

Kent and Medway
Independent Domestic Violence
Advisor Service

Impact Evaluation

FINAL REPORT
Because love shouldn't hurt

Russell Webster

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**Kent & Medway
domestic abuse
Strategy Group**

KCJB

Russell Webster is an independent researcher and evaluator who specialises in criminal justice and substance misuse. He is the author or co-author of over thirty national publications on issues in these fields. Full details can be found on his opinion forming blog: www.russellwebster.com

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Kent and Medway Independent Domestic Violence Advisor Service Impact Evaluation

Executive Summary

Introduction

Oasis domestic abuse service commissioned Russell Webster to undertake an impact evaluation of the Kent and Medway Independent Domestic Violence Advisor (KMIDVA) service. KMIDVA is delivered by a range of agencies who form the Kent Domestic Abuse Consortium (KDAC) under the co-ordination of Oasis. The evaluation focused on how successfully KMIDVA keeps women and their children safe from violence and the threat of violence. It also provides a provisional analysis of the cost effectiveness of the service.

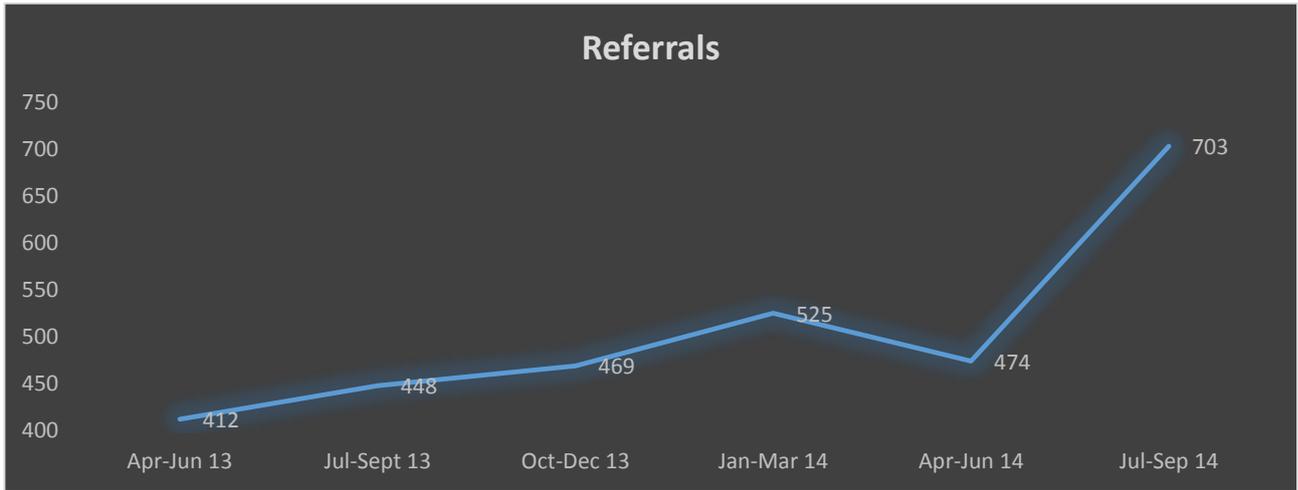
Methodology

A multi-method approach was used to evaluate the KMIDVA service, triangulating the findings from a range of sources. A secondary analysis of the project's monitoring data was undertaken. A total of 32 interviews were conducted with key stakeholders. In-depth interviews were also held with 14 service users, in addition to analysis of service user follow-up telephone services undertaken by the service itself. A provisional assessment of the cost effectiveness of the KMIDVA service was also undertaken based on NICE and Home Office approved research studies and independent costings obtained from services operating in Kent and Medway.



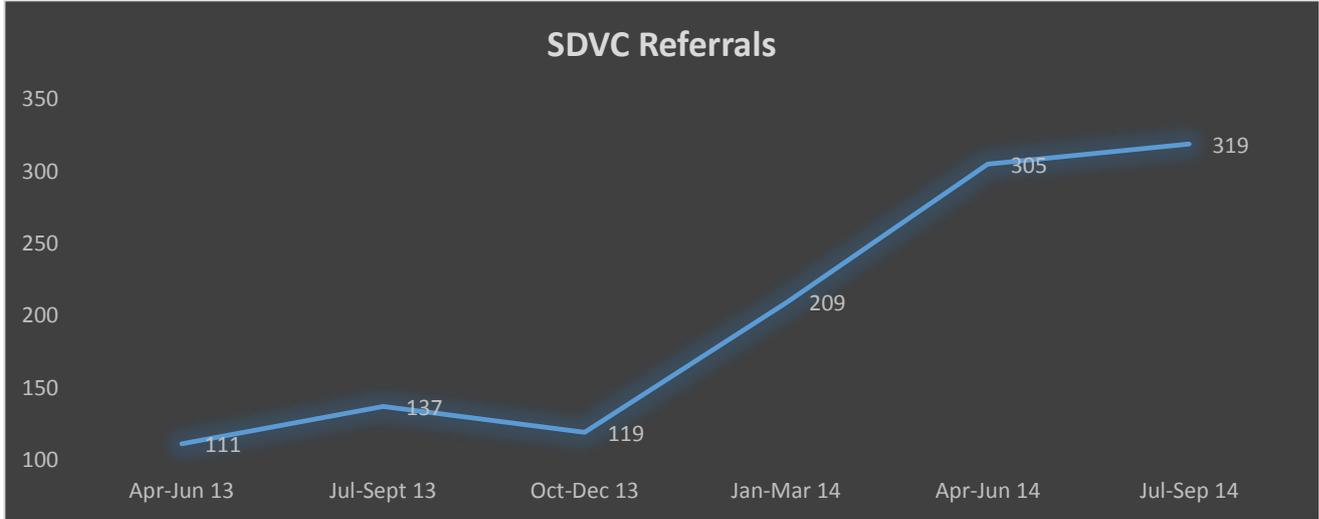
Activity

It is clear that there is very substantial demand for services for victims of domestic violence in Kent and Medway with a total of 3031 new cases in the 18 month period from April 2013-September 2014 with a continual increase in the rate of referrals.

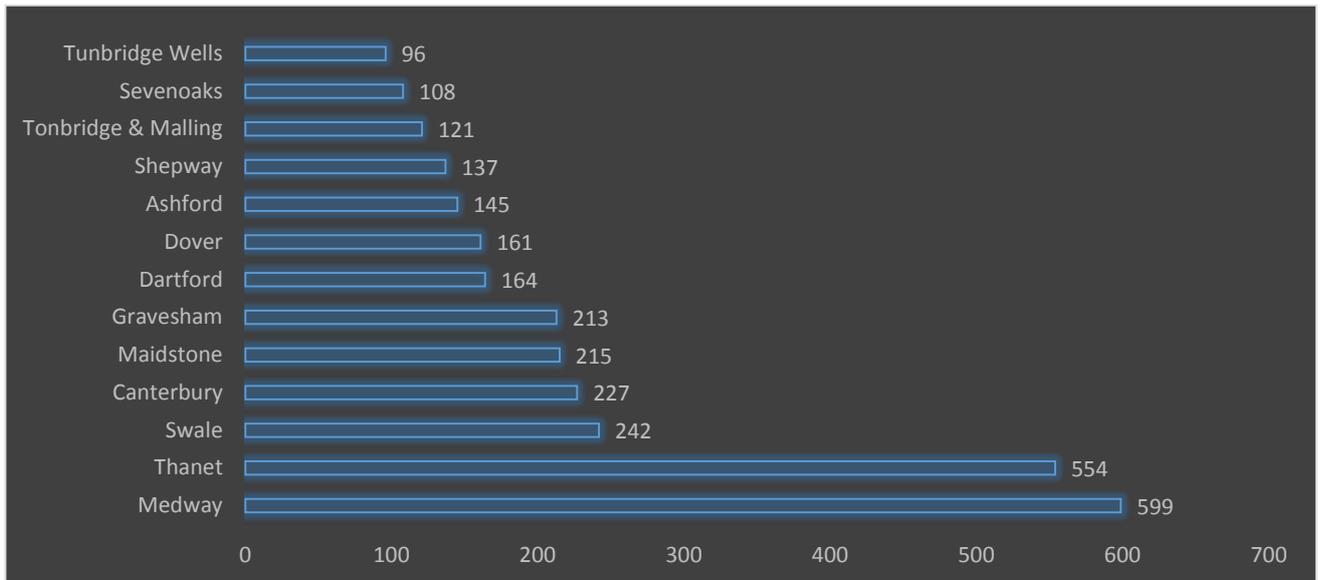


The KMIDVA service succeeded in making contact with 2842 (94%) of these 3031 referrals.

A total of 1200 referrals were made from the Specialist Domestic Violence Courts; again there is a substantial increase on a quarter by quarter basis with almost 3 times the number of referrals in the July – September 2014 period compared to the April – June 2013 quarter.



The KMIDVA service operates over 13 districts in Kent and Medway, with very different levels of activity. The chart below shows that Medway and Thanet generate many more referrals than other eleven districts.



Impact on victim safety

Repeat victimisation rates are calculated for MARAC cases in Kent on a rolling one year basis. The most recent figures (October 2013 – September 2014) show an overall repeat victimisation level of 26.6% compared with the national repeat victimisation rate for MARAC cases of 24.5% (based on data reported to CAADA). This rate has grown from 22.3% in January 2014 and mirrors the substantial growth in the KMIDVA caseload.

Performance

The table below summarises the performance of the KMIDVA service in achieving different outcomes benchmarked against the CAADA target:

Outcome	CAADA benchmark	KMIDVA performance	Difference (% points)
MARAC repeat victimisation	24.5%~	26.6%	-2.1%
IDVA perception of cease of abuse	63%	56%	-7%
Reduction in risk	74%	80%	+6%
Impact on children's wellbeing	45%	88%	+43%
Victim feels safer	70%	81%	+11%
Impact on emotional well-being	45%	89%	+44%
Level of fear	70%	86%	+16%
Confidence in accessing other services	70%	94%	+24%
Impact on economic situation	70%	71%	+1%
Impact on housing situation	70%	69%	-1%

~ For repeat victimisation, the CAADA figure is not their target benchmark but national average performance.

The KMIDVA service is exceeding national levels of service in seven outcome areas and under-performing in three others. The service is performing exceptionally well in terms of its impact on the emotional well-being of both victims themselves and their children; in terms of building victims' confidence to access other services and in reducing their level of fear.

Quality

There was a strong consensus between professional and service user interviewees that the KMIDVA service was a very high quality service. Professionals stated that the service was highly professional and reliable. Communication with partner agencies was regarded to be prompt and accurate and several interviewees commented on the IDVAs' expertise and thorough knowledge of their role and local services. However, a number of professional interviewees noted the very high and growing caseloads and two stated that they had recently become aware of occasional instances when the normal high quality of service had dropped.

Service users were equally positive; with 13 out of 14 interviewees rating the service they received very highly; praising in particular the availability, responsiveness and ongoing support provided by the service. The one victim interviewee who had had a

negative experience of the KMIDVA service complained of lack of communication and confusion in the roles of IDVA and victim support worker.

Cost Effectiveness

The lowest estimate places the cost of domestic abuse to local services in Kent and Medway as £110.4 million per year. The total cost of the KMIDVA service in the current financial year is: £788,800, a maximum of 0.7% of the cost of services dealing with the consequences of domestic abuse.

Even though it was not possible to calculate many of the savings generated by the KMIDVA owing to lack of data in the health and civil legal spheres in particular, the evaluator was still able to identify over £20 million of annual savings generated by the service as specified below:

Domain	Savings
Criminal justice system	£18,811,826
Children's Safeguarding ¹	£96,932
Housing	£1,929,600
Economic Output	£1,590,955
Total Savings	£20,692,613

It was calculated that the KMIDVA service is generating annual net savings of £19,903,803 which means that: *Every £1 invested in KMIDVA generates savings of £25.23.*

Conclusion

There is a clear congruence between the findings from the monitoring data and the views of professionals and service users that the KMIDVA service delivers high-quality interventions in all areas of Kent and Medway.

The rapid rise in caseload can be attributed to a growing awareness of this high quality service amongst both referring professionals and individuals who themselves are victims of domestic abuse.

However, it is clear that the services under considerable pressure from this continual rise in caseloads and that, in some areas, the very high quality of service provision is becoming more variable.

There is a clear risk that, unless additional resources can be found for more IDVAs, current staff may be unable to sustain working with such large caseloads with individuals who are all at high risk of suffering abuse. If this situation results in IDVAs "*burning out*" or choosing to leave such a high pressured work environment, these difficulties will quickly worsen and could provoke a real crisis in the service.

If commissioners decide to provide additional resources, the evaluator recommends that they should be carefully allocated to areas most in need with reference to the very disparate levels of domestic abuse recorded in the 13 districts within Kent and Medway

Introduction

The Evaluation

Oasis domestic abuse service commissioned Russell Webster to undertake an impact evaluation of the Kent and Medway Independent Domestic Violence Advisor (KMIDVA) service. KMIDVA is delivered by a range of agencies² who form the Kent Domestic Abuse Consortium (KDAC) under the co-ordination of Oasis. The evaluation focused on how successfully KMIDVA keeps men, women and their children safe from violence and the threat of violence. It also provides a provisional analysis of the cost effectiveness of the service.

The KMIDVA service

Oasis manages the IDVA service contract across Kent and Medway. The service works with domestic abuse victims, specifically supporting the work of Multi-Agency Risk Assessment Conferences (MARACs) and the four Specialist Domestic Violence Courts (SDVCs), with the aim of reducing the harmful effects domestic abuse has on its victims. The service employs up to 21 IDVAs at any one time, operating from 13 different districts. There is also one service manager and four administrators.

The commissioners of the service specify five outcomes, namely to:

1. Increase the safety of victims of domestic abuse and their families.
2. Reduce repeat victimisation.
3. Improve the health and wellbeing of victims of domestic abuse.
4. Increase the confidence of victims to access services and support.
5. Increase the conviction rate for domestic abuse related offences within the Specialist Domestic Violence Courts (SDVCs).

It is important to note that the four agencies who comprise KDAC had been delivering services to the victims of domestic abuse several years before the formation of the consortium, including an IDVA service.

² Choices, Oasis Domestic Abuse Service, Rising Sun and Swale Action To End Domestic Abuse.

The report

This report is organised in a straightforward manner. Chapter 1 sets out the methods used for the evaluation. Chapter 2 describes the activities of the KMIDVA service for the 18 month period since its launch in April 2013. Chapter 3 sets out the evaluation findings on the impact of the KMIDVA service on increasing the safety of victims of domestic abuse and their families including the impact of the service on repeat victimisation. Chapters 4 – 6 present the impact of KMIDVA on, respectively, victims' health and well-being; their confidence to access services and support; and the conviction rate for domestic abuse related offences within the Specialist Domestic Violence Courts. Chapter 7 provides a preliminary examination of the cost effectiveness of the KMIDVA service and Chapter 8 summarises the overall impact of the service.

Chapter 1: Methodology

Overview

A multi-method approach was used to evaluate the KMIDVA service, triangulating the findings from a range of sources. A secondary analysis of the project's monitoring data was undertaken. A total of 32 interviews were conducted with key stakeholders. In-depth interviews were also held with 14 service users. A provisional assessment of the cost effectiveness of the KMIDVA service was also undertaken. Each of these methods is discussed in more detail below.



Monitoring data

The evaluator undertook a secondary analysis of the project's monitoring data focusing on three key areas:

Project Activity

- Number of referrals, number of MARAC clients, engagement and retention rates, convictions in SDVCs.

Impact

- Cessation of abuse, increase in client safety, improved health and well-being, increased independence.

Cost Savings

- In the areas of criminal justice, safeguarding, economic output and employment, and housing.

in order to supplement the formal KMIDVA monitoring data in terms of employment and housing data, all IDVAs were asked to provide information about the total number of service users they had worked with between April 2013 and November 2013 and to indicate how many of those have been helped to keep or find employment, and how many have been assisted to stay in their home or find new appropriate accommodation.

Stakeholder interviews

Oasis provided contact details of 67 key stakeholders and the researcher conducted semi-structured telephone interviews with 32 individuals. Interviewees were selected to ensure that the views of a range of different agencies were gathered and that all 13 MARAC areas were represented.

Interviews were undertaken with a wide range of staff from different agencies including: IDVAs (7); MARAC co-ordinators (5); police (4); domestic abuse service managers (3); health visitors (3); probation (2); children and families (2); local authority domestic violence co-ordinator; housing (1); troubled families (1); safeguarding (1); victim support (1) and community safety (1).

Two complementary interview schedules were constructed for IDVAs and key stakeholders respectively.

These schedules focused on the following areas.

Understanding of the role and operation of *KMIDVA*

Views on the effectiveness of the referral process

Views of the effectiveness of partnerships with other agencies

Views on the effectiveness of the scheme in protecting women

Views on the effectiveness of the scheme in bringing perpetrators to justice

Views on the strengths of the scheme and aspects that need improving

Service user views

Service user interviews were conducted by Gillian Hunter as part of a parallel study commissioned by the Police and Crime Commissioner into the experience of victims of domestic abuse of the criminal justice system in Kent. These interviews were wide-ranging conversations designed to allow service users to tell their stories and gain all relevant information regarding their experience of enforcement and helping services. Nineteen service users were interviewed and 14 of these had direct, recent experience of the *KMIDVA* service.

Data were extracted from these 14 interviews relating to the following key areas:

Experience of the referral process

Views on the strengths of the service

Views on aspects which need improvement

Impact on safety

In addition, the evaluator analysed the information from the follow-up telephone surveys conducted by KDAC six months after case closure.

Cost effectiveness

The limited resources for this evaluation, combined with the lack of any official recording of reoffending means that a formal, comprehensive cost benefit analysis could not be prepared.

However, it was possible to indicate the overall savings made by the KMIDVA service set against the annual cost of that service. The evaluator used the historical work costing the impact of domestic violence by Walby (2009) in addition to Home Office studies by Hester and Westmarland (2005) and Kelly et al. (2013), it was possible to estimate an approximate indication of the savings in a number of different expenditure areas including: criminal justice, children's safeguarding, housing and economic output.

Chapter 2: Activity

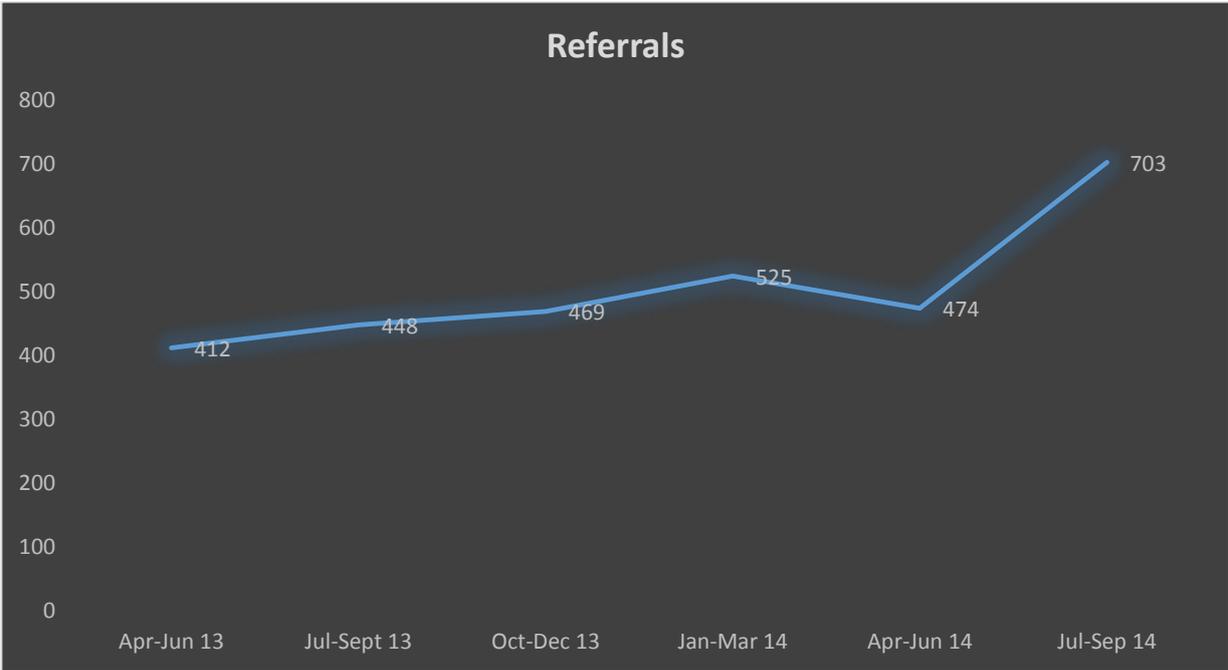
Introduction

This chapter presents a picture of the amount and range of activity undertaken by the KMIDVA service for the first 18 months of its operation starting from its launch in April 2013 until the end of September 2014.

Caseload

It is clear that there is very substantial demand for services for victims of domestic violence in Kent and Medway. **Figure 1** below shows that there were a total of 3031 new case across the area (MARAC and Non-MARAC) during this 18 month period with a continual increase in the rate of referrals.

Figure 1: Total Caseload by Quarter April 2013 – Sept 2014



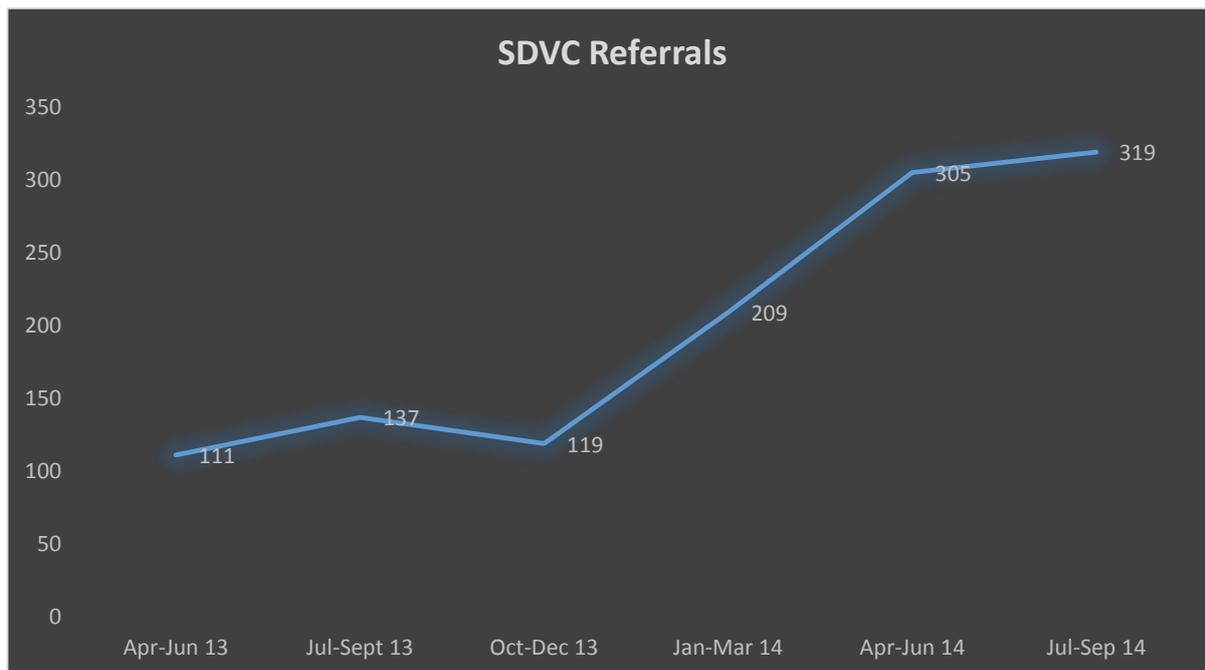
The KMIDVA service succeeded in making contact with 2842 (94%) of these 3031 referrals.

MARAC cases comprise 2596 (86%) of these 3031 referrals. The other 435 clients were referred via a category recorded in the monitoring system as “other sources”. These other sources refer to existing referral routes already in use at the four different agencies prior to their consolidation as the Kent Domestic Abuse Consortium; they

include direct referrals from a range of agencies across Kent including different Adults and Children’s Services Departments, voluntary sector organisations, etc.

A total of 1200 referrals³ were made from the Specialist Domestic Violence Courts; again there is a substantial increase on a quarter by quarter basis with almost 3 times the number of referrals in the July – September 2014 period compared to the April – June 2013 quarter. [Figure 2](#) provides details:

Figure 2: SDVC referrals by Quarter April 2013 – Sept 2014

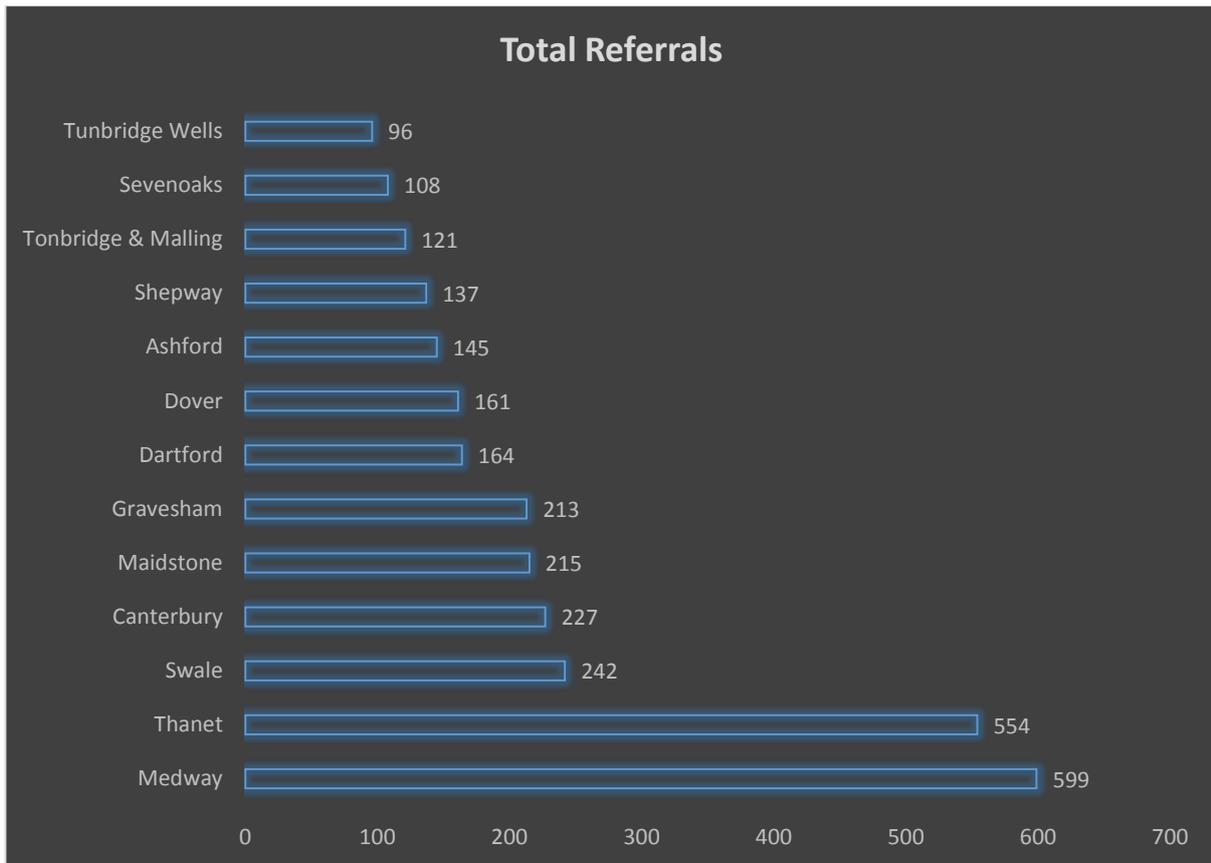


Variation by District

The KMIDVA service operates over 13 districts in Kent and Medway. [Figure 3](#) below shows the differing levels of activity across these districts. It is clear that Medway and Thanet are the two districts generating the largest number of referrals.

³ Clients may be referred from both MARAC and SDVC. This accounts for the fact that the sum of referrals from each of these sources (3796) is substantially greater than the overall total of referrals (3031).

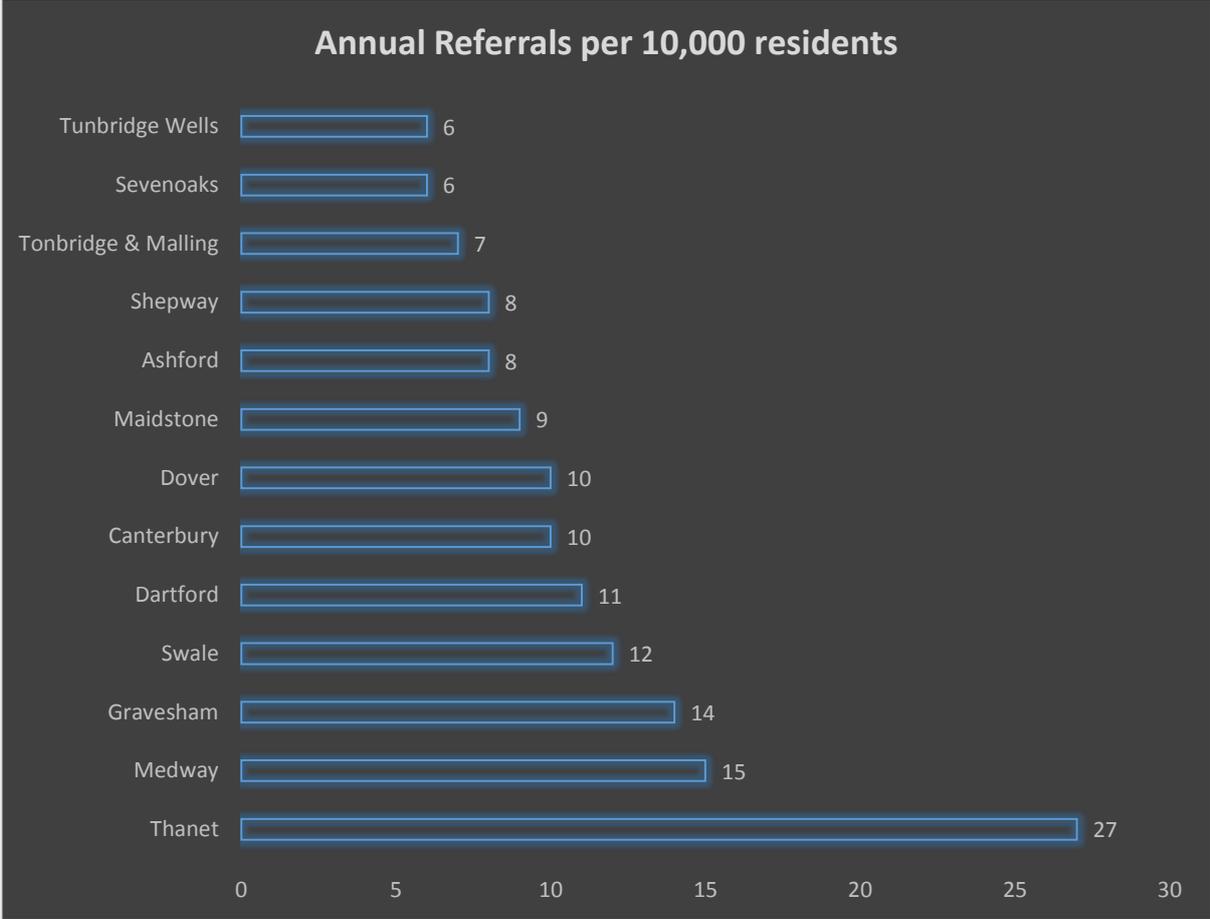
Figure 3: Total referrals by district (April 2013 – September 2014)



These different volumes of referrals do not reflect the different population of the 13 districts. Using 2011 census data, [Figure 4](#) shows the annual number of domestic violence referrals per 10,000 head of population which varies significantly from 6 per 10,000 in Tunbridge Wells and Sevenoaks to 27 per 10,000 in Thanet.

Of course, it is not possible to speculate from this evaluation on the reason for these differing referral rates which may be related to a large number of factors including police activity, attitudes and referral practices, the extent to which MARAC and SDVC processes are established or, indeed, the actual rate of domestic violence in a local area.

Figure 4: Annual Domestic Violence referral rate by district per 10,000 residents



Conclusion

It is clear that the development of a cross-county service with a greater number of IDVAs has resulted in an increased awareness of services and an as yet still growing level of demand for help by the victims of domestic abuse.

Chapter 3: Impact on victim safety

Introduction

This chapter examines the impact of the KMIDVA service on the safety of victims. It starts by summarising what can be learnt from the internal and MARAC monitoring data before going on to look at the views of professionals and service users themselves. When reading this chapter, it is important to bear in mind that IDVA services are targeted on safety interventions and are not designed for longer term support of clients, many of whom are likely to have been repeatedly victimised and/or have complex needs. It is clear from the evidence base that it often takes many years for victims of domestic abuse to leave abusive relationships on a permanent basis.

Measuring impact

The most important outcome for the KMIDVA Service is, of course, its impact in keeping victims safe from domestic violence and abuse. Unfortunately, this is also the most difficult outcome to measure. Currently, there is no agreement between Kent Police and the Kent Domestic Abuse Consortium to record the reoffending of those perpetrating domestic violence in the area.

However, there are a number of other indicators of the impact of the KMIDVA Service on victim safety:

MARAC repeat victimisation rate is measured on an annual rolling basis.

- Repeat victimisation is measured for a 12 month period following referral.

The KMIDVA Service monitors any repeat victimisation during the period when a case is open.

- However, since many cases are closed three months after being opened, this measure does not accurately reflect any long-term outcome.

IDVAs are required to record the extent to which the risk of future abuse has been reduced when they close a case.

- There are six different criteria; four of these are assessed by the IDVA and two by the victim.

These indicators are discussed in more detail below.

MARAC data

The MARAC/MAPPA co-ordinator for Kent Police sent monitoring information on repeat victimisation for all MARAC cases in Kent, which are all automatically referred to an IDVA. The official definition of repeat victimisation is replicated in the box below:

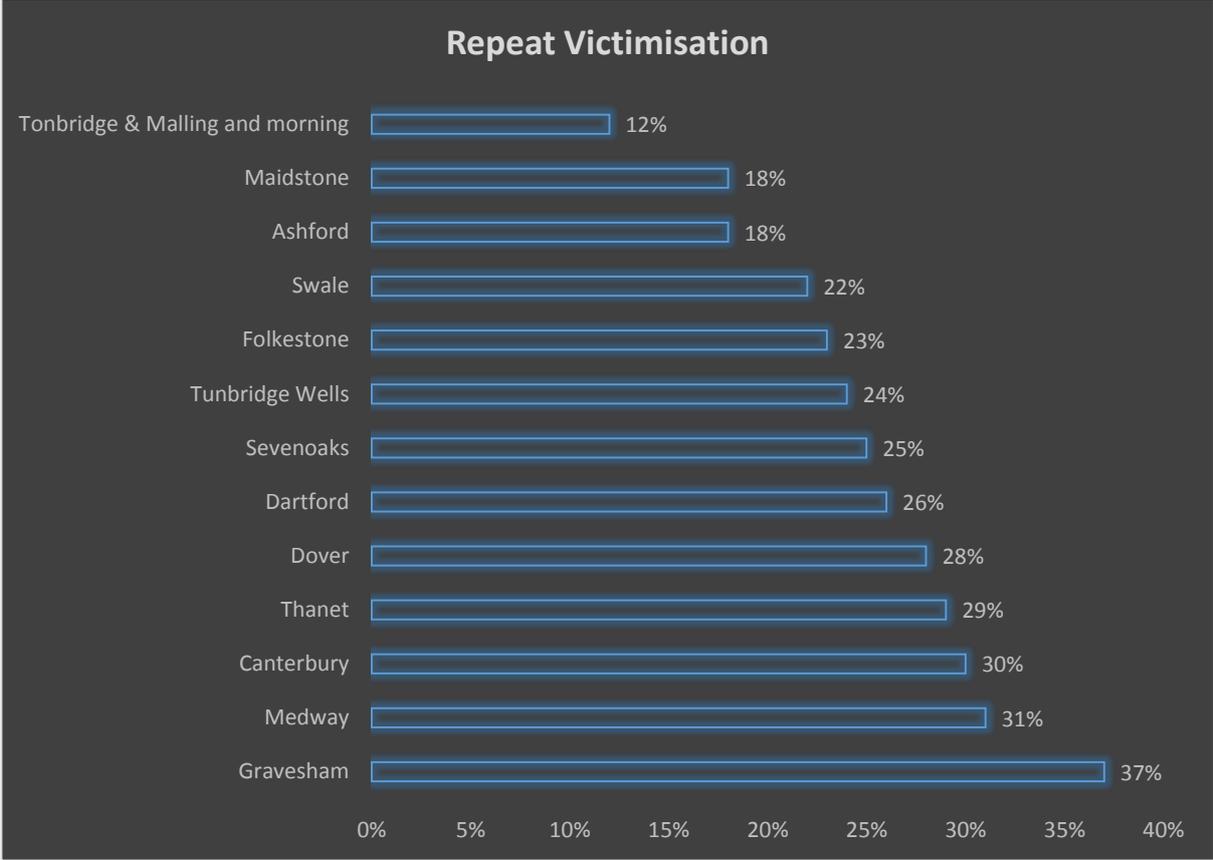
A repeat MARAC case is one which has been previously referred to a MARAC and at some point in the twelve months from the date of the last referral a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police).

A further incident includes any one of the following types of behaviour, which, if reported to the police, would constitute criminal behaviour:

- Violence or threats of violence to the victim (including threats against property), or
- A pattern of stalking or harassment, or
- Rape or sexual abuse. This information counts repeat victimisation on a rolling one year basis – i.e. the number of cases where

This information is kept and calculated on a rolling one year basis. For the final year of the 18 month period examined for this evaluation (October 2013 – September 2014), the overall repeat victimisation level was 26.6% (488/1833 cases). This compares with the national repeat victimisation rate for MARAC cases of 24.5% (based on data reported to CAADA). Repeat victimisation levels varied by area from 12% in Tonbridge and Malling to 37% in Gravesham. Further details are shown in the chart below:

Figure 5: Repeat victimisation by district (October 2013 – September 2014)



It is interesting to note that the repeat victimisation rate has been rising over the last 12 months for which figures are available; a trend which may be related to the increase in caseload as the two charts below show:

Figure 6: Annual caseloads December 2013 – November 2014

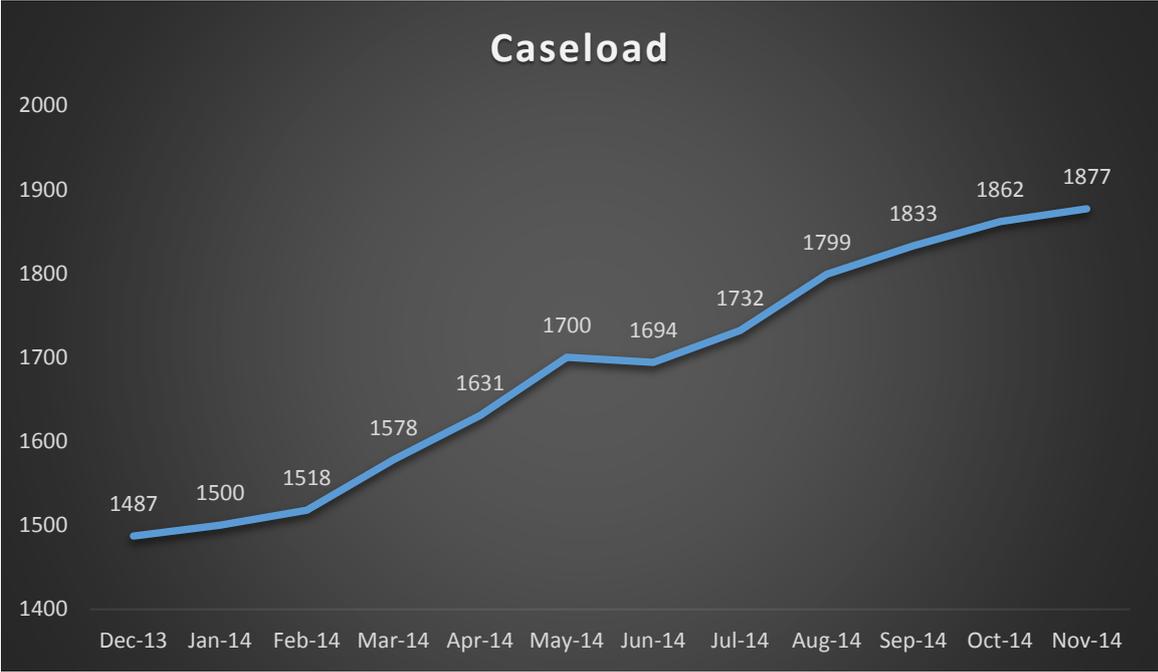
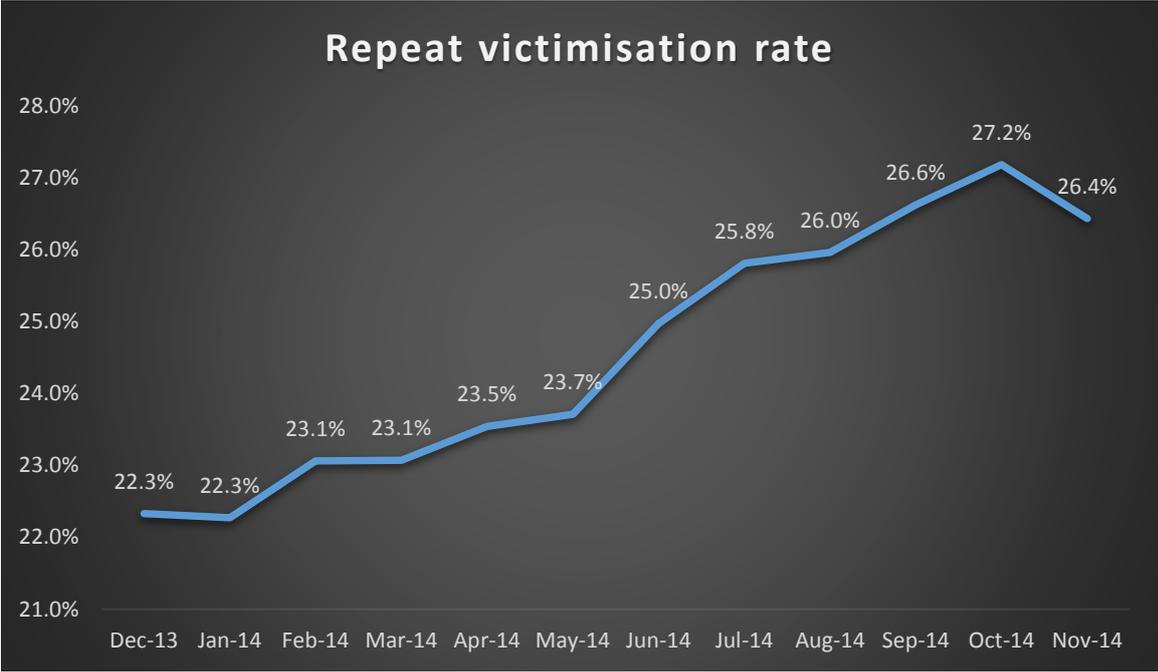


Figure 7: Repeat Victimization rates December 2013 – November 2014



Repeat victimisation while case is open

KDAC IDVAs also record when there is an instance of repeat victimisation while a case is open. Repeat victimisation was recorded in 24% (622 of the 2595) MARAC cases closed in the 18 month period (1 April 2013 – 30 September 2014) for which data were provided.

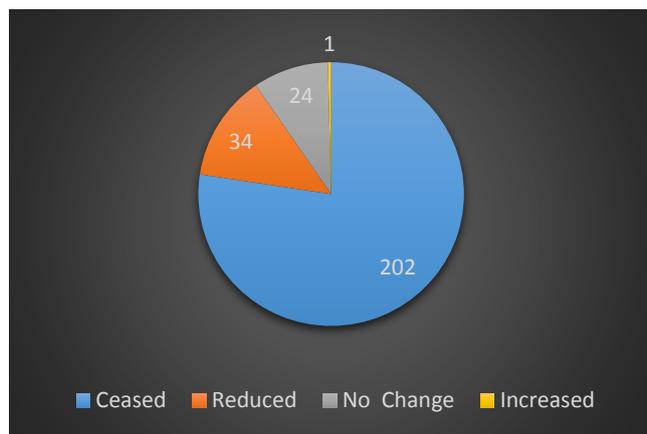
This figure betters the contractual target of less than 30% cases being subject to repeat victimisation.

Risk assessment

Workers are required to assess four criteria: cessation of abuse, risk levels, impact on children’s well-being and impact on children’s safeguarding.

Cessation of abuse

The practice for recording the cessation of abuse has not been consistent over the



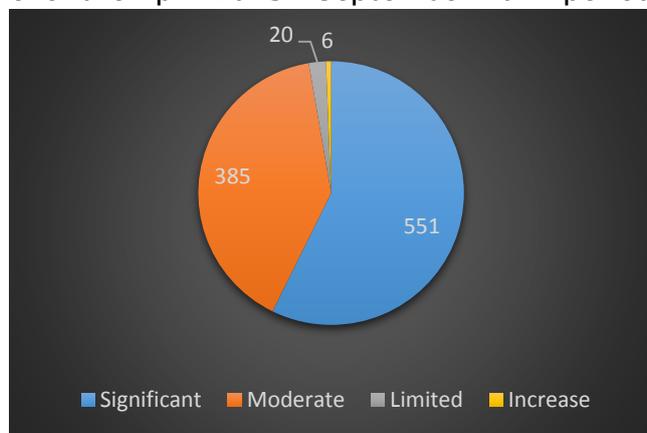
length of the contract with several IDVAs not following recording guidelines. The evaluator was informed that recording became more consistent from April 2014, although still not uniformly followed. In the six months from April - September 2014, IDVAs judged that abuse had ceased in over half (202/361 = 56%) cases and

reduced in over a further third (134/361 = 37%). In one in fifteen (24 = 6.7%) cases there had been no change and in one case (0.3%) abuse had escalated.

The CAADA benchmark is for abuse to have ceased in 63% cases where an IDVA has been involved.

Risk level

IDVAs made assessments of changes in risk level since their intervention in 1172 cases over the April 2013 - September 2014 period. In almost half of these cases (551/1172



= 47%) IDVAs had assessed that there had been a significant reduction in risk. In a further third of cases (385/1172 = 33%), IDVAs recorded a moderate reduction in risk. In one fifth of cases (230/172 = 20%), there had been a limited reduction in risk and in six cases (representing 0.5% of this cohort) risk had increased.

Overall, therefore in four fifths (80%) cases, risk was assessed to have been significantly or moderately reduced, exceeding the CAADA benchmark of 74%.

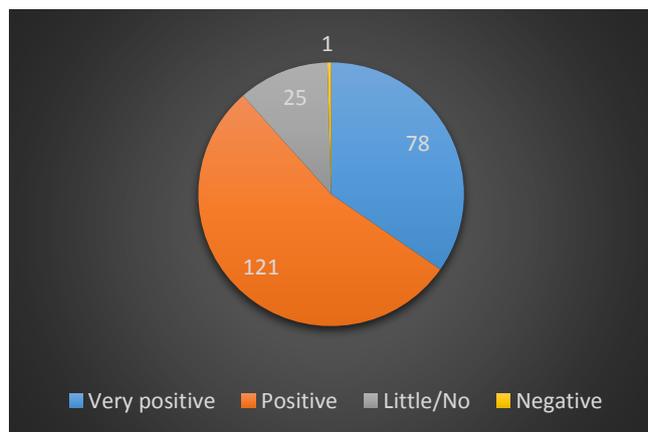
Impact on children’s safeguarding

IDVAs are also required to assess the impact of their intervention on children’s safeguarding. This information was available in 428 cases in the period from July 2013 – September 2014.

In almost three quarters of these cases (314/428 = 73%), the victim’s children were subject to child protection measures at time of referral. In the other 27% of cases (114/428), the IDVA or other professional made a child protection referral.

In one in 12 cases (36/428 = 8%) the level of intervention by Children’s Services was reduced and in a further one in 12 cases (35/428 = 8%) children were removed from any Child Protection Arrangement. Therefore in one in six cases (71/428 = 16%), the amount of intervention from Children’s Services was reduced.

IDVAs completed assessments on the impact of their intervention on these children’s safeguarding in a total of 225 cases over this 15 month period. In just over one third

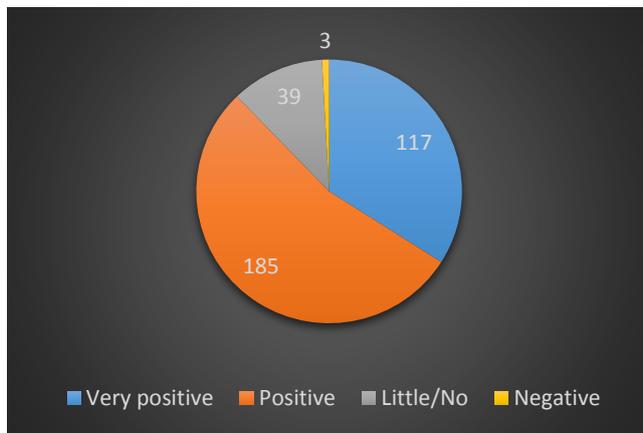


of cases (78/225 = 35%) the intervention was assessed to have had a very positive impact. In more than one half of cases (121/225 = 54%), the intervention was judged to have had a positive impact. In one in nine cases (25/225 = 11%) it was assessed that the intervention had little or no impact on children’s well-being and in one case

(0.4%) the intervention was judged to have had a negative impact.

Impact on children's wellbeing

IDVAs are also required to assess the impact of their intervention on children's wellbeing. This assessment had been undertaken in 344 cases in the period from July 2013



- September 2014. In just over one third of cases (117/344 = 34%) the intervention was assessed to have had a very positive impact. In more than one half of cases (185/344 = 54%), the intervention was judged to have had a positive impact. In one in nine cases (39/344 = 11%) it was assessed that the intervention had little or no impact on

children's well-being and in three cases (1%) the intervention was judged to have had a negative impact.

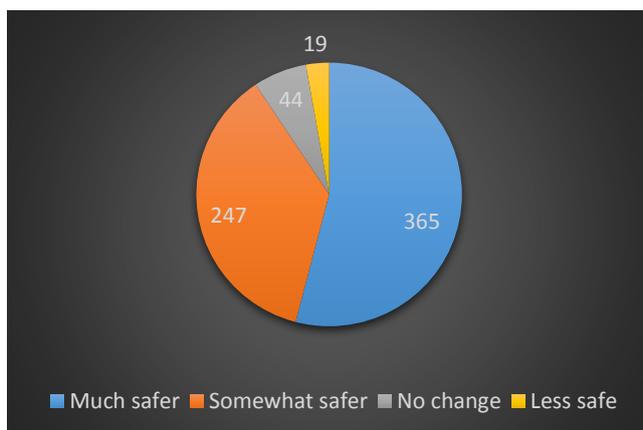
The combined score for positive or very positive impact was 88% against a CAADA benchmark of 45%.

Victims' views

Victims are also asked about the impact of the service on their own safety and that of their children.

Personal safety

Victims were asked to compare how safe they felt at the time when their case was



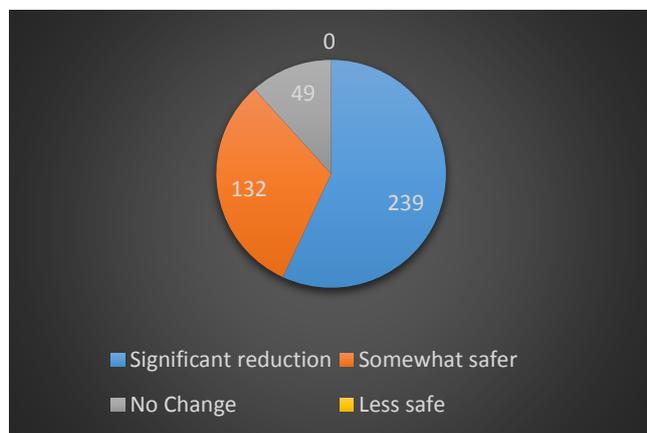
closed compared to with how they felt at their first contact with KMIDVA. This information is available for the 15 month period from July 2013 - September 2014. The views of 675 victims were recorded and over half (365/675 = 54%) said that they felt much safer with more than a further third (247/675 = 37%) saying they felt

somewhat safer. One in 15 victims (44/675 = 7%) said there been no change in how safe they felt and one in 30 (19/675 = 3%) said that they felt less safe.

The combined score for feeling either much or somewhat safer was 81% compared with the CAADA benchmark of 70%.

Children's safety

Similarly, victims were asked to assess the reduction in risk to their children since the start of the KMIDVA intervention. This information was available in a total of 420 cases



over the 15 month period from July 2013 - September 2014. Well over half (239/420 = 57%) said that they thought there had been a significant reduction in risk to their children with nearly a further third (132/420 = 31%) stating that there had been a moderate reduction in risk. Almost one in eight (49/420 = 12%) said that there had

been no change and no victims reported that their children were less safe following the KMIDVA intervention.

The views of professionals

All professional interviewees were specifically asked about the impact of the KMIDVA service on the safety of victims. Every interviewee shared the view that the service was the most important component in keeping victims of domestic abuse safe with a number of professionals highlighting the promptness of interventions and the fact that IDVAs are able to provide ongoing support as the two critical success factors.

The views of victims

A substantial majority of victims also expressed the view that the KMIDVA service had a positive impact on keeping them safe. More than half (40/75 = 53%) of those victims participating in the KDAC follow-up telephone survey stated that they felt much safer as a result of the KMIDVA intervention with a further two fifths (29/75 = 39%) stating that they felt somewhat safer. The remaining six victims (8%) said that they experienced the same level of safety as when the intervention started.

Four of the 14 victim interviewees specifically mentioned the help they had via the IDVA service in getting their properties secured and how this was a significant contributory factor to them feeling safer.

Conclusion

The views of professional interviewees and victims themselves confirmed the analysis of the data which shows that the KMIDVA service has a significant impact on keeping the victims of domestic abuse safe. As stated in the introduction to this chapter, IDVA services provide a short term intervention to a long term problem, with the result that there will always be a substantial re-victimisation rate. Nevertheless, it should be noted that the level of repeat victimisation appears to be rising; a trend which may be related to the continual growth in caseload (an issue explored in more detail in the final chapter of this report).

Chapter 4: Impact on health & well-being

Introduction

This chapter examines the impact of the KMIDVA service on the health and well-being of victims. It first looks at the views of victims themselves as recorded in internal monitoring data and expressed in our interviews with them. The chapter concludes with the views of health professionals who work alongside the KMIDVA service.

Monitoring data

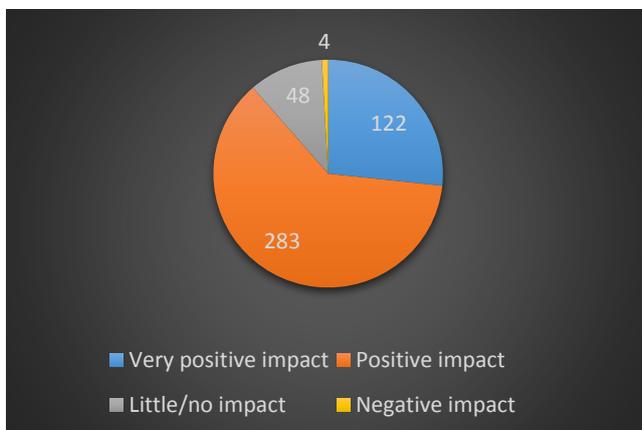
IDVAs record information in the four health and well-being domains:



This information is captured when cases are closed and is based on the self-assessment of victims regarding the impact of the KMIDVA service in each domain. In each case, the information is available for the 15 month period from July 2013 – September 2014.

Emotional well-being

Information on the impact of the KMIDVA service on the emotional well-being of clients



is available for 457 individuals. Emotional well-being is defined as relating to self-esteem, confidence, mental health et cetera. Over one quarter ($122/457 = 27\%$) said that the intervention had had a “very positive” impact on their emotional well-being. A further three fifths ($283/457 = 62\%$) said that the intervention had had a

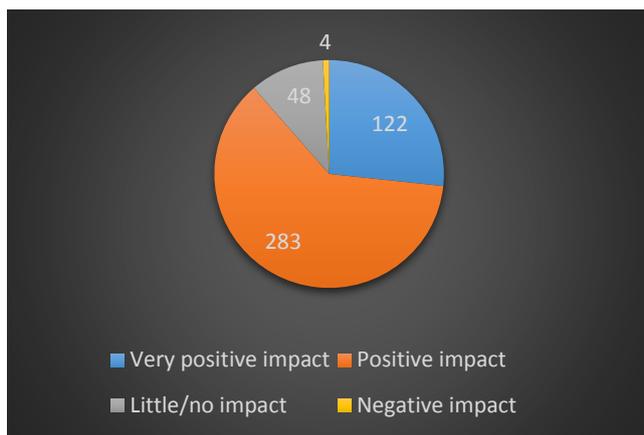
positive impact. Just over one in 10 ($48/457 = 11\%$) said the intervention had little or

no impact on their well-being with just under one in a hundred ($4/457 = 1\%$) saying it had a negative impact.

The combined score for either a very positive or positive impact was 89% compared with the CAADA benchmark of 45%.

Quality of Life

Information on the impact of the KMIDVA service on clients' overall quality of life is

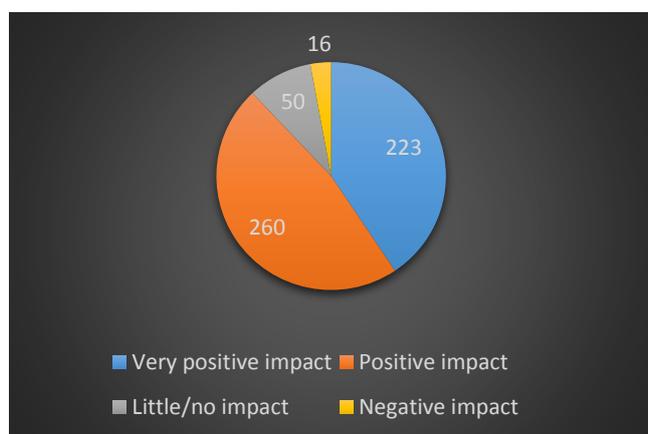


available for 443 individuals. Quality of life is defined as being related to increased future hopes and aspirations, feeling more resilient and improved social networks. More than one half ($237/443 = 53\%$) said that their quality of life had improved a lot with a further third ($151/443 = 34\%$) saying it had improved a little. Just over one in 10

victims ($45/443 = 10\%$) stated that there had been no change in their quality of life and one in 40 ($10/443 = 2\%$) stated that their quality of work life had deteriorated since the intervention.

Fear

Victims were also asked about the impact of the KMIDVA intervention on how frightened they were compared to how they felt at the start of the service. This



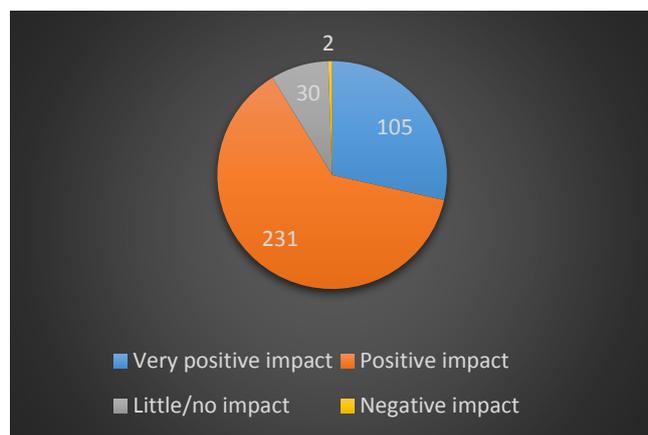
information is available for 549 clients. Nearly two fifths ($223/549 = 39\%$) reported that the intervention had had a very positive impact on their level of fear with almost a further half ($260/549 = 47\%$) saying that the intervention had a positive impact. One in 11 ($50/549 = 9\%$) said that the intervention had had little or no impact on their level of fear

while nearly one in 30 ($16/549 = 3\%$) reported that they were more fearful than when they were referred to the service.

The combined score for either a very positive or positive impact was 86% compared with the CAADA benchmark of 70%.

Coping strategies

Information on the impact of the KMIDVA service on clients' coping strategies is available for 368 individuals. When asked to reflect on the impact of the KMIDVA



service on their coping strategies, clients were asked to think about their safety plans and the work they done on an individual and group basis. Almost three out of ten ($105/368 = 29\%$) said that the KMIDVA service has had a very positive impact on their coping strategies with a further two thirds ($231/368 = 63\%$) saying that it had had

a positive impact. One in 12 individuals ($30/368 = 8\%$) found that there had been no impact on their coping strategies and two people (0.5%) felt there had been a negative impact.

Victims' views

Victims who participated in the KDAC follow-up telephone survey expressed very positive views about the impact of the KMIDVA service on their health and well-being. Several respondents specifically noted that the service had had an impact on all areas of their life and had enabled them to move forward positively.

The views of professionals

The evaluator interviewed three health visitors who held the domestic abuse remit in different areas across Kent and Medway. All three held very positive views of the KMIDVA service, praising the quality and promptness of the service and of the speed and reliability with which key information was exchanged. Three particular benefits of the service were identified:

1. The prompt identification and referral from IDVAs facilitated access to an enhanced health visitor service for victims of domestic abuse.

2. Health visitors were being made aware of abuse suffered by pregnant women at a very early stage in their pregnancy, enabling them to receive a prompt and more comprehensive service.
3. The countywide service meant that it was much easier to track the victims of abuse who frequently needed to move area to keep safe. The quality of information exchange meant that victims could receive good continuity of service from health professionals.

Conclusion

Again, there was a clear consensus between the findings from the analysis of the monitoring data and views of professionals and victims that the KMIDVA service has had an extremely positive impact on the health of the victims of domestic abuse. Several of the CAADA benchmarks were exceeded by a considerable extent.

Chapter 5: Impact on confidence & support

Introduction

The KMIDVA service is extremely busy with a referral rate which continues to grow. This means that there is great pressure on IDVAs to close cases as soon as victims are in position to take responsibility for their own safety. Building victims' confidence and knowledge to enable them to access a network of formal and informal support is key to this. IDVAs record monitoring information on three important domains relative to this goal:

Client confidence in accessing other appropriate local services

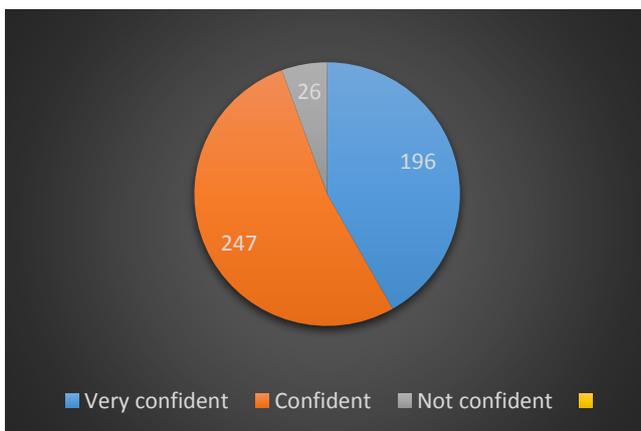
Economic/financial stability achieved

Housing stability achieved

This chapter starts by analysing this monitoring information which is supplemented by the results of a survey of all IDVAs undertaken for this evaluation asking specifically about employment and accommodation outcomes. The chapter also includes the views of professionals and service users.

Confidence in accessing other services

Monitoring information was available on 469 cases closed in the 15 month period from July 2013 – September 2014. More than two fifths of victims (196/469 = 42%) stated



that they were very confident that they would be able to access other appropriate local services following the KMIDVA intervention. A further half (247/469 = 53%) stated that they were confident about accessing local services while just one in 17 (26/469 = 6%) stated that they were not confident.

The combined score for victims who are either very confident or confident about their ability to access other services was 94% compared with a CAADA benchmark of 70%.

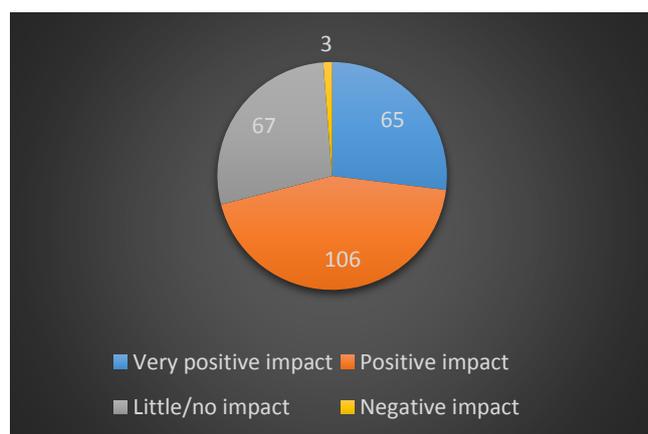
This finding was confirmed by a number of professional and victim interviewees. One professional interviewee stated that she found that: *“because victims have received such a prompt, high quality service, they are often much more prepared to make use of the service I offer than victims who haven’t had an IDVA.”*

Similarly, a respondent to the KDAC follow-up telephone service said that they were initially hesitant to ask for help, but were very pleased that they did as support from the IDVA enable them to have the strength to manage their situation and access support from other agencies.

Another victim interviewee specifically praised the information her IDVA had provided her with about other agencies who were able to provide a wide range of advice, support and practical help.

Economic/financial stability

Monitoring information was available on 241 closed cases in the same 15 month period (July 2013 – September 2014) where victims were experiencing economic/financial



problems at the time of referral. Over one quarter (65/241 = 27%) of victims stated that the KMIDVA service had had a very positive impact on their economic and financial situation with more than a further two fifths (106/241 = 44%) stating that the intervention had a positive impact. Another quarter of victims (67/241 = 28%) stated that the

intervention had had little or no impact on their economic stability while three individuals (1%) said that their economic situation had worsened.

The combined score for victims who had experienced either a “very positive” or “positive” impact on the economic situation was 71% compared with a CAADA benchmark of 70%.

In order to provide more detail about economic/financial outcomes, all the IDVAs were requested to review their caseload since April 2013 and indicate:

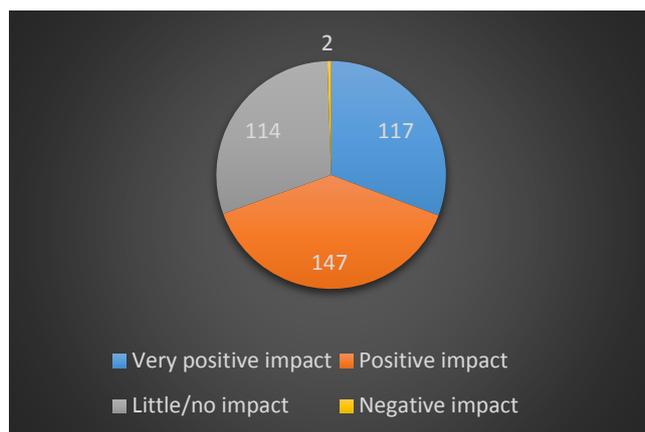
- The number of victims they had been able to help maintain employment despite the impact of the domestic abuse, and
- The number of victims whom they had helped to find work.

Twelve IDVAs were able to undertake this additional piece of work. They had been working as IDVAs in Kent and Medway for an average of 16 months (out of the possible maximum of 21 months between April 2013 – December 2014) and had worked with an average of 258 victims each during that period. They had helped a total of 355 victims maintain their employment, an average of 17 individuals per month. Their interventions had also been instrumental in helping a further 150 individuals find employment, an average of seven individuals per month.

If the work of these 12 IDVAs is representative of the 20 typically in post, then the KMIDVA service helps an average of 28 victims per month maintain their employment and an average of 12 victims per month secure a new job.

Housing stability

Monitoring information was available on 380 closed cases in the same 15 month period (July 2013 – September 2014) where victims did not have stable accommodation in



which they felt safe. In over three out of ten cases (117/380 = 31%) the victim stated that the KMIDVA service had had a very positive impact on their housing situation with almost a further two fifths (147/380 = 39%) stating that the intervention had a positive impact. However, three out of ten victims (224/380 = 30%) also stated that the

intervention had had little or no impact on their housing situation while two individuals (0.5%) said that their situation had worsened.

The combined score for victims who had experienced either a very positive or positive impact on their housing situation was 69% compared with a CAADA benchmark of 70%.

In order to provide more detail about housing outcomes, IDVAs were also requested to review their caseload as described in the previous section and record the number of victims they had been able to help stay in their existing accommodation safely and the number for whom they had helped find new secure housing.

The same twelve IDVAs had helped a total of 653 victims stay in their home when they were at risk of having to move out, an average of 31 individuals per month. Their

interventions had also been instrumental in helping a further 395 individuals find secure housing, an average of 19 individuals per month.

Again, if the work of these 12 IDVAs is representative of the 20 typically in post, then the KMIDVA service helps an average of 52 victims per month remain in safe accommodation and an average of 32 victims per month find an appropriate new home.

The housing professional interviewed for this evaluation stated that she had found the IDVAs with whom she worked very knowledgeable about housing legislation and local resources.

Four service users who responded to the follow-up telephone service specifically highlighted the importance of being helped to find or maintain secure housing although one individual stated that he did not feel he had had sufficient support around housing issues.

Conclusion

Once again, the evidence from the analysis of monitoring data and interviews with professionals and victims demonstrates clearly that the KMIDVA service has a consistently positive impact on victims' confidence and increased ability to access help and support from a wide range of services.

Chapter 6: Bringing perpetrators to justice

Introduction

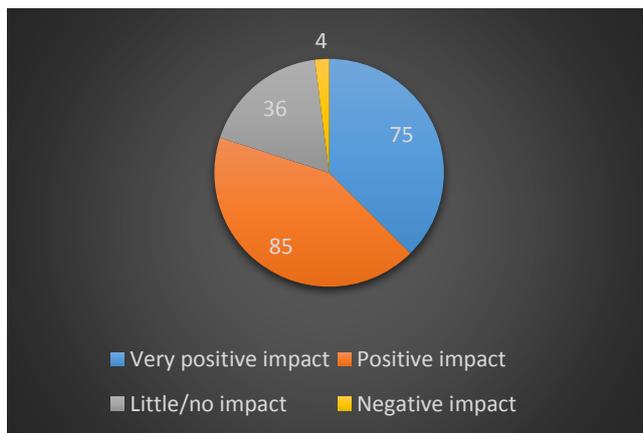
As part of the KMIDVA service, four IDVAs work at the county's four Specialist Domestic Violence Courts (SDVCs) where their role is to support victims through any legal proceedings relating to their abuse.

Outcomes

Monitoring data is recorded around two different areas of work: legal advice and remedies given to victims; and support to victims acting as witnesses in criminal prosecutions at SDVCs.

Legal advice

Throughout the 15 month period from July 2013 – September 2014 a total of 324 cases were closed in which victims were given legal advice and in 230 (71%) of these cases



victims were granted a legal remedy to help stop abuse. Legal remedies include Restraining Orders, Bail Conditions and Child-Related Orders. These victims were asked about the impact of these legal remedies and the support provided by their IDVA and their views were recorded in 200 cases.

Almost two fifths (75/200 = 38%) stated that the intervention had had a very positive impact on them and just over a further two fifths (85/200 = 43%) said it had had a positive impact. Just under one fifth (36/200 = 18%) said that the intervention had had little or no impact and in four (2%) of cases it was said to have had a negative impact.

Criminal prosecutions

Throughout the same 15 month period a total of 293 victims were supported in court in the pursuit of criminal prosecutions against their abusers. 255 individuals were supported at the first and second hearings and 88 were supported throughout the trial. Just 24 (8%) retracted their original witness statement which meant that their abuser was not charged. It should be pointed out that the IDVAs' remit is to support the victim

and maximise their likelihood of continued safety; in some cases the safer option is to withdraw from legal proceedings in order to ensure that a victim's new address remains undisclosed to the perpetrator.

A total of 213 cases were successfully brought to court. In over 95% of these interviews the abuser either pleaded guilty (93/213 = 44%) or was found guilty at trial (110/213 = 52%). In just 10 cases (5%) the alleged abuser was found not guilty. In a further six cases, victims failed to attend trial resulting in the case being discontinued.

The court IDVAs interviewed for the evaluation expressed the view that they would like to have sufficient resources to be able to support victims of domestic abuse through trials as well as other court hearings.

Victims' views

Two victim interviewees had direct experience of the court IDVA service and both praised it highly as this quote illustrates:

"The support worker contacted me every day and came with me to court and to the solicitors. I did feel very naive at the time. I'd never taken it to this level before. She was great. She took the lead, you need a sensible head and mine had gone to mush."

[Victim interviewee #18]

Two other victim interviewees said that they particularly valued their IDVA's ability to help them navigate the police and legal processes:

"She was brilliant, she was the in-between, finding out why there were all those delays. I didn't know why. I was freaking out" [Victim interviewee #5]

Conclusion

The analysis of the monitoring data shows that the support of IDVAs is invaluable in helping the victims of domestic abuse pursue legal remedies and achieve a degree of long-term safety from what has often been a considerable period of sustained abuse.

Chapter 7: Cost Effectiveness

Introduction

This chapter does not pretend to present a comprehensive cost benefit analysis (CBA) of the KMIDVA service since this would be a very substantial piece of academic research. However, it has been possible to gather robust national and local data on which to base credible calculations for some of the cost savings delivered by KMIDVA. The chapter starts by setting out the national and then local costs of domestic violence and abuse which fall into six main areas:



However, it was only possible to make estimates of the savings generated by KMIDVA in four of these areas (criminal justice, housing, social services and economic output). The other two areas are discussed and indications are made of where the KMIDVA service is generating savings, although these could not be quantified.

The chapter then looks at the cost savings in a small number of individual case studies.

The report makes no attempt to calculate the human and emotional costs of domestic violence, although these are clearly extensive and result in a wide range of medium and long-term cost to public finances. In considering the contents of this chapter, readers are asked to bear in mind the conclusion of the most recent National Institute for Health and Care Excellence (NICE) advice⁴ on domestic violence and abuse:

“The economic and social costs of domestic violence and abuse are so significant than even marginally effective interventions are cost-effective.”

⁴ NICE (2014) Domestic violence and abuse: how services can respond effectively.

The national costs of domestic violence and abuse

Almost all national costings of the impact of domestic violence in the UK (including NICE's) are based on Walby's seminal work⁵, originally calculated on 2001 data before being comprehensively updated based on 2008 figures⁶.

However, the purpose of Walby's work was to calculate the total costs of domestic abuse to the country as a whole. This required a different methodological approach and she does not attempt to calculate unit costs. Therefore her work helpfully informs this study but does not provide a range of formulae which can simply be applied to the local population and then be updated for inflation. It should also be noted that in some areas, such as social services, not only have the organisation and structure of the ways in which services are delivered changed substantially since Walby's original work, but also the extent of services themselves and the eligibility for them. Walby's update resulted in substantial changes to the estimates of the cost of domestic violence for three main reasons:

1. A decrease in the rate of domestic violence;
2. The greater use of public services by victims of domestic violence (reflecting the development of these services); and
3. Technical adjustments due to inflation and growth in Gross Domestic Product.

The table below presents Walby's costs for 2001 and 2008.

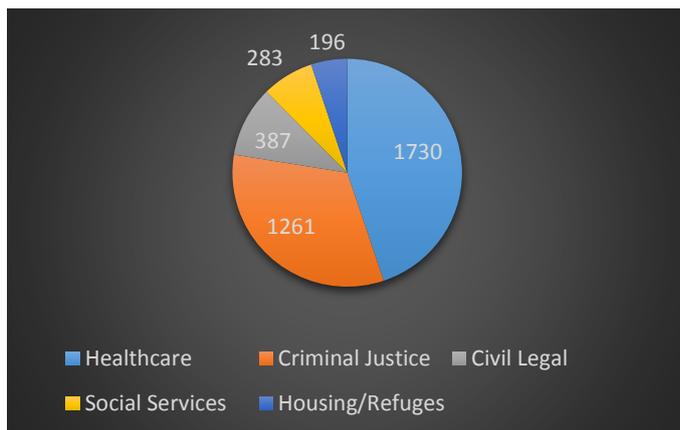
Figure 8: Walby costs of domestic abuse (2001 and 2008)

	Costs 2001 £million	Costs 2008 £million
Healthcare	1396	1730
Criminal justice system	1017	1261
Civil legal services	312	387
Social services	228	283
Housing and refuges	158	196
Total Cost of Services	£3111	£3857
Economic output (time off work for injuries)	2672	1920
Overall Total	£5783	£5777

⁵ Walby, S. (2004) The cost of domestic violence. Women and Equality Unit

⁶ Walby, S. (2009) The cost of domestic violence update 2009. UNESCO and Lancaster University

This information clearly shows that the service areas which experience the greatest costs because of domestic abuse are healthcare and the criminal justice system. According to the 2008 figures, healthcare costs were approaching half (£1730m/£3857m = 45%) of the overall service costs and criminal justice costs nearly a further third (£1261m/£3857m = 33%).



Other costings to the criminal justice system include a calculation by the Home Office⁷ that one domestic violence homicide costs a total of £1.8 million – there were eleven such homicides in Kent in the three years to April 2014. Marianne Hester, Professor of gender violence and international policy at the University of Bristol, presented an estimate at a Police Foundation event⁸ in November 2013 that domestic violence accounts for approximately 25% of all police work.

The local costs of domestic abuse

The Against Violence and Abuse Project⁹ used Walby’s 2009 figures to calculate the estimated costs for each local authority area based on the size of the 16 – 59 year-old population (this is the age range targeted by the Crime Survey from which national estimates of domestic violence prevalence are obtained). The total annual cost of domestic abuse in Kent and Medway was calculated as £167.6 million – this figure included lost economic output, but did not include human emotional costs.

A recent study¹⁰ undertaken into the prevalence and cost of domestic abuse in Kent and Medway calculated costs using the Home Office Ready Reckoner tool¹¹. This study calculated the overall cost of domestic abuse in Kent and Medway as £171.5 million, although it is not clear whether this includes lost economic output. However,

⁷ Kelly et al. (2013) Evaluation the pilot of domestic violence protection orders. Home Office research report 76.

⁸ Police Foundation (2013) Report of the 14th Oxford Policing Policy Forum: Are we doing enough of the right things to tackle domestic abuse?

⁹ <http://www.avaproject.org.uk/>

¹⁰ Anon (2014) The prevalence and cost of domestic abuse in Kent and Medway.

¹¹ <http://webarchive.nationalarchives.gov.uk/20100419081706/http://www.crimereduction.homeoffice.gov.uk/domesticviolence/domesticviolence072.htm> However, the Home Office Ready Reckoner tool is not currently available to check these calculations.

despite the similarity of the total cost figures, sharply different costs were calculated for the different component areas by the different methodologies, in particular the cost of housing, civil and legal costs. The table below shows the costs calculated by each methodology in terms of the impact on local services only and shows an average of the two.

Figure 9: Costs of Domestic Abuse in Kent and Medway (all figures in £millions)

	AVA	Ready Reckoner	Average
Healthcare	£50.2m	£36.9m	£43.55m
Criminal justice system	£36.5m	£23.3m	£29.9m
Housing & Civil legal services	£15.5m	£106.9m	£61.2m
Social services	£8.2m	£4.4m	£6.3m
Total Cost of Services	£110.4m	£171.5m	£140.95m

However, even if we accept the lower figure, it is clear that domestic abuse costs services in Kent and Medway more than a hundred million pounds per year. The total cost of the KMIDVA service in the current financial year is: £788,800, a maximum of 0.7% of the cost of services dealing with the consequences of domestic abuse.

Cost savings of the KMIDVA service

The following sections look at savings generated under each of the following areas:



As stated earlier, it has only been possible to calculate savings in four of these areas.

For each of these sections, most of the calculations are based on the caseload of 2171 new cases in the last 12 month period for which data are available (October 2013 – September 2014). It is assumed that the most recent MARAC repeat victimisation rate of 26.6% applies to this whole caseload (although not all are MARAC cases) and that savings would be made for the 73.4% of cases where repeat victimisation was not

recorded. These assumptions produce a cohort of 1594 individuals where savings to services were potentially made.

Criminal justice savings

The cost impact of domestic abuse on criminal justice services in Kent in Medway is [calculated as being in the range between £23.3 - £36.5 million.](#)

Data from the recent Kent report¹² on the prevalence and costs of domestic abuse illustrated the significant demand which domestic abuse places on the Kent Police Service:

- Over 22,000 calls were made to the police about domestic abuse during the 12 month period from September 2013 – August 2014. This represents 4% of all calls.
- There were almost 29,000 crime reports and secondary incidents which showed an increasing demand. The most significant increase was in crime reports which increased by 43%.

Kent Police Service's gross expenditure for the financial year 2013/14 was £353,753,000¹³. Based on Professor Hester's estimate that domestic abuse work comprises 25% of all police work, it's possible to calculate that policing domestic abuse in Kent cost £88,438,250 for the most recent financial year.

However, although the police incur a large proportion of the costs of the criminal justice system's response to domestic abuse, there are significant costs to other agencies including the Crown Prosecution Service, Magistrates' and Crown Courts, Legal Aid, probation and prison services.

In order to calculate the savings of the KMIDVA service to the criminal justice system, the evaluator has used official Home Office figures based on their 2000¹⁴ and 2005¹⁵

¹² See footnote 9 above.

¹³ Kent Police (2014) Accounts for the Chief Constable for Kent Police. http://www.kent.police.uk/about_us/finance/attachments/statement_of_accounts.pdf

¹⁴ Brand, S. & Price, R. (2000) The economic and social costs of crime. London: Home Office HORS 217. This study presented the first estimates of the cost of crime in England and Wales.

¹⁵ Home Office (2005). The economic and social costs of crime against individuals and households 2003/4. Home Office Online Report 30/05, this study presented the results of the first set of updates to the original figures.

reports and updated in 2011¹⁶. The Home Office methodology estimates the unit costs of a range of crime types using three elements:

1. Costs incurred in anticipation of crime (such as security expenditure).
2. Costs incurred as a consequence of crime (such as property stolen and emotional or physical impacts).
3. Costs incurred in response to crime (costs to the criminal justice system).

The unit cost of an offence of violence¹⁷ according to the Home Office 2011 figures is £12,429.

Based on the assumption that each of the perpetrators of domestic abuse against the 1594 individual victims in our cohort would have committed one additional violent offence had the KMIDVA service not intervened to keep the victim safe, *the total annual savings generated to the criminal justice system in Kent would be almost £20 million* (1594 x £11,524 = £18,811,826).

Healthcare savings

The cost impact of domestic abuse on healthcare services in Kent in Medway is [calculated as being in the range between £36.9 - £50.2 million](#).

It has not been possible to develop a robust calculation of the impact of domestic abuse on the local health economy and the savings generated by the KMIDVA service.

Walby's original work looks in detail at the costs to the health service of interventions from primary care and hospital (following injuries caused by assaults) and also the extensive costs of mental health services.

She found that the average rate of depression is much higher among women who are suffering or who have suffered domestic violence (although she acknowledges that not all will seek help from medical services). In her 2004 study, Walby found that two thirds of women seeking help with depression had experienced domestic violence and she estimated that for 37% of women seeking help from the NHS for depression, domestic violence was the primary cause of this condition.

¹⁶ Home Office (2011) Revisions made to the multipliers and unit costs of crime used in the Integrated Offender Management value for money toolkit.

¹⁷ Calculated from the average cost of the three categories of violence: serious wounding, other wounding, and common assault. The £1.8m cost of a domestic violence homicide is not included.

Using these data, the most recent national survey¹⁸ into adult mental health, and the fact that research has found that levels of depression and depression and anxiety amongst women (most studies are of women victims) who have suffered domestic abuse are at least three times the national average¹⁹, we can develop a rough estimate that 62 victims from our cohort would have a reduced requirement for treatment for depression and 78 would need less treatment for mixed anxiety and depression.

However, it is not possible to calculate the cost of this treatment²⁰.

There is also no information available on the number and extent of injuries suffered by the victims with whom the KMIDVA service works nor the medical treatment received for these injuries. We can assume that these are numerous and that there would be a significant reduction in the cases where interventions are successful and no repeat victimisation is recorded.

Therefore, although it is realistic to assume that there are extensive costs to the local health economy from the victims of domestic abuse and substantial savings from those victims who no longer require input from the NHS to treat either injuries, or ongoing related mental health conditions, it is not possible to quantify the savings accurately within the study.

It would be possible, given dedicated funding, to undertake a study of the health care savings generated by the KMIDVA service.

Social service savings

We have [already seen](#) that the KMIDVA service has had a positive impact on victims' children. In 36 of the 428 cases closed over a fifteen month period (July 2013 – September 2014), the level of intervention from Children's Services was reduced and in a further 35 cases children were removed from any child protection arrangement. This represents the equivalent of reduced intervention in 29 cases per year and discontinuation of child protection work in 28 cases per year.

¹⁸ The Health & Social Care Information Centre, 2009, Adult psychiatric morbidity in England, [Results of a household survey](#)

¹⁹ Women's Aid: The Survivor's handbook. <http://www.womensaid.org.uk/domestic-violence-survivors-handbook.asp?section=000100010008000100360002>

²⁰ Secta (2014) Costing clinical guidelines: Depression (England and Wales). National Institute for Clinical Excellence. This report noted that there was a lack of systematically collected data and could not calculate a unit cost for the treatment of depression.

The budget for Kent Children Safeguarding for 2013/14 is £4,591,500²¹. There were 1494 Child Protection Plans started in that year and the average length of this plans was 9.4 months²².

The unit cost of each Child Protection Plan is therefore £3073 (£4,591,500/1494), with a weekly cost of £74.95 (£3073/41)²³.

Based on the assumption that a child protection plan is closed at the half way point of an average length order following an intervention from the KMIDVA service, the annual savings generated would be £43,021 (28 cases x £74.95 weekly cost x 20.5 weeks).

The KMIDVA service also generates additional savings where the level of intervention from Children's Services is reduced as a result of their intervention, which happens in 29 cases per year.

The average weekly cost of social services support for each child in need in 2013 was £143 in an English shire county (the same figure applied to unitary authorities)²⁴.

Based on a series of conservative assumptions:

- Only one child per family
- The reduction in intervention is defined as providing a service on a fortnightly rather than weekly basis.
- The average length of reduced provision is six months.

We can calculate annual savings of £53,911 (29 children @£143 for 13 weeks).

The total annual savings to Children and Families would therefore be £96,932.

There are of course a large range of other costs associated with providing support to the children of victims of domestic abuse, particularly in the education and health sectors. It has not been possible to calculate these costs.

²¹ <http://www.kent.gov.uk/about-the-council/finance-and-budget/2014-15-budget>

²² This information was provided by the Information Resilience & Transparency Team at Kent County Council.

²³ This calculation has been checked but it seems improbable that the weekly cost of a child protection order is approximately half that of providing a service to a child in need.

²⁴ Lesley Curtis (2013) Unit costs of health and social care 2013. Personal Social Services Research Units, the University of Kent.

Civil legal and housing services savings

The cost impact of domestic abuse on civil legal and housing services in Kent in Medway is [calculated as being in the range between £15.5 - £106.9 million](#).

It was not possible to calculate the civil legal savings generated by the KMIDVA service as data were not available. There will, however, be substantial savings mainly related to a reduction in such areas as Legal aid to pursue civil remedies such as restraining orders and court time for hearings for these applications.

It was, however, possible to calculate savings related to housing.

Housing savings

The [survey conducted for this evaluation](#) found that IDVAs had helped an average of 52 victims per month stay in secure accommodation and an average of 32 victims per month to find appropriate accommodation. Therefore the KMIDVA service helps more than one thousand individuals per year ($52 + 32 = 84$) $\times 12$ months = 1008) to be in secure accommodation.

The weekly cost of a place in the Oasis women's refuge is £481 and the average stay is 20 weeks. Based on the assumption that just one in five of the 1008 victims would both lose their accommodation without the intervention from KMIDVA, and need to live in a refuge for the average length of time, the savings are almost £2million (201 victims \times 20 weeks @£481 per week = £1,929,600).

Economic output savings

The [survey conducted for this evaluation](#) found that IDVAs had helped an average of 28 victims per month maintain their employment and an average of 12 victims per month finding employment. Therefore the KMIDVA service helps 480 individuals per year ($28 + 12 = 40$) $\times 12$ months = 480) to be in a job.

The basic benefit income for one adult aged 25 or over with one dependent child who is looking for work is £138.73 (Job Seeker Allowance). If these 480 individuals were all receiving this basic benefit income for a period of 13 weeks before finding work, then the savings produced by the KMIDVA service would be approaching £1 million (480×13 weeks @ £138.73 = £865,675).

In a large majority of cases, individuals would also be entitled to additional benefits including housing benefit and child tax credits, but these have not been included in this calculation.

If these 480 individuals were earning the average (median) wage for people in Kent at 2013 levels²⁵, they would be earning £540.70 per week and contributing £906 for this 13 week period in Income Tax and £605 in National Insurance. Using these assumptions, the same 480 individuals would be contributing three quarters of £1 million ($480 \times (£906 + £605) = £725,280$) per annum to the Exchequer.

Therefore, the total savings in terms of economic output would be in excess of one and a half million pounds per year (£1,590,955).

Conclusion

There are a host of methodological challenges in developing a Cost Benefit Analysis of any social care service. It is clear that although the KMIDVA service is central to tackling domestic abuse in Kent and Medway, it takes the coordination of several services to protect victims from further abuse. It is not possible to disentangle the impact that any single service has on this key outcome.

However, there is a recognised evidence base which details the very large economic impact that domestic abuse has on a wide range of services. In calculating the costs saved to Kent services by the intervention of IDVAs, the evaluator has sought to be cautious and transparent in making assumptions. For instance, despite the fact that there is an average of 3 to 4 domestic violence homicides in Kent every year, the average cost of each of these tragic events (£1.8 million) has not been factored into the calculations.

It was only possible to calculate cost savings in four domains, although it is clear that domestic abuse makes a heavy demand on both health and civil legal services.

²⁵ Kent County Council Business Intelligence Statistical Bulletin January 2014.

The costs saved by the KMIDVA service are summarised in the table below:

Figure 10: Estimated annual savings of KMIDVA service

Domain	Savings
Criminal justice system	£18,811,826
Children’s Safeguarding ²⁶	£96,932
Housing	£1,929,600
Economic Output	£1,590,955
Total Savings	£20,692,613

The current annual cost of the KMIDVA service is £788,800. Therefore the service is generating net savings of £19,903,803.

In other words *every £1 invested in KMIDVA generates savings of £25.23*

²⁶ This figure to be updated when further information received from Kent CC.

Chapter 8: Impact of the KMIDVA service

Introduction

This chapter starts by presenting the views of the professionals and service users interviewed for this evaluation on the overall quality of the KMIDVA service. It then summarises the service's performance based on analysis of the monitoring data before providing a brief synopsis of the provisional calculations of cost effectiveness. The chapter concludes by examining the overall impact of the KMIDVA service and highlights concerns for the future.

The quality of the KMIDVA service

The views of the 32 professionals and 14 service users interviewed for this evaluation are interspersed throughout the previous chapters where relevant. However, the main focus of these interviews was on the overall quality of service delivery. The vast majority of professionals and service users held a very positive opinion of the quality of the service provided to victims of domestic abuse in Kent and Medway.

Professional views

A positive overview

All but two of the professionals interviewed for this study held the KMIDVA service in unequivocally high regard. The two professionals who expressed concerns, nevertheless stated that they were impressed with the overall quality of service.

There was a consensus that the service was highly professional and reliable. Communication with partner agencies was regarded to be prompt and accurate and several interviewees commented on the IDVAs' expertise and thorough knowledge of their role and local services. These views are illustrated by the quotes included below:

"They are very good at liaising and very fast to share information. Having a dedicated IDVA in each area allows us to build up excellent working relationships." [Professional interviewee #4]

"They are the experts in their field and this is reflected in their success. People are coming to the One Stop Shop with expectations of being helped. We've had a real increase in word-of-mouth referrals." [Professional interviewee #12]

“It’s great when an IDVA has been involved. I find that because they’ve had such a prompt and helpful service, they’re much more open to taking up the service that I can provide.” [Professional interviewee #30]

“Our IDVAs are brilliant, passionate and dedicated – a real asset to the area.”
[Professional interviewee #17]

Professional interviewees commented on the improvement of service since the consortium came into operation:

“Now I have proper resourcing, the difference is fantastic. Support for high risk victims starts quickly, IDVAs are the voice of the victim at MARAC. They are also identifying many more people in need. It would be very hard to run the MARAC without them”
[Professional interviewee #3]

“Since the consortium, workers are less isolated. It’s easier now to pick up all the essential local contacts and information. It also works very well when clients move from one area to another – it’s a much smoother transition for clients fleeing.” [Professional interviewee #1]

“It’s a more consistent and reliable service now there are more IDVAs.” [Professional interviewee #12]

Interviewees working for the consortium members themselves made the point that now that the funding for the IDVA service is more secure, they have been able to develop a wider range of domestic abuse interventions; particularly those focusing on early identification and prevention.

Concerns

The two professional interviewees who expressed concern stated that initial contact was not always made promptly with victims and some victims were not always clear that their case had been closed. Both interviewees noted that this situation seemed to be occurring more often over recent months and attributed this to a continuing rise in caseloads.

The main concern of the IDVAs who were interviewed for this evaluation was the amount of time that they spent on paperwork; in particular having to enter data on a number of different case management and monitoring systems. It was felt that there should be one system for both case management and to generate all the reports needed for different commissioners and partners without repeat data entry. Concerns

were also expressed about the quality of the IT infrastructure with a number of IDVAs reporting problems with a slow system which occasionally crashed and lost work.

Caseload pressure

There was, however, one issue of concern which was raised by more than half the professional interviewees: the continual increase in caseload and the possible impact on the quality of service provision. It was found that many IDVAs were starting to struggle with very high caseloads and that it was difficult to make time for any non-case related meetings or conversations. The KMIDVA service model is based on telephone support. Nevertheless, IDVAs reported that they regretted that they rarely undertook any face-to-face work with victims (apart from initial contact in a One Stop Shop) since time constraints made this impossible to achieve. Several interviewees shared the view that some victims who were scared or ambivalent about change were much less likely to engage in support when only contacted by telephone.

Once this issue emerged from the professional interviews, it was decided to explore this issue specifically with victim interviewees. However, victims did not complain about lack of face-to-face contact and four specifically stated that they appreciated the very fast access they could get to their IDVA via a phone call and that their IDVAs would often phone them to check that they were okay and offer support and tips before planned meetings with the perpetrator of their abuse.

Several IDVAs felt under constant pressure to prioritise and close cases, sometimes earlier than they would like.

It was reported that the service for medium risk victims had been more or less completely discontinued because of the pressure on caseloads and two interviewees stated that they had recently become aware of victims who had “*slipped through the cracks*” and not received the usual high quality of service.

One victim interviewee also reported receiving a poor service.

The views of service users

Interviewees

Fourteen of the victims interviewed by Gillian Hunter for the experience of police domestic abuse study had direct experience of the KMIDVA service. Thirteen of these fourteen rated the service they had received very highly. Several interviewees described their IDVA as being “*brilliant*” or a “*massive help*”; the quotes below are typical:

"Although I've never met that woman, she was my knight in shining armour. I cannot fault her and thanks to her my mum also fled DA...My mum has never looked back. [My IDVA] was so helpful to me that helped my mum leave" [Victim interviewee #2]

"My IDVA was worth her weight in gold, she has supported me massively. She was there at the family court, she was there to hold my hand. Those kind of men try to make you feel like you're crazy and she was there to say, no you're doing the right thing, don't listen to him." [Victim interviewee #4]

The victim interviewee who had had a negative experience of the KMIDVA service said that her IDVA had not let her know the outcome of the MARAC meeting and that she had felt let down and *"passed from pillar to post"* by the IDVA and a worker from Victim Support.

Another interviewee praised the service but felt that it should be more widely advertised as she hadn't known there was a domestic abuse helping service until a professional had referred her.

Follow up survey

In addition to the views expressed in interview, the views of service users were collated from the KMIDVA follow-up "callback" telephone surveys which took place six months after the initial outcomes were recorded. The evaluator was supplied with the results of 78 follow-up surveys covering the first nine months of the new service.

A total of 30 victims had provided additional comments in addition to the formal questions about outcomes.

Twenty eight of these victims had expressed positive comments about the service in response to the two questions:

- How would you describe the support and its impact on your life today?
- Do you have any further comments?

Most of the comments acknowledged in general terms that the IDVA service had been extremely helpful at a time of great personal difficulty. Four victims praised the sensitivity of the service and another four specifically mentioned that the help in finding secure accommodation was critical to them moving on from an abusive situation. The recorded comments below are typical examples:

“Wants [IDVA name], and the service as a whole, to know that she is massively grateful for the service provided to her and is certain she would not be here today if she did not receive the given support.” [Comment from Ashford victim]

“Client states that she could not have managed to leave the perpetrator without the IDVA'S support. Client feels that the IDVA'S support was of a very high level and showed sensitivity to their predicament. The IDVA has also been very responsive even since the client's case has been closed.” [Comment from Medway victim]

“Feels that without the IDVA service she would not have known which way to turn. Having the support of an IDVA was fundamental to positive change and keeping her child safe. Throughout the entire process, the IDVA was very sensitive to the client's needs and circumstances.” [Comment from Maidstone victim]

“Client describes the support they received as 'great' and states that they were initially hesitant to ask for help but are glad that they did. The support they received was instrumental in enabling them to have the strength to manage the situation they found themselves in.” [Comment from Tunbridge Wells victim]

Seven victims provided responses to the question:

“Are there any changes you suggest the way support is offered?”

Four victims stated that they would have liked to have had more time with their IDVA than was available.

One victim said that they were often unable to contact their IDVA and, as a result, sought help elsewhere.

Another victim reported that he was still suffering abuse and felt that he did not receive the support he needed, especially with housing.

Finally, one victim thought that she required a better understanding of the potential role of Social Services because she felt unable to assess how realistic her concern about having her child removed was.

Performance

The workload of the KMIDVA service has grown rapidly since its inception with 703 referrals in the last quarter for which data were available (July – September 2014) compared to 412 in the first quarter (April – June 2013).

The table below summarises the performance of the KMIDVA service in achieving different outcomes benchmarked against the CAADA target:

Outcome	CAADA benchmark	KMIDVA performance	Difference (% points)
MARAC repeat victimisation	24.5%~	26.6%	-2.1%
IDVA perception of cease of abuse	63%	56%	-7%
Reduction in risk	74%	80%	+6%
Impact on children's wellbeing	45%	88%	+43%
Victim feels safer	70%	81%	+11%
Impact on emotional well-being	45%	89%	+44%
Level of fear	70%	86%	+16%
Confidence in accessing other services	70%	94%	+24%
Impact on economic situation	70%	71%	+1%
Impact on housing situation	70%	69%	-1%

~ For repeat victimisation, the CAADA figure is not their target benchmark but national average performance.

The KMIDVA service is exceeding national levels of service in seven outcome areas and under-performing in three others. The service is performing exceptionally well in terms of its impact on the emotional well-being of both victims themselves and their children; in terms of building victims' confidence to access other services and in reducing their level of fear.

Cost Effectiveness

The lowest estimate places the cost of domestic abuse to local services in Kent and Medway as £110.4 million per year. The total cost of the KMIDVA service in the current financial year is: £788,800, a maximum of 0.7% of the cost of services dealing with the consequences of domestic abuse.

Even though it was not possible to calculate many of the savings generated by the KMIDVA owing to lack of data in the health and civil legal spheres in particular, the evaluator was still able to identify over £20 million of annual savings generated by the service.

It was calculated that the KMIDVA service is generating annual net savings of £19,903,803 which means that:

Every £1 invested in KMIDVA generates savings of £25.23.

Conclusion

There is a clear congruence between the findings from the monitoring data and the views of professionals and service users that the KMIDVA service delivers high-quality interventions in all areas of Kent and Medway.

The rapid rise in caseload can be attributed to a growing awareness of this high quality service amongst both referring professionals and individuals who themselves are victims of domestic abuse.

However, it is clear that the services under considerable pressure from this continual rise in caseloads and that, in some areas, the very high quality of service provision is becoming more variable.

There is a clear risk that, unless additional resources can be found for more IDVAs, current staff may be unable to sustain working with such large caseloads with individuals who are all at high risk of suffering abuse. If this situation results in IDVAs "*burning out*" or choosing to leave such a high pressured work environment, these difficulties will quickly worsen and could provoke a real crisis in the service.

If commissioners decide to provide additional resources, the evaluator recommends that they should be carefully allocated to areas most in need with reference to the very [disparate levels of domestic abuse recorded in the 13 districts](#) within Kent and Medway.