverage can be improved upon in the current economic climate. Secondly, following on from the needs assessment, draft a report with recommendations to address the identified problems around funding and coverage of IDVA provision across Kent and Medway.

Methodology and sources

This needs assessment has been carried out during March, April and May 2012 using information and relevant data where this exists. Obtaining comprehensive data from all relevant sources has proven somewhat problematic. This issue is taken up later in the document.

Stakeholders from a range of provider and public sector agencies have been consulted either face to face or by telephone to obtain qualitative descriptions of the current system, where the gaps lie and potential solutions.

A number of other county areas were contacted to find out how their IDVA services were funded.

Evidence base and financial rationale for IDVA work

Kent and Medway IDVA services have not been evaluated locally however a number of reputable research and evaluation projects have been undertaken in the UK, a selection of which are mentioned here.

The Crown Prosecution Service (CPS) recently commissioned CAADA (Coordinated Action Against Domestic Abuse) to carry out further analysis of their recent survey of 1,247 victims. CAADA has trained over 1000 Independent Domestic Violence Advisers (IDVAs) and their findings are of significant interest. Not only were there successful outcomes in 73 per cent of the domestic violence cases where an IDVA supported the victim but also 66 per cent of all victims supported, regardless of the outcome of the case, reported a cessation or reduction of domestic violence as a result[9].

IDVA services are one component of the Coordinated Community Response (CCR) along with Multi-Agency Risk Assessment Conferences (MARACs) and Specialist Domestic Violence Courts (SDVCs) and other specialist and generic agencies as advocated by central government. A recent research report *Islands in the stream 2011*[10] evaluated four London based IDVA services. It found that levels of repeat referrals and further incidents of domestic violence were very low, with two thirds of service users stating there had been no further violence since contact with the IDVA scheme. It also found that the effectiveness of IDVA schemes was dependent on the availability of other **specialised** services to refer on to.

In 2009 a multi-site evaluation of IDVA services was undertaken and a report *'Safety in numbers*[11]*'*, showed the results. It followed the cases of 2500 'high risk' women over two years as they received intensive support from IDVA services in seven services around the country.

'High risk' means 'a risk which is life threatening and/or traumatic, and from which recovery, whether physical or psychological, can be expected to be difficult or impossible'[12]

The average outcomes were striking with 57% of all victims supported by an IDVA experiencing a complete or near cessation in the abuse they were suffering following only 3-4 months of contact. Where it did continue, in 43% of cases, it was at much lower levels. The approach was also effective in some of the hardest cases i.e. where victims experienced the most severe levels of abuse, multiple forms of abuse and abuse that was escalating in severity and frequency. 79% of victims said that they felt safer after support from an IDVA. **Crucially, the improved safety applied not just to adults but also to their children and especially so where the IDVA support was most intensive** (frequent contact). The report concluded that whilst financial costs associated with this group of victims are particularly high, especially to the health service and criminal justice system, **the actual cost of providing an IDVA for a high risk victim of domestic abuse is around £500 and the cost per successful outcome (i.e. where all forms of abuse cease), is less than £1,000** which is very low in comparison. Given this there is a strong case for commissioning IDVA services using a common framework, tightly defined and delivered.

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[9] CPS website (See footnote no.1)

[10] 2011. Coy M and Kelly L. *Islands in the Stream: an evaluation of four London independent domestic violence advocacy schemes*

[11] 2009. Howarth E, Stimpson L, Barran D and Robinson A. *Safety in numbers – A multi-site evaluation of IDVA services*

[12] Offender Assessment System definition used by MAPPA Responsible Authorities.

Failing to address high risk cases is expensive for the public purse. The charity Co-ordinated Action Against Domestic abuse (CAADA), calculates that **the direct costs of an average 'high risk' victim to statutory agencies amounts to over £10,000 per year**. This is made up of half a dozen police call outs, a similar number of trips to the A&E department, eight GP visits and anti-depressants, 12 nights in a refuge, and a prosecution. It excludes costs to voluntary services (other than refuges), assumes no children are involved, and does not include indirect costs, such as lost employment days and emotional costs[13].

'Strategic fit' of IDVA work

As domestic abuse is a cross cutting issue strategically, it is relevant to the priorities and objectives of a number of organisational and departmental strategies and plans. For example:

- Reducing health inequalities is a key priority for Public Health strategies nationally and locally. Physical and mental health consequences of gender-based violence constitute a major public health problem in the UK and a source of significant health inequality[14]. Domestic abuse is specifically recognised in Kent's Public health report; *Mind the Gap 2012*.
- Kent and Medway police priorities and objectives include protecting the public from serious harm, reducing domestic violence and providing a victim focussed approach to investigation of domestic violence.
- Kent and Medway domestic abuse strategy's Delivery Plan is broken into the three key themes: prevention and early intervention; protection and justice; support for victims. This strategy sits beneath the umbrella of the Kent county council's Framework for Community Safety.
- The 'troubled families' initiative', of which Kent is an early adopter, makes mention of domestic violence as a contributing factor which may be present in families with multiple social and health problems.
- A review of 41 different studies[15] provided research evidence that domestic violence causes rather than follows mental health problems, it showed:
    - A large association between domestic violence and different signs of mental distress (depression, post traumatic stress, self-harm and substance use)
    - Mental health symptoms occur after, not before, the domestic violence starts
    - The more severe or frequent the violence, the greater the risk of mental distress
    - When violence stops, mental health improves; and if violence returns, mental health gets worse.

  Domestic abuse services therefore are important to prevention and improvement of mental health difficulties which The Improving Mental Health in Kent & Medway (Live it Well) strategy, commits to address. This is specifically relevant under the commitment heading of reducing the number of people with common mental health problems; such as depression or anxiety.

[13] 2008. Järvinnen J, Kail A and Miller I. *Hard Knock life – violence against women a guide for donors and funders*
[14] 2007. Humphreys C. *A health inequalities perspective on violence against women*. Health & Social Care in the Community. Volume 15, Issue 2, pages 120–127, March 2007
[15] Golding, J. (1999) Intimate partner violence as a risk factor for mental disorders: a meta-analysis. Journal of Family Violence, 14(2), 99-132

- Domestic abuse has an impact on Fire and Rescue Services. Kent police data shows there is a link between arson or threats of arson and domestic abuse, where domestic abuse is the motivating factor. In 2010/11 there were 16 crime reports for domestic abuse where arson or attempted arson was reported.

- Drug and alcohol misuse can be both an aggravating factor and a result of domestic abuse. There is a well established (non-causal) association between drug and alcohol misuse both by perpetrators and victims of domestic violence. One study showed that for almost two thirds of survivors drawn from domestic violence agencies they began their problematic substance use following their experiences of domestic violence[16]. Kent and Medway have a well established network of drug and alcohol treatment services with which the importance of links with domestic abuse services cannot be overemphasised.

IDVA services are primarily preventative as their main objective is to reduce the risk and consequently reduce the risk of re-victimisation. Success in achieving this objective has an obvious knock on effect in reducing costs to health, social services and the criminal justice system. The development of new priorities for Police and Crime Commissioners and Health and Wellbeing Boards during 2012/13 and onwards provides an excellent opportunity to 'thread' domestic abuse through each priority to ensure that the joint responsibilities of all organisations within partnerships are addressed.

Key Points

1. There is a reliable evidence base that indicates IDVA services, backed up by other specialised services, have a dramatic impact on reducing re-victimisation and improving safety of victims and their children
2. A basic cost/benefit analysis shows a very high *social return on investment* with the cost of an IDVA for a high risk case is around £500 (or less than £1000 where all abuse ceases), whereas the estimated direct costs of an average 'high risk' victim to statutory agencies amounts to over £10,000 per year.
3. IDVA services and domestic abuse generally 'fit' under the umbrella of a number of organisational and departmental strategies and priorities including police, public health, safeguarding children, mental health and wellbeing, community safety and others .

[16] Humphreys, C. & Regan, L., 2005. *Domestic Violence and Substance Use: Overlapping Issues in Separate Services, Final Report*

Data and analysis

Population, prevalence and cost of domestic abuse in Kent and Medway.

The Home Office provides an estimation tool (ready reckoner) to demonstrate prevalence and costs of domestic abuse by area. It uses regional data from the British Crime survey on which to base its estimates. It estimates:

In Kent and Medway there will have been 54,773 (± 11,000) women or girls (16-59) who have experienced domestic abuse in the last year.

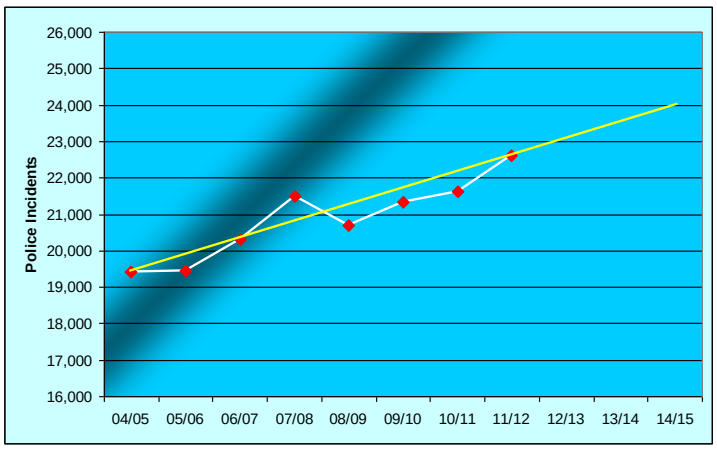
The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.

This can be separated into;

Cost to Kent & Medway	**Sector**
£69m	health & mental health costs
£44m	criminal Justice costs
£8m	costs to social services
£200m	other areas such as civil legal, housing etc.
£321m	**Total**

Police data shows that of the estimated 54,773 cases, only a proportion are reported to the police.

In 2010/11 around 22,000 domestic abuse incidents were reported to the police; an increase of around 500 from the previous 12 month period. In 2011/12 BIU data shows 22,509 domestic abuse incidents in total were reported to the police, an increase of around 350 on the previous year.



Based on previous years, the number of Police Calls will rise to 24,000 in the next 3 years. That's an increase of 4 incidents to attend per day.

The number of charges made for domestic abuse in 2010/11 was 1296.

MARAC data

Referrals to MARAC[17] of cases categorised as 'high risk' for 2010/11 amounted to 764.

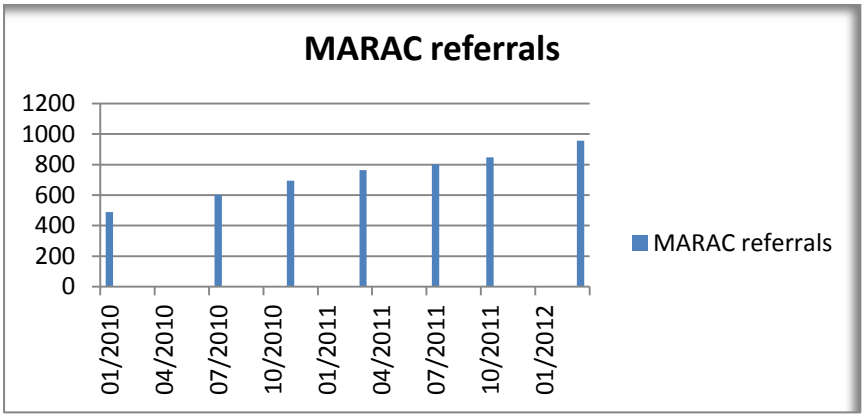
The estimates of prevalence and activity data from police and MARACs show a distinct 'funnelling' shape to the data.

Data stream (2010/11)	Number
Estimated prevalence (females)	54,773
Police domestic abuse reports	22,000
Charges	1296
MARAC (high risk) cases	764

From this data analysis, it is clear that the 'high risk' cases reported to MARACs and supported by IDVAs represent only the 'tip of the iceberg' in terms of the overall level of domestic abuse in Kent and Medway.

As MARACs have been established over recent years, numbers of high risk cases referred to them have gradually increased, almost doubling over the period for which data is available (Jan 2010 – March 2012). From July 2010 – July 2011 (13 months) there was an increase of 33%. For the one year period between November 2010 and October 2011 an increase of 22% is shown.

Date	MARAC referrals (rolling 12 month period)	
Jan 2010	**489**	
July 2010	603	
Nov 2010	695	
March 2011	764	
July 2011	802	
October 2011	847	
March 2012	**956**	**95.5% increase from Jan 2010 (27 months)**



[17] MARAC – Multi-Agency Risk Assessment Conference -meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, a risk focused, coordinated safety plan can be drawn up to support the victim

The increasing trend shown in MARAC referrals is likely to continue as MARACs become more established and agencies systematically refer cases on to them.

Recent changes in the structure of the police service have reportedly resulted in a 'dip' in MARAC and IDVA referrals from police staff. There are concerns that this is coinciding with a reduction in IDVA capacity in Kent and Medway and that victims may be more vulnerable as a result.

CAADA [18] estimates the number of expected MARAC cases for Kent and Medway to be **3140**[19]. MARAC referrals come mainly from the police (51%) with IDVA referrals making up 26% to the MARAC.

MARAC Performance

CAADA provides an analysis of MARAC data in comparison with average regional and national performance. The table below uses data covering January to December 2011.

Indicator	Kent & Medway MARACs	Kent most similar forces group (53 MARACs)	South East (36 MARACs)	National
Number of cases	843			
CAADAs expected number of cases	3140			
% non-police referrals	49.2%	33%	32.1%	36.9%
Number of children	1275			
Cases per 10,000 adult female population	13.2	25.6	19.3	26.5
% repeat referrals	18.9%	21.2%	24.4%	22.4%
% B&ME referrals			12.7%	
% LGBT referrals	0.2%	0.6%	0.7%	0.6%
% referrals where victim has a disability	1.1%	2.9%	2.8%	3.1%
% referrals with a male victim	1.3%	4.1%	3.1%	3.6%

The figures show that the actual level of MARAC reporting in Kent and Medway is significantly lower than expected in relation to CAADAs expected level and also in comparison with other similar areas and regional and national averages. Furthermore, referrals to MARAC who are LGBT, male or have a disability are lower than the average regionally and nationally. A percentage figure of B&ME referrals for Kent and Medway as a whole is not provided however with the exception of Ashford and Gravesend districts, all districts have significantly lower percentages of referrals of B&ME clients than live in the South East (12.7%) generally.

[18] CAADA – Coordinated Action Against Domestic Abuse are a national charity who are funded by the Home Office to provide support to MARAC s in the South East with guidance on performance management and quarterly data reports analysing MARAC's performance to help monitor outcomes for victims.

[19] Based on the expected level of 40 cases per 10,000 of the adult female population. This has been established from work carried out by CAADA combined with police reporting rates and what is known about the likelihood of high risk victims of domestic abuse reporting to the police.

The percentage of non-police referrals is comparatively high. This may be because non police agencies are skilled and confident about assessing risk and know when to refer, or police risk assessments need some attention in terms of training if they are not identifying high risk cases and referring on. Further investigation on this point may be needed.

Children affected by domestic abuse

UNICEF provides a report about children who are exposed to violence in the home[20] which describes how children may suffer a range of severe and lasting effects. Children who grow up in a violent home are more likely to be victims of child abuse. Those who are not direct victims have some of the same behavioural and psychological problems as children who are themselves physically abused.

Children who are exposed to violence in the home may have difficulty learning and limited social skills, exhibit violent, risky or delinquent behaviour, or suffer from depression or severe anxiety. Children in the earliest years of life are particularly vulnerable. Several studies also reveal that children who witness domestic violence are more likely to be affected by violence as adults – either as victims or perpetrators[21]

Recent research shows that 70% of IDVA cases have children[22] .

Children affected by domestic violence in Kent

The 956 MARAC referral cases in Kent and Medway in 2011/12 had 1,275 children between them.

Data from teams around the family indicate that in a significant number of cases where there is a CAF in place, domestic abuse is a factor. There are issues around recording domestic abuse as the primary concern on a CAF, but monitoring systems currently being put in place will ensure that teams are better placed to quantify the number of children and families being supported through a CAF where domestic abuse is a major issue

Specialist Children's Services work with children who are in need of protection (safeguarding) or are categorised as being 'in need'. In 2011/12 the ICS database in Kent Specialist Children's Services, showed **2087 cases where domestic abuse was the primary issue. This amounts to 12.4% of all referrals received.**

Furthermore, in 2011/12, **4469 Domestic Abuse Notifications (DANs) were received from the police to the Kent County Duty Team** (now CRU). These notifications can progress on to the Specialist Children's Services teams, if they are not known to services already.

Clearly then, domestic abuse is a major issue for Children's Services and efforts to reduce the risks that children are exposed to as a result of domestic abuse in their lives, should be a priority.

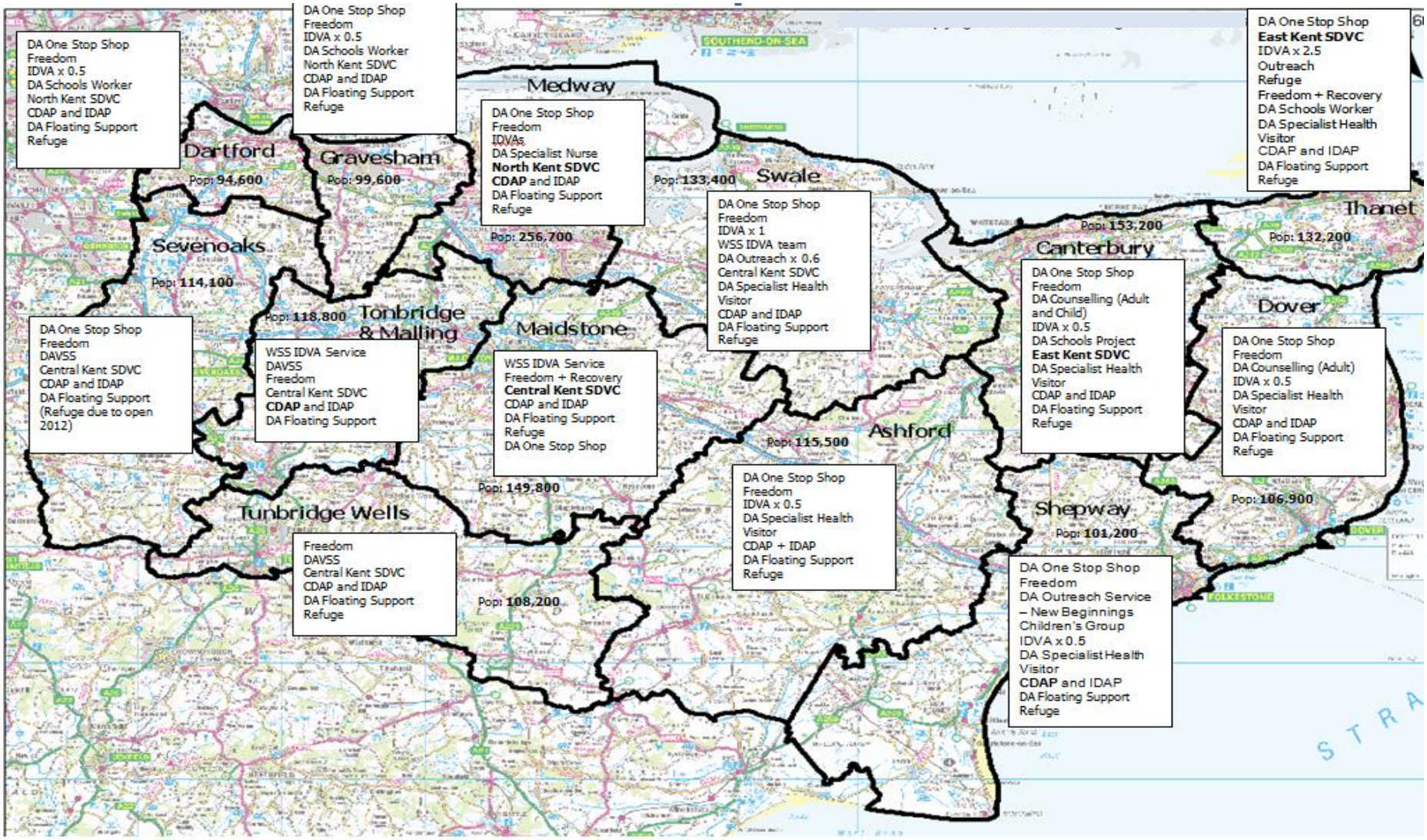
[20] UNICEF. 2006. Behind closed doors: The impact of domestic violence on children
[21] World Health Organization, 'World Report on Violence and Health', ed. By Krug, Etienne G., et al., Geneva, 2002; James, M., 'Domestic Violence as a Form of Child Abuse: Identification and Prevention', Issues in Child Abuse Prevention, 1994; Centers for Disease Control and Prevention, and Calverton, MD, ORC Macro, 'Reproductive, Maternal and Child Health in Eastern Europe and Eurasia: A Comparative Report', Atlanta, GA 2003; Indermaur, David, 'Young Australians and Domestic Violence', Trends and Issues in Crime and Criminal Justice, No. 195, Canberra, 2001.
[22] Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009). Safety in Numbers: A Multisite Evaluation of Independent Domestic Violence Advisor Services. London: The Henry Smith Charity.

Key Points

1. In Kent and Medway there will have been 54,773 (± 11,000) women or girls (16-59) who have experienced domestic abuse in the last year.
2. The financial cost to local partners in Kent and Medway associated with this level of domestic abuse is ~£321million.
3. Only a small proportion of domestic abuse incidents are referred to MARACs. However the number is rising year on year by around 25-33%. These represent the 'tip of the iceberg' in relation to the total number of domestic abuse incidents.
4. A significant number of children are affected by domestic abuse and dealing with children and families where domestic abuse is an issue constitutes a major burden on children's services.

Domestic abuse system, map and description

The map below shows the distribution of domestic abuse services across Kent and Medway. Of note is the uneven range of services in each district.



IDVA Coverage and capacity

The table below shows the 6 MARACs and 13 districts alongside the **IDVA coverage of each provider organisation for 2011/12**. (See the following page for a key to the colour codes on the table)

MARAC	Districts	Total incidents 11/12	MARAC referrals 11/12	Medway CAB		DA Vol support service	Refuge	Swale DV forum	N.Kent Women's aid	Kent Advocacy service	K-dash	CAB Mstone	Rising sun	Oasis		2011/12 IDVA Total per district
Medway	Medway	4248	233	**0.33 North SDVC**	1 housing IDVA						3					**4.33**
North Kent	Dartford	1377	92	0.33					0.5							**0.83**
	Gravesham			0.33					0.5							**0.83**
South Kent	Dover	4326	181				0.5			0.5						**1**
	Shepway						0.5									**0.5**
	Ashford									0.5						**0.5**
East Kent	Canterbury	4332	200										2	0.5 **East SDVC**		**2.5**
	Thanet													0.5	2.5	**3**
Mid Kent	Maidstone	3824	137								3	**0.2 Central SDVC**				**3.2**
	Swale							1.2			0.4	0.2				**1.8**
West Kent	Tonbridge & Malling	3108	113								2	0.2				**2.2**
	Tunbridge wells					1						0.2				**1.2**
	Sevenoaks					1						0.2				**1.2**
															Total	**23.1**

Key to colours on previous chart

IDVA provision remains in place for 2012/13

Reduced IDVA provision for 2012/13

IDVA provision ceases in 2012/13

Changes in total IDVA provision

Total IDVA numbers 2011/12 ~ 3 court IDVAs + 20.1 community IDVAs = 23.1

***Estimated* IDVA numbers 2012/13 ~ 3 court IDVAs + 13.84 community IDVAs = 16.84**

2012/13 IDVA location and size of provision (f.t.e.)

Funding for community IDVA posts in 2012/13 is being pursued by providers individually and therefore the position re potential numbers of IDVAs in place has been stated as of quarter 1 2012/13 and may change.

District	Medway CAB		DAVSS	Refuge	Swale DV forum	NKWA	KAS	Kdash	CAB Maidstone	Rising sun	Oasis		Total
2012/13 Total funded IDVAs (FTE)	1 housing IDVA	1 court IDVA	2	1	0.5 +1 new post	0 (from May 2012)	0	4.85	1 court IDVA	1	2.5	1 court IDVA	
Medway	1	0.33						1.75					**3.08**
Dartford		0.33											**0.33**
Gravesham		0.33											**0.33**
Dover				0.5									**0.5**
Shepway				0.5									**0.5**
Ashford										0.5			**0.5**
Canterbury										0.5		0.5	**1**
Thanet											2.5	0.5	**3**
Maidstone								2	0.2				**2.2**
Swale					1.5			0.1	0.2				**1.8**
Tonbridge & Malling			0.4					1	0.2				**1.6**
Tunbridge Wells			0.8						0.2				**1**
Sevenoaks			0.8						0.2				**1**
												Total	**16.84**

The table above shows the approximate location and full time equivalence of IDVAs as of 2012/13 – when compared to the previous table; it clarifies where the decrease in provision has occurred and which districts are affected most by the decrease.

Court IDVA coverage and capacity

2012/13 funding	Court IDVAs - Full time equivalents 2011/12	Charges[23]
ok	North Kent SDVC 1fte	320
Ok until 3/2014	East Kent SDVC 1fte	324
ok	Central Kent SDVC 1fte	343
Not in place	**Dover/Ashford/Shepway no SDVC**	309

The table above shows the court IDVA provision only, in relation to the number of charges for each specialist domestic violence court area. There is a gap in specialist DV court coverage for the Dover/Ashford/Shepway area (South Kent MARAC). These areas are also the areas least well served/covered by community IDVAs.

[23] Charges data for 2010/11 – at time of writing 2011/12 data unavailable. This will need updating.

Total IDVA activity by MARAC 2011/12

MARAC/districts	Total IDVAs (2011/12)	MARAC referrals 11/12	Cases per year per IDVA 11/12
Medway	4.33	233	54
Dartford & Gravesham	1.66	92	55
Dover , Shepway, Ashford	2	181	90
Canterbury & Thanet	5.5	200	36
Maidstone & Swale	5	137	27
Tonbridge & Malling, T.Wells & 7-Oaks	4.6	113	25
Total	**23.1**	**956**	**41 (average)**

The table above shows the total number of court and community IDVAs in 2011/12 against the number of MARAC high risk case referrals. CAADA recommends a maximum IDVA caseload of 80 – 100 high risk cases per year. The table shows that although the overall capacity of IDVA provision for the 13 districts allows caseloads to be well within these maximum benchmarks, the spread of provision across Kent and Medway is inequitable.

Using the CAADA caseload benchmark the total capacity within the system for 2011/12 was for 1,848 – 2,310.

2012/13 IDVA coverage and difficulties in estimating required capacity

Due to the changes in funding for 2012/13 the numbers of IDVAs estimated to be in place decreases significantly from 23.1 to 16.84 in total. In 2012/13 based on the estimated decrease in IDVA numbers the capacity will decrease to 1347 – 1684.

Districts which will be least well served by the remaining IDVA provision in 2012/3 will be Dartford, Gravesham, Dover, Shepway and Ashford.

The following table shows a projection of MARAC numbers dependent on different levels of increase in referrals. Should the current IDVA numbers stay constant going forward (16.84), It can be seen that the total capacity, if it were realisable, would be exceeded.

Year	+20%	+25%	+33%
2013/14	1,147	1,195	1,271
2014/15	1,376	1,494	1,690
2015/16	1,651	1,868	2,248

These figures represent a significant increase in workload for IDVA providers and for partners agencies involved in managing MARAC cases. Although the overall IDVA capacity appears to be just inside the acceptable benchmark for 2012/13, three key issues mean the calculations do not show the whole picture and the **total system capacity cannot be realised**.

1. IDVA services are restricted to where they work which has resulted in inequitable coverage between the districts i.e. the services are not targeted at areas with higher numbers of high risk cases.
2. Not all 'high risk' cases are referred to MARACs (See next section – IDVA provider's activity data). IDVAs may be able to work quickly with cases and obtain good outcomes without making a MARAC referral. This means the MARAC figures represent an undercount of high risk cases.
3. Some IDVAs work with medium and lower risk cases, due to the lack of coverage of 'outreach' or lower tier support in their area. Outreach support is similar but less intensive and is felt to be almost as important as IDVA support because medium and lower risk cases can quickly become high risk cases. Therefore addressing and reducing the risks for this group is important to prevent escalation of risk.

IDVA providers activity data

IDVA activity data has not been collected centrally previously. As part of this needs assessment a request for data to all IDVA providers was made and the table below shows the data retrieved.

Data health warning - Different definitions and recording systems are used - there are no shared data definitions or recording systems across the systems therefore these totals should be seen as ***indicative rather than accurate*.** Community and court IDVAs data are included here**.**

IDVA figures 2011/2012 April to March (except where shown, different dates)

		Referrals			Source of referrals						
	IDVA Provider agency	**High risk**	**Medium risk**	**Lower risk**	**Self**	**Police**	**Health**	**Soc. services**	**MARAC**	**Other**	**Total no. referrals**
1	DAVSS	50	120	0	56	42	3	10	7	50	**168**
2	Kent advocacy service	171	3	0	3	106	11	17	37		**174**
3	WSS/KDASH	531	228	0	279	151	23	66	1	239	**759**
4	Maidstone CAB SDVC	79	186	35	4	179	0	0	2	189	**374**
5	North Kent Women's Aid	80	6	0	4	0	8	6	39	26	**83**
6	Oasis (Aug 2010 - July 2011)	118	305	13	5	292	3	10	100	25	**435**
7	Refuge	76	5	0	4	46	9	2	20	0	**81**
8	SATEDA Swale (Jan - Dec 2011)	180	0	0	9	31	15	20	20	85	**180**
9	Rising sun	50	67	26	35	20	12	16	45	9	**137**
10	Medway CAB Court (Sept 2011- April 2012)	289				289					**289**
	Medway CAB housing IDVA	226	88	75						389	**389**
	Totals	**1850**	**1008**	**149**	**399**	**1156**	**84**	**147**	**271**	**1012**	**3069**

There are a few obvious key points to pick out from the provider's activity data:

1. The providers have worked with considerably more high risk cases (1850) than the MARAC figures (956) have indicated.
2. The largest percentage of referrals comes from the police.
3. The data shows that IDVA services are working with considerable numbers of medium risk clients (1008) and some lower risk clients as well as the high risk clients. The fact that IDVAs, which are supposed to work only with high risk cases, work with this group, indicates a shortage of lower tier (outreach/DV support) provision. This medium risk group is an important group to consider the needs of because they may be only just be below the high risk score, but can quickly escalate resulting in further, more serious violent incidents. Some of these medium risk cases have previously resulted in domestic homicides.
4. Relatively few IDVA referrals come from MARACs (~10%). MARAC figures also showed conversely, relatively few MARAC referrals come from IDVAs (only 26%). This might indicate the need for closer alignment between IDVA services and MARAC.

It is worth reiterating the issue about the data not being completely reliable due to differing recording practices, and systems. Some providers have given numbers of referrals whether or not they engaged with IDVA support whereas others have only provided numbers who actually were supported by IDVAs. Of crucial importance in any commissioned service will be the need to ensure a shared dataset, definitions and recording practices.

Key Points

1. The distribution of IDVA provision across the districts is inequitable and untargeted.
2. The total capacity of the IDVA provision 2011/12, using CAADA benchmarks was 1848 – 2310 cases. This was well in excess of the number of MARAC referrals for the year (956).
3. The capacity of the IDVA provision for 2012/13 will drop to 1347 – 1684 which just covers the estimated number of MARAC referrals expected for the year. **This capacity is however not realisable** because:
    a. The IDVAs are restricted to where they work due to their funding arrangements
    b. The number of high risk cases worked with reportedly exceeds the MARAC referral numbers; however the MARAC dataset is the only complete dataset on which to base an estimate.
    c. Some services also work with medium and low risk clients who may easily become high risk clients if left unsupported.
4. IDVA service data shows higher numbers of high risk cases than MARACs and also work with a significant number of medium risk clients which may indicate a need for more, lower tier DV support.

Funding, changes and consequences

IDVA services have not been commissioned strategically across the Kent and Medway and have been funded by multiple, short term funding streams. A range of public sector and charitable funding streams are accessed individually by each agency on an ongoing and ad hoc basis. Local providers have approached various district, Medway and Kent county-wide funders on a regular basis requesting further funding to ensure IDVA services meet local need, however no specific needs assessment has been undertaken until now.

The consequences of this approach to funding services include an network of IDVA services poorly matched to local demand, persistent approaches to public bodies for further funding, uncertain future of services, an inordinate amount of voluntary sector management time spent 'chasing' funding with agencies competing against each other for small amounts of funding . Furthermore, the services funded vary from location to location dependent on which agency delivers the service, activity and performance data is not collected centrally or gathered consistently in each agency, value for money unknown given the range of salaries, on costs, management and venue costs each agency charges.

As a result of central government funding streams cessation and local funding ceasing over 2011/12 and 2012/13 there has been a reduction in funding to local IDVA services resulting in a drop from 23.1 to 16.84 IDVAs across Kent and Medway, as per the previous section.

The current funding levels and sources are not clear and are being investigated. They will form a section in the commissioning report following this needs assessment.

Key Points

- Clarity is needed about exactly what funding is 'going in' to the IDVA services and the DV support system generally.
- Funding levels have dropped significantly from 2011/12 to 2012/3
- Historically funding has been from a complicated mixture of short term or one off funding arrangements, often making use of 'underspends' from various budgets.

Further issues highlighted in consultation process

Whilst it's clear changes need to be made in order to improve the sustainability and coverage of IDVA services it is equally important to highlight the energy and experience demonstrated by the current providers of IDVA services whose enthusiasm and passion has driven the delivery of existing IDVA services locally. The range of smaller, more local services provides a visible presence and has established local links.

Alongside the statistical and financial analysis in this needs assessment a consultation process has been carried out with key stakeholders including third sector provider agencies and public sector officers in key roles. A number of qualitative issues regarding the current IDVA arrangements and the current and future needs have been expressed which are bulleted below:

Operational issues

- Each service is operating in its own way, resulting in differing processes and quality of service received by service users.
- Some providers provide 'extras' on top of their IDVA service such as groupwork, promoting awareness and training.
- Managers make exhaustive and never-ending efforts to gain more funding. This becomes a major element of what they do.
- Each service has its own entry points, phone lines and duty systems.
- Some services only work with women clients.
- Services are restricted to where they work according to their funding streams.
- Court based and community IDVAs are separate and consequently court IDVAs can be isolated, duplications can occur and there may be a lack of consistency of contact for clients when referred from one to another.
- The financial viability of providers is not known.
- Evaluation of services or value for money has not been calculated.
- There is competition between provider agencies for funding and nervousness about sharing issues/information for commercial reasons.
- Some IDVA services work with high and medium risk cases as there is a perceived lack of 'lower tier' support and it is acknowledged that medium risk cases can quickly become high risk if not provided with options/support.
- Distribution of IDVA provision is inequitable across the districts.

Court IDVA

- There is a gap in Specialist Domestic Violence Court provision (and court IDVA cover) for the Folkestone/Ashford/Shepway area.
- If IDVA cover is not provided in court there is a high risk of fewer successful prosecutions due to victim retractions and probably more victims will be subpoenaed.
- Court IDVAs can be isolated, good practice advice promotes IDVA provision as best delivered from an 'IDVA team'.
- Some community IDVAs don't know what court IDVAs do.
- There may be a case for integrated court/community IDVA cover and provision for crown court.

Data

- There is no shared data system across all agencies, however some (n=5) have just purchased Paloma Modus which will allow better, more consistent recoding and reporting as well as limited client information sharing between those agencies signed up.
- There is no standardised monitoring framework across the system.
- Historically, there has been no centralised data collection and analysis other than from MARACs.

Strategic issues

- There is a lack of clarity about the overall 'shape' or model of Domestic Abuse services for Kent and Medway expressed by some providers.
- Domestic abuse is a cross cutting issue across a number of public organisations and structures, it is seen as 'everyone's issue' which has unfortunately led to the perception that no one having taken a lead. The perceived lack of senior level strategic leadership or a DV champion is seen as one reason why progress on development of IDVA provision and DA services generally has been difficult. 'Who owns the strategy?' Was asked.

Key Points

1. A clearer understanding is needed about the shape and model of DA services across the whole system.
2. A partnership DA champion at a senior level is required to ensure progress is made in driving the changes that are needed.
3. Data and monitoring needs to be improved to assist in quality assurance, performance management and planning.
4. Integration of court and community IDVA services may be necessary to ensure a more consistent and coherent approach to support.
5. There is a gap in Dover/Shepway/Ashford in SDVC provision. If developed, IDVA cover will need to be provided.
6. Each service is operating in its own way, resulting in differing processes and quality of service received by service users.
7. Each service is pursuing funding independently and in competition with each other. This takes and inordinate amount of management time and results in multiple, small, largely short term funding streams which make services unsustainable.

IDVA services in other areas

A number of other areas were contacted to find out if there were any examples of good practice or ideas that could be shared that would assist in addressing the issues identified in Kent and Medway. The table below summarises their feedback.

Area	Feedback
Buckinghamshire	Commissioning model used, funding 2 providers across the whole county. Currently considering future commissioning options.
West Sussex	Not using a commissioning model currently. Have started a two year consultation process to envision future services. There is an IDVA service which is one provider, Worth services.
Surrey	Services are funded via multiple funding streams – council, police, NHS, local district councils, and local CSPs. In the past districts have commissioned their own services/providers. This year police and council have pooled funds and funded the providers. Next year there will be a single SLA covering all four districts and the providers will form a consortium with one lead provider – providing a seamless service across the county. Providers can and do access extra funding or match funding from charities/Trusts. This benefit is enhanced by having 'core funding' from the public sector. The new arrangement will be monitored via a small central monitoring group which reports back to the Communities and Public Safety Board.
East Sussex	A commissioning model is used. They are currently tendering for refuges and IDVA services.
LB Camden	6 IDVAs are employed 'internally' by the council and line managed via the community safety team. They are funded by the local authority and co-located within the police. Borough analysts access anonymised data and report performance to the CSP strategic partnership.
Cumbria	Cumbria jointly commission IDVA services from pooled funding from the Council, health and police. CAADA 'insights' are used to performance manage the service. A specification for the service has been provided. They have a combined IDVA and DA support (outreach) £800k over two years. Targets re activity levels for high and medium risk clients and standards are set.
Nottingham	Multi-agency funding – one provider.
Lincolnshire	DA services are funded separately by different departments and agencies. IDVAs are funded by the Community Safety Partnership. They hope to 'pool' funding streams in future and jointly commission services to get a more joined up, strategic approach with providers having longer contracts i.e. 2-3 years.

Key Points

1. In summary, a range of models exist however most areas are now moving towards pooling funding and jointly commissioning services with centralised monitoring and clearly defined standards.

Recommendations

1. Make short term funding available for 2012/13 to existing providers in MARAC areas where current capacity of IDVAs does not meet the need of MARAC referrals where shown in the data analysis.
2. Identify and **pool public sector resources** as of 2013/14 and **commission a strategic Kent and Medway-wide IDVA and Outreach provision**. Avoiding the current multiple agency arrangement, cutting overheads, management and on costs. Specify acceptable maximum levels of on costs/overheads.
    a. Specify the capacity required as per the needs assessment and standards required. Include a single point of contact as a requirement.
    b. Develop the volunteer based, less costly, DV support services for medium/lower risk cases within the specification and/or the Kent and Medway DA system model.
    c. Approach Police Crime Commissioning board and Health and Wellbeing Boards as appropriate, for additional funding as required.
    d. Ensure specification is sectorised rather than district based to allow flexibility in provision and covers different tiers of support i.e. IDVA, outreach and volunteer based support services.
    e. Consider using a 'sustainable commissioning model'[24] where commissioners specify outcomes required, and potential bidders describe how they will deliver and develop services to achieve target outcomes within the available budget.
    f. Give notice to existing agencies as soon as possible and inform them of the approach that will be taken. Tender, welcoming consortia bids so existing agencies can partner up, merge or work with other non-DV agencies e.g. Housing Associations and present a more cost effective, sustainable approach demonstrating the cost benefits of collaboration and clear management structures and accountability.
3. Undertake a similar needs assessment approach for the wider Domestic Abuse services system and consider a more strategic approach, across the board, to develop a robust 'model' of service which clearly prioritises key elements of the CCR. Identify duplications and areas where funding can be released to contribute to the strategic approach to commissioning services across Kent & Medway (IDVA and other)

[24] Sustainable commissioning model developed by NEF/LB Camden. See 'Commissioning for maximum value', LGA.