Evaluation of the Lancashire Safer Together Transition Project

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Contents

Background

The transition project sought to support survivors of domestic violence and abuse (DVA) and their children in the transfer from one service provider to another in Lancashire.

The Safer Together consortium was set up in 2014 consisting of 11 local DVA specialist organisations that had previously operated independently. These providers were encouraged by the local authority to form a consortium following a move to commissioned services leading to the formation of Safer Together[1]. Following the first 2014 tender process, Lancashire County Council awarded a three-year contract to two main providers: Let Go in North Lancashire and Safer Together in East and Central Lancashire. The outcome was not without controversy[2].

Services were then put out to tender again in 2016. Safer Together provided DVA services for adult victims and an early support service for children and young people[3] until 2017 when the new tender was awarded elsewhere (see appendix 1). Subsequently, at least three domestic DVA charities have closed, including one that had delivered services for almost 20 years (Cooney, 2017)[4]. Consequently, there is generally an absence of funding and capacity to support service users to transition from one provider to another.

[1] http://safertogether.org.uk/

[2] http://www.lep.co.uk/news/charities-take-action-over-unfair-loss-of-lancashire-county-council-funding-1-6620765
https://www.civilsociety.co.uk/news/charities-to-take-council-to-the-high-court-over-loss-of--1m-in-contracts.html
https://www.lep.co.uk/news/tragic-jane-s-mum-backs-charities-in-legal-battle-1-6625463

[3] Under the larger consortia 'Greater Together in partnership with Families, Health and Wellbeing Consortium'.

[4] https://www.lep.co.uk/your-lancashire/preston/domestic-abuse-charity-set-to-close-1-8537525
http://www.lancashiretelegraph.co.uk/news/15251438.Domestic_abuse_service_the_STAR_Centre_in_Rossendale_closes_doors_after_20_years/

The Safer Together consortium was understandably disappointed at this outcome – many partners in the consortium had a long history of providing DVA services in Lancashire and not all of their staff were able to benefit from Transfer of Understanding (TUPE) opportunities. However, led by HARV[5], members of the Safer Together consortium were pleased to be granted funding by Comic Relief in 2017 for six months to support and assist adult survivors and their children in the transition to the newly commissioned Service. Researchers from the Connect Centre based at the University of Central Lancashire (UCLan) were commissioned to undertake the evaluation of this transition.

Aims of the Transition Project

The overall aim of the transition project was to: *Improve the confidence and safety of survivors and children in the transition period and guarantee they have a voice in the process.*

Transition Project Outcomes included:

- Women identified as high and medium risk will have increased support during the transition into the new service and will feel and be safe.
- Children and young people will have support during the transition into the new service and will feel and be safer.
- Women and children will have a specialist advocate who will advocate on their behalf ensuring that their voice is integral to the transitionary period.
- Local services will feel more informed about the support needs of victims, particularly those with complex and additional needs.
- Ensure that service users are consulted within the transition period.

[5] The Hydburn and Ribble Valley Domestic Abuse Team http://www.harvoutreach.org.uk/

Aims of the Evaluation

This evaluation sought to explore the following outcomes:

1. Did survivors receive increased support during the transition period?
2. Did survivors feel safe in this period?
3. Did women and children have a specialist advocate who advocated on their behalf ensuring that their voice is integral to the transitionary period?
4. Did local services feel more informed about the support needs of victims in this transition period?
5. Were service users consulted within the transition period?

Methodology

To answer these questions the evaluation used a mixed-method approach which included:

- Case file analysis
- Telephone Contact Log analysis
- Focus Groups with survivors
- Interviews with service providers and external professionals

Ethical approval was obtained from the PSYSOC ethics committee at the University of Central Lancashire.

Statistical File Data

Existing Safer Together providers were asked to collate data on adult service users (n=514) accessing their services from 1st April 2017 to 30th September 2017 who were eligible to transfer to the newly commissioned service provider. All personal data was removed. Statistical data was analysed using SPSS. The information gathered on service users included:

- Gender
- Ethnicity
- Sexuality
- Service use start and end dates
- Risk factors/assessment at intake and risk at exit
- Service users and staff perceptions of safety at intake and at exit
- Information regarding children
- Nature of support received

Limitations

- The large amount of missing data restricted analysis.
- There was no information about categories of violence within the data.

Telephone Contact Log

Due to the limited capacity of Safer Together following the transfer of staff to the new provider, services within the Consortium were asked to volunteer to undertake a telephone log for a short period to provide an overview of telephone requests received after the transfer of services to the new provider on 1st April 2017. We asked these services to document calls

for as long as they felt they could accommodate this additional task. This information is therefore subjective and specific to the services volunteering to undertake this task.

Focus Groups

In the original evaluation schedule, it was planned that there would be two focus groups with Safer Together's survivor-led steering group. However, due to capacity issues of DVA organisations this group was not convened. Instead two focus groups were carried out with women who had required support due to their experiences with DVA. The first group took place in a northern seaside town with six survivors and the second one in an East Lancashire north-west town with another six survivors. Both occurred in late 2017. The aims of the focus groups were therefore adapted to consider women's experiences of support over the transition period. The focus groups also ensured that the voices of victim-survivors were heard in the evaluation, especially in relation to their understandings of what good DVA services should look like.

The focus groups each took approximately an hour and participants were given a shopping voucher to compensate for their time. Participants were free to withdraw from the research at any time during the group and up to one week after taking part. The groups were audio recorded. All women were given an information sheet and required to sign a consent form before recording could begin and anonymous transcripts were used in the reflexive thematic analysis.

Focus groups are a useful means of gathering views from participants who have a common experience, as the participants address questions as members of a group, rather than simply

as individuals. It allows for a co-construction of the issues and a place to explore differences and agreements. The focus group was chosen for this evaluation, as women who experience DVA are often isolated through the use of coercive control from their abuser and the need for protection and secrecy within services and group work can be beneficial in redressing these disadvantages (for example, Robbins and Cook, 2017). Focus groups can be valuable for participants who can see and hear that their stories are part of a wider societal problem of gender inequality and violence against women and also provide added value for the researcher as the different facets of experience are teased out through group discussion.

As stated in the introduction, the two focus groups for this evaluation were not constituted as originally planned and the delivery of the focus group method and questions evolved between the two events. Both focus groups were facilitated by a researcher from the Connect Centre, observed by another researcher and a service-provider who was available should the women need further support or become distressed.

- **Northern Seaside Town Focus Group**

The original aim of the focus groups was to gather views in relation to the transition to the new provider. However, it became apparent that the participants were unaware of local changes to their services and it would have been inappropriate to announce these changes (which might be unsettling) in the course of the focus group. Therefore, although the issue of changes in commissioning were acknowledged, this line of inquiry was not pursued. Instead, the group discussed national changes in policy, access to services, the impact of DVA, what makes for good services and what is currently lacking in services in relation to DVA.

- **East Lancashire Town Focus Group**

In this group, three out of the six women were aware of local changes to DVA services and participants exchanged different experiences across different providers. This group provided further information about the transition and how it was experienced. Along with comparing different kinds of service, the group were asked about communication with services, the range of services needed, the impact of abuse and barriers to support.

Interviews

Telephone interviews were undertaken with local providers, many from the Safer Together Consortium, and a few local professionals from other agencies. The sample was not designed to be in any way representative but to understand their experiences of the transition project from their own perspectives. Many of the professionals we approached declined to participate as they did not know of the 'transition project' or felt that it was inappropriate due to their role. Many stated that they had interpreted the Comic Relief funding as funding 'to keep existing services going' rather than funding to support service users' transfer to the new provider. We did ask the new provider to be part of the evaluation so they could also comment on how the transition project has assisted their work but they also declined, stating they were not aware of the project.

The aim of the interviews was to find out how the transition project had supported survivors and their children in this period and therefore we did not ask any questions regarding service delivery by the newly commissioned provider.

Telephone Interview Questions with professionals included:

How have you engaged in the Safer Together transition work?

What benefit has this provided to your service users in this transitional phase?

Has the transition project provided greater safety/support for adult survivors being transferred to the new commission?

Has the transition project provided greater safety/support for children being transferred to the new commission?

Has the transition project enabled the voice of survivors and their needs to be heard in the process through advocacy?

How could this service be improved to enhance future transition work?

Telephone interviews were undertaken with 11 individuals. This included: members of the Safer Together Consortium (5), a local solicitor (1), two local community charities (1), a DVA organisation outside Lancashire (1), a Citizens Advice Bureau manager (1) and an educational professional (1).

Telephone interviews lasted an average of 30 minutes. Participants were free to withdraw from the research at any time during the interview and up to one week after taking part. Interviews were audio recorded with the understanding that participation was confidential and anonymous. The interview questions are in the purple box (see left). The focus group schedule is at the end of this report (Appendix 3). The data was analysed thematically using NVivo software.

Findings

1. Statistical File Data

Statistical analysis was undertaken on file data for 514 clients who were eligible to be on the transition project from 1st April 2017 to 30th September.

- **Referral Sources**

Over 18 different referral routes were identified, the most common being self-referral (20%; see Table 1). This supports

views of those professionals interviewed who suggested that these services had built up a community presence over a number of years:

> *'The majority are self-referrals. I mean I did look back on our referral figures from last year, and after the MASH referrals, it was self that was the next highest referral source, and that's continued, which is really good'.* (Participant 5)

Nearly 5% of adult service users were referred by a family member, usually their mother. Interestingly, 40% of known referral cases were from external service providers, possibly reflecting a lack of knowledge about the newly commissioned service or maybe due to the established relationships with the Safer Together providers. This pattern of referrals was also identified in the interviews with professionals. However, it is important to state that as over half of referral sources were 'unknown', this may represent only a partially accurate picture.

Table 1: Sources of Referrals to Safer Together Services April 2017 to September 2017

	n	%
Self	104	20.2
Family Member	25	4.9
Social Care	22	4.3
Other DVA or SV service	18	3.5
Other	9	1.8
Education	6	1.2
Health Services	6	1.2
Children Centers	5	1
Housing	5	1
Specialist Services E.g. Generic BME, LGBT, SARC, other community and voluntary services	5	1
MASH	3	0.6
Early Support	2	0.4
Police	2	0.4
Mental Health Services	2	0.4
Women's Centre	2	0.4

MARAC	1	0.2
Victim Support	1	0.2
U/k	296	57.6
Total	514	100

- **Demographics of Service Users**

The majority of adult service users accessing Safer Together DVA services during the transition period were female (n=464, 90%); 9% were male (n=49); and one person identified as transgender (n=1). Service users most commonly defined their sexuality as heterosexual. Most of the cases were White-British (80%), 5% were of Asian heritage (see Table 2 below).

Table 2: Demographics of Service Users April 2017 to 30th September 2017.

		n	%
Sexuality	Heterosexual	436	84.8
	Homosexual	5	1.0
	Bisexual	4	0.8
	Not asked	10	1.9
	Not recorded	17	3.2
	Not disclosed	1	0.2
	Missing	41	8.0
Ethnicity	White - British	411	80.0
	Asian	25	5.0
	White - Other	5	1.0
	White - North European	3	0.6
	Black Caribbean	3	0.6
	White Eastern European	2	0.4
	Unknown	65	12.6
	Total	514	100.0

- **Cross Tabulation of Risk Levels**

To calculate risk levels, the DASH scores of service users were divided into three groups (0 – 6 points were coded as Standard Risk, 7 -9 points: Medium Risk, 10 + above: High Risk). Service users' risk levels at intake and exit were compared. Results are as shown in Table 3 (below). A non-parametric Friedman test of differences among risk level measures was conducted and rendered a chi-square value of 180.188 which was significant ($p<.01$). This shows that that risk levels at exit were statistically significantly lower than the risk levels at intake.

Table 3: Shifts in Service Users' Risk Levels between Service Intake and Exit

			Change in risk level at exit			
			Stayed same level	Risk level decreased	Risk level increased	Total
Risk Level at Intake	Standard Risk	n	156	0	0	156
		%	100,0%	0,0%	0,0%	100,0%
	Medium Risk	n	37	74	3	114
		%	32,5%	64,9%	2,6%	100,0%
	High Risk	n	53	115	0	168
		%	31,5%	68,5%	0,0%	100,0%
Total		n	246	189	3	438
		%	56,2%	43,2%	0,7%	100,0%

Survivors who entered services as standard risk remained at this risk level, although the majority did show a small reduction within this banding framework (for example, a move from 5 to 1). Most of the medium risk level service users (65%) were recorded as standard risk at exit, 32% remained at the same level. Additionally, while 37% of the high-risk level service users were recorded as standard risk at exit; 31% of the high-risk level service users were recorded medium at exit level (see Appendix 2).

We then examined whether these risk levels differed depending on whether the survivor had children. Risk levels at intake were compared for service users with and without children by using a Chi-square test. The relationship between these variables was significant (X^2 (2, N = 463) = 8.869, p < .01), showing that service users with children were more likely to be at High Risk at entry than those service users without children. Risk levels for these groups at exit were also compared using Chi-square test. The relationship between these variables were non-significant (X^2(2, N= 463) =3.859; p=.15) which showed no statistical difference in risk levels for survivors with or without children at exit. This is mainly explained by the significant risk reduction at exit for survivors with children (see below).

- **Comparison between Safety Perception at Intake and at Exit**

Survivor and staff perceptions of safety at intake and at exit for all service users were compared by using Wilcoxon Signed-Ranks Test. It indicated that safety perception at exit was statistically significantly lower than safety perception at intake (z= -10,642; *N*-Ties= 156, p< .01). It can therefore be said that service users felt significantly safer at exit.

- **Risk Levels for Families with Child/ren**

A third of service users had children below the age of 18 (n=173/514) (34%) with most having three or less children. Almost half of service users (46%) with a child were deemed to be High Risk at intake. The most striking finding to emerge from the data analysis was that the number of families at High Risk level at exit had decreased by four times (12%) (see Table 4).

Table 4: Risk Levels for Families with Child/ren at Service Intake and Exit

			Risk Level at Intake			
			Standard Risk	Medium Risk	High Risk	Total
Number of Children	1	n	14	20	29	63
		%	22.2%	31.7%	46.0%	100.0%
	2	n	24	12	29	65
		%	36.9%	18.5%	44.6%	100.0%
	3	n	9	7	11	27
		%	33.3%	25.9%	40.7%	100.0%
	4	n	3	1	11	15
		%	20.0%	6.7%	73.3%	100.0%
	5	n	1	1	0	2
		%	50.0%	50.0%	0.0%	100.0%
	6	n	1	0	0	1
		%	100.0%	0.0%	0.0%	100.0%
Total		n	52	41	80	173
		%	30.1%	23.7%	46.2%	100.0%

			Risk Level at Exit			
			Standard Risk	Medium Risk	High Risk	Total
Number of Children	1	n	35	19	5	59
		%	59.3%	32.2%	8.5%	100.0%
	2	n	43	11	10	64
		%	67.2%	17.2%	15.6%	100.0%
	3	n	20	7	0	27
		%	74.1%	25.9%	0.0%	100.0%
	4	n	5	5	5	15
		%	33.3%	33.3%	33.3%	100.0%
	5	n	2	0	0	2
		%	100.0%	0.0%	0.0%	100.0%
	6	n	1	0	0	1
		%	100.0%	0.0%	0.0%	100.0%
Total		n	106	42	20	168
		%	63.1%	25.0%	11.9%	100.0%

- **Improved Safety**

Ten types of measures aimed at improving safety were recorded in the data. As can be seen from Table 5 below, safety planning (88%) and emotional support (81%) were the most common types of support aimed at improving survivor safety. Due to the large number of missing responses no further analyses could be undertaken in respect of these measures.

Table 5: Measures Taken to Improve Safety

	Yes		No		Missing Information	
	n	%	n	%	n	%
Safety planning	455	88,5	1	0,2	58	11,3
Emotional support	417	81,1	1	0,2	96	18,7
Civil options support	148	28,8	7	1,2	359	69,9
Criminal Prosecution Support	113	22,0	6	1,2	395	76,8
Engaged in group programmes	108	21,0	36	7,0	370	72,0
Support with housing	98	19,1	6	1,2	410	79,8
Sanctuary support	71	13,8	7	1,4	436	84,8
Civil Injunction	44	8,6	6	1,2	464	90,2
Counselling	40	7,8	15	2,9	459	89,3
Restraining order	26	5,1	8	1,6	480	93,3

2. Telephone Contact Log

One service in Central Lancashire and one service in East Lancashire volunteered to monitor data to provide an understanding of the calls agencies continued to receive after services had been transferred. As stated earlier, this sample may not represent an accurate reflection of all the calls received across all the projects involved in the transition work.

- **Service 1**

The service in Central Lancashire monitored calls across a seven-week period from 4th April 2017. A total of 65 calls were documented. At least 26 calls were requests for support in respect of DVA. These callers were provided with information and details about the new service provider. At least 18 calls were from staff at the newly commissioned service requesting information on service users who had been transferred, i.e. they had been receiving services from Safer Together prior to 31st March 2017 and moved to the newly commissioned service from April 2017. These findings are supported by the telephone interviews with professionals who identified difficulties with data transfer between former and new providers. Other calls received included those from agencies wishing to talk to specific staff members who had previously been collaborating with them on a particular case e.g. Children's Social Care, solicitors, MASH team, and Children's Centres. The call log also revealed that wider agencies were still signposting victims to Safer Together providers due to a lack of knowledge regarding the service transfer.

- **Service 2**

The service in East Lancashire documented 59 calls for a five-month period. At least 20 calls involved supporting service users to access the newly commissioned service. Calls were similar to those documented for service 1 above but, given the length of time calls were documented, it was surprising that by August 2017 Safer Together services were still directing services such as housing, police and Children's Social Care (and partnerships such as the MARAC) to the newly commissioned service. Services were still contacting Safer Together for advice on particular cases at the start of September 2017.

3. Focus Groups

There was little discussion about the transition in the focus groups, so lessons around this are limited. However, given a general lack of awareness of the local changes, it is worth considering what the participants had to say about how change is communicated and their awareness of local and national policy.

The Seaside Town group discussed national legislation and policy change. They showed awareness of the new offence of coercive control and Clare's law. They could also provide examples of the impact of coercive control and why the recognition of this as a criminal offence was welcome:

> *'…, …manipulate people's minds and stuff like that. And, obviously, professionals and stuff, they recognise people like that, but to an outsider, it just looks like he was dad"* (Seaside Town respondent)

One woman could also describe improvements in the local police-handling DVA over a period of time, as she had been in an abusive relationship for 25 years and could draw comparisons in her treatment over this period. However, when asked about changes in the provision of local services to victims of crime the women had no knowledge of the new service provider.

In comparison, the East Lancashire Town group had three members who were aware of the change in commissioning and service delivery practices. The women knew about the changes because they were receiving services under the new arrangements, although one woman was also made aware through the use of social media ('following' DVA service organisations on Twitter).

This might suggest that, when new providers replace existing services, considerable work is required to alert potential service users of the changes in provision. Ensuring that such messages reach victims of DVA may be particularly challenging given the need for confidentiality and attention to safety. However, information regarding new services can be broadly disseminated in relevant areas and settings.

- **The Complexity of Living with Abuse**

Women participating in the focus groups were keen to share their stories of DVA. In both groups, there was evidence of high levels of criminal behaviour from the perpetrators, both within definitions of DVA, but also within wider definitions of law-breaking. There were accounts of extreme forms of physical and sexual violence, along with mental and financial abuse. This had a range of impacts on the women's health and wellbeing with many sharing how their children, as well as wider family members, were also affected:

> *"I had a bleed on the brain through my injuries" (Seaside Town respondent)*
>
> *"And he committed fraud against my mum by manipulating my movements, by ordering things in his name off my mum's accounts and bringing them to my house"* (Seaside Town respondent)
>
> *"He burgled my house when I was in refuge and trashed it with golf clubs, mirrors, he trashed it"* (East Lancashire Town Respondent)

"I'm telling you most of us would rather take that physical abuse than the mental one because it will drive you insane… I'm sure we've had people that have committed suicide, it has crossed my mind…" (East Lancashire Town Respondent)

The conversations also highlighted the complexity of living with DVA and the number of services the women were expected to contact and engage with in relation to abuse, the law and the protection of their children. This included the evidencing of their experiences of DVA:

"Having to go through different agencies, it drains you" (Seaside Town respondent)

'I had like that much like documents and printed messages, voice files, which I've got all recorded on discs of like threatening, like every single one' (Seaside Town respondent)

'I've felt more passed from pillar to post, if I'm honest, because there was somebody new each time. And I had to go right back to the beginning and explain my whole story all over again.' (East Lancashire Town Respondent)

In terms of communicating change, it is also worth noting the number of access routes that women use in seeking help. Women across the two focus groups noted a number of referral points into support services, including police, MARAC, social services and health visitors. They

also identified other places where they would like to see support or advice on DVA available, including their employers, benefit services and retail outlets.

One characteristic of DVA, which was consistent across both groups, was the issue of the long-term nature of the impact of abuse:

> *'And I'm still suffering today for that, two and a half years later, because I was on employment support allowance through all of this, it proper ground me down'* (Seaside Town respondent)

> *'I mean I've had quite a relaxing time but like tomorrow is our wedding anniversary and it's things, times like that where I think he'll come out of the woodwork and try and do something or let me know, he hasn't forgot'* (Seaside Town respondent)

> *'You can go weeks with being really strong and really good, and then, you know, everybody has them little triggers, you know, that sets you back, you know. And you'll take ten steps forward and then they'll be a little trigger and it will set you three steps back. And you need to know that at them times in your life, and this can go on for, you know, a long time after you've broke free from that'* (East Lancashire Town Respondent)

- **Specialist DVA Service Provision**

Throughout the discussions women described what they valued in services, the researcher also directly asked what they considered important in service provision (in the Seaside Town Focus Group) and what was important if services changed. Both groups were asked how they would like to see the future of DVA victim support services evolve. The importance of specialist domestic abuse workers emerged as a key theme. This was described as being able to talk with someone who understood the context of domestic abuse and could place the responsibility of the abuse firmly with the perpetrator:

> *'And it was just constant, every single day. And the only person that listened was [DA Specialist]…*
>
> *'I've been crying down the phone and she's, basically, just reiterated that I'm not in the wrong, because you do question yourself, was I a bit nuts, is it him or is it me, you know.'* (East Lancashire Town Respondent)

The importance of being believed was also stressed:

> *'Because nobody else believed me, other than my family nurse and the MARAC, but nobody else believed me, even CAFCASS'* (Seaside Town respondent)

Specialist services were also seen to be in the right position to support victims through the complexity of DVA due to being able to strike the balance between using the women's own resources and acknowledging the impact of abuse that will have depleted those resources:

'So then how you're expected to make choices for things like the safety of your children, you always question yourself constantly, am I doing the right thing? Because you've never been allowed to make choices for yourself before. So, having somebody there for that support and guidance, and just to let you know what options are available, you know, is massive.' (East Lancashire Town Respondent)

- **Peer Support**

The Seaside Town group discussed the importance of meeting others who had been through similar circumstances:

'And the group as well, the drop in, because that's peer help. I've made some amazing friends through the drop in and the recovery programme…just, like the recovery programme was brilliant'. (Seaside Town Respondent)

'[Provider] bring you all together, so you're not alone' (Seaside Town Respondent)

Supporting the whole family, especially children, was seen as particularly valuable given an awareness that many of the women's children had witnessed DVA. This was considered to have had a lasting impact on them and women thought it would continue to impact on their future relationships with their children.

'Like the other day, when CAFCASS turned up, they wanted to speak to her, and she just, she ran upstairs, she wouldn't go to school, and she's a top student, she loves going to school, it's just really stressful. I mean we've been five months and then this came up and it's just like, oh, it just, but it was because, it's because of him, he's causing all this again because these are the procedures we need to go through and, unfortunately, I understand that but it's just affecting us all again.' (Seaside Town respondent)

Summary of Focus Group Findings

The Focus Group findings underline the difficulties of living with DVA and the continuing impact the abuse has on its victims. This argues the need for services to be provided in the long-term and continuity of front-line staff to be preserved where possible. As services evolve and change, communicating transitions also needs to take account of preferred methods of communication, using a number of routes to inform potential service-users and where possible ensuring continuity of forms of support to avoid the need to retell difficult stories.

4. Interviews with Service Providers

Five of the eleven interviews were undertaken with service providers who had been part of the Safer Together consortium. To maintain anonymity, professionals have been allocated a number: 1 to 6 for DVA professionals and 7 to 11 for non-DVA professionals.

Any move from one provider to another will often be a worrying and sometimes distressing time for survivors, partner agencies and the previous service providers who have often spent

many years building relationships with local agencies and their communities. In Lancashire, some services closed immediately whilst others faced an uncertain future. Many of the Safer Together staff had worked in the area for decades and the potential loss of this local knowledge and expertise was a very real concern, especially for those interviewees who had worked for the Safer Together Consortium and their community partners. However, the most pressing worry for all those interviewed was the safety of survivors and their children. Many of the service providers interviewed also expressed concerns about the loss of their own services and the level and nature of service delivery being offered to survivors by the new provider. Although we recognised this was a very difficult and distressing time for many of the interviewees, our role was to independently evaluate the specific outcomes of the transition project and not the services from new provider. Therefore, we have not included participants' perceptions or views regarding the new provider.

- **Benefits to Service Users**

Many interviewees stated that a positive outcome of the Transition Project was that survivors could still access Safer Together services and did not have to transfer to the new provider if they didn't want to:

> *'It's enabled [Safer Together provider] to deal with women that they were already working with, so there's been some consistency there. So yes, I mean that's been helpful but the concern is that, you know, what happens to them after that really?'* (Participant 7)

'I think the fact that some clients can stay with the original service makes them happier and more willing to engage because sometimes they will feel as though they don't want to repeat their story again, when, you know, perhaps the people at the old service know all about them and all the rest of it.' (Participant 8)

Participants also described how the Transition Project had assisted both service users and professionals to manage the challenges that the transfer of services to a new unfamiliar provider presented:

'I don't know what we would have done, in all honesty, without it. I don't know what service users would have done… Professionals were ringing, I mean it's died down a lot because, obviously, now they kind of know where to ring, but professionals were ringing, where am I supposed to go? Solicitors were ringing, who am I ringing?' (Participant 1)

'Yes. So we, obviously, spoke to our clients about the change in funding across Lancashire, and the majority of clients didn't want to transfer. Some refused to, some were, obviously, really upset about a possibility of a change in worker. So the ones that did consent, we supported that transition, so in terms of getting written consent and supporting that transfer of the case over.' (Participant 5)

- **Consistency across the transition period**

Others reported that the project provided some consistency at a time of flux:

'The Comic Relief money's been a godsend around the fact that it's meant we've been able to continue to support families that either didn't want to go into [new provider]

services or weren't eligible, because, obviously, you know, [new provider], they had to set up a new service…so they needed a period of time to kind of establish themselves' (Participant 2)

'And a lot of people rang not knowing where they were supposed to ring, even the people that we'd, you know, service users that maybe had accessed our support before needed it again but, you know, so we were able to keep the lines open for a short while.' (Participant 1)

- **Safety and Support**

Issues of survivor safety and support were a central concern and many interviewees felt that this had been enhanced though the work of the Transition Project. Most comments concerned the project's ability to support service users through the process by providing emotional and practical support and advocacy:

'that seamless approach, you know, and there isn't a gap. And to make sure that people's wishes and feelings and intense support is being adhered to…. And to make sure that any possible safeguarding issues, that there's no gaps.' (Participant 9)

This participant was also able to comment on the area which was unable to provide a transition service due to the closure of the DVA specialist organisation there:

'…obviously that didn't happen in [area]. So, and we can see the impact it's had there' (Participant 7)

Two other participants (community professionals) said that they did not know how to contact the new provider which provides further argument for the value of a transition service.

- **Challenges experienced in Data Transfer and Information Sharing**

Many interviewees raised concerns around the sharing and transfer of client data to the new provider. Some of these issues concerned projects which closed immediately once they had lost their contract:

'I think it was quite risky that really, in terms of victim safety, because I know other services, like the (name of service), they closed. So who fed in that MARAC information there? You know, because they would have had information to share around, you know, the risks and the history and what they've done to address that risk. So even just to fund the previous service to attend MARAC for the first month of the transition maybe, to feed in that information…' (Participant 5)

Other issues related to developing new information sharing agreements, including the time this took, and challenges in operationalising the transfer process. Some of the information losses identified may have had implications for court proceedings:

'But actually, what transpired, is that the details were not, for whatever reason, even though they'd done a dummy one a few weeks prior, but for whatever reason they did not have access to the case notes or anything. You know, so we had IDVAs ringing who wanted to know what their cases were that were transitioned across, what the contact details were, and even like a couple of weeks after, they were still ringing to say…is there a copy of the restraining order... historical stuff as well…service users ringing for information because actually, it's not gone across.' (Participant 1)

'Well it means that the evidence is lost… So if I have a client and I want to get a report about her accessing support services over the last say three years, five years, whatever, the new service don't really hold that information, and I'm not sure who does hold that information or where it is or who owns it. But I know that, in terms of getting reports, it's very difficult. And I've actually approached (the new provider) for reports in relation to clients and they will either say, 'well we don't have any information because she's not approached us since' or, 'well we don't have access to that old information'. And it's kind of quite important really and it just seems to have been lost'. (Participant 8)

In addition, the different monitoring systems used by organisations caused some further problems and uncertainties in this transitional stage:

'And we kind of flagged that because when we met with [new provider] and asked them what data they wanted, we flagged that they hadn't asked us for children's information or perpetrator's information, other than the relationship. And they were basically

saying, that's because our system can only accept people if you put them down as a victim of crime. So a perpetrator wouldn't be a victim of crime, so our system can't take it.' (Participant 2)

However, others highlighted that wider informal forms of knowledge transfer were as important and could also be easily lost:

'And, obviously, we've got the computer system and, you know, but, personally, I have that knowledge and, obviously, some of my colleagues, you know, because that's important, that local knowledge is so important. Because, you know, if that, if that perpetrator hasn't been at MARAC for twelve months, it's not necessarily, it's going to come up, you know, and sometimes, you know, people don't join the dots.' (Participant 3)

Many of the interviewees, both DVA project delivery staff and wider professionals, raised concerns regarding the service provision for children within the new arrangements. Many were unsure what was being offered to children and therefore were reluctant to refer to the new provider:

'We haven't got any service [for children], as far as I can see, so far there's no service in [name of town]. And it's difficult, there's no referral service, they're understaffed, yes, there's major safeguarding issues now.' (Participant 7).

'With children, they're supposed to have this [name of service] Service, I'm not quite sure what that is'. (Participant 1)

As we were unable to talk with the new provider we cannot comment on what services were available or how well these were signposted. However, as a number of participants raised these issues it does highlight the importance of ensuring that all local services are routinely informed about the new provision and specifically what is available for different groups of service users.

- **Survivor Voice**

Participants were asked if the Transition Project enabled the voice of survivors and their needs to be heard in the process through advocacy. Many participants spoke about the importance of ensuring that survivors were properly consulted in the transition period. The role of advocacy in ensuring that survivor voices were heard in the process was acknowledged by a number of participants:

'I would hope that that would be able to do that because again, you've got a service that has that relationship and that trust with the service users, and that knowledge and, like I say, that intelligence can then be passed on to the new service. Whereas, without that, then not necessarily all the needs could be met. So that would, I imagine that having that sort of advocacy there, the advocacy side of it, that would help with that.' (Participant 7)

- **Improvements to Enhance Future Transition Work**

Interviewees made suggestions as to how the transition phase could have been strengthened. The main recommendation was to include measures to improve the relationship between the old and new service providers. However, many also stated that the barriers to this process needed to be acknowledged openly and responded to sensitively. For many, perceptions about how the former service providers were viewed by both commissioners and the new provider needed to be overcome in a constructive way. The following offers a useful example from another part of the UK and was provided by an organisation outside Safer Together and Lancashire that had similarly experienced the loss of a service contract to deliver DVA services after many years:

> *'I mean one other frustration that I find, is once the local authority has given the commission to their chosen provider, there is a real issue about, there's a period of time where if you say anything, that you were being, that it's sour grapes, that you're just nit picking because you have lost the contract, so there's that issue. And then another issue is, when you do raise a concern, you don't know whether anything is happening with that concern, do you know what I mean?*' (Participant 6)

The participant continued:

> *'So, for example, when we were contacting the new provider and trying to put things in place, we weren't getting any support from the local authority at all. It was almost a case of, you deal with them, you deal with them, then if you have an issue then you*

escalate it to us and then we'll get involved. But it shouldn't have been done in that way. It should have been that they sit down and arrange those meetings and facilitate all of that. Why should that be our responsibility…I just wish that, you know, they'd done that, they'd taken more of a role in the transition period than [name of area] they did' (Participant 6)

Interestingly, this participant went on to explain that in this case that local authority eventually recognised that communication between the two providers needed to be facilitated and supported. This was cited as an example of good practice by a participant within Lancashire:

'And what [name] Council have done, is basically, I think it's every quarter, they have a meeting with the commissioned service and the non-commissioned services, to look at any gaps, any problems… at least they're open for those conversations.' (Participant 2)

One interviewee who identified that discussions between the old and new providers could be difficult for both sides provided a possible solution which could inform future transition work:

'But I think you probably need some kind of mediator, you know, in the middle, to kind of mediate between the two. Because actually, to sit in a room expecting the old commissioned service to speak to the new commissioned service, you know, you've got, it's not going to happen, is it?' (Participant 1)

This participant also suggested that monthly meetings between the two organisations to assess how the transition period was progressing would have been helpful, especially around data transfer issues which were highlighted earlier in this report. A similar proposal was proposed by another interviewee:

> *'Somebody managing the whole process, a project manager, somebody, you know. You know, you wouldn't manage a thing like this really anywhere else, without having somebody, a team of people who were taking a lead with how you're going to [implement the change]'* (Participant 1)

Summary of Interview Findings

Telephone interviews confirmed that adult service users had benefitted from the transition project both in terms of increased safety and enhanced support. Other professionals had also been assisted with information about and signposting to the new service. The interviews highlighted practical issues such signposting and data transfer. Some possible solutions to these issues were identified and will be used to develop recommendations.

It would have been beneficial if the aims of the Transition Project had been more widely articulated to other services, commissioners and the new provider to enable improved participation and communication, but also to enhance in-depth understanding of the benefits and challenges of the transition itself. In particular, the implications for service users, especially in respect of ensuring that evidence required for court cases was preserved and protected, needed to be identified and addressed.

Conclusion

Returning to the project objectives, the evaluation showed that many of these were met. From the case file analysis, it was evident that in this time period Safer Together service users showed a significant decrease in the risk levels they experienced between service intake and exit, especially those with children. Moreover, the vast majority felt supported through this process. It may also be concluded that, as a large percentage of known referrals came from external professionals, the transition project was able to inform these services about the support needs of their service users in this period.

Findings from the telephone logs seemed to indicate that some gaps were evident in relation to both the signposting of referrals to the new provider and how data was transferred from one service provider to another. However, we need to bear in mind the limitations of this data as outlined earlier.

Both focus group and the individual interviews confirmed that service users had benefitted from the transition project, both in terms of increased safety and enhanced support. Clearly some survivors, especially those with complex needs, were reluctant to change providers due to their anxiety about establishing new relationships and having to repeat accounts of their circumstances to a different set of professionals. Interviews with professionals also highlighted challenges in the transition period around signposting and data transfer. Some possible solutions to these issues were identified and these have been included in our recommendations below.

In relation to improvements to the implementation of the Transition Project, Safer Together providers could have strengthened user involvement by ensuring that the Survivor Advisory

Group was convened and advised the Project. However, the focus groups clearly evidenced survivors' support for services provided by Safer Together generally. It would also have been beneficial if the aims of the Transition Project had been more widely articulated to other services, commissioners and the new provider. However, as we were not able to speak to the new provider delivery staff (the organisation did not agree to participate in the study) we are unable to determine the extent to which they were aware of the transition work or the benefit of this for the new provider.

Recommendations for Transition Work

1. Service users should be able to make an informed choice whether to transfer immediately to a new provider or remain with their original provider for a specific time period to either complete ongoing work or develop confidence and trust in the new service. Ideally, the offer of an advocate from an organisation that they already know to oversee the transition should be made.
2. Survivor views need to inform transition work and especially in respect to ensuring appropriate levels and mechanisms of support and safety planning.
3. The newly commissioned service should fully inform the old provider of their current service provision, especially for survivors with complex needs and for services to children, so they can then seek to cascade this information to external referral agencies with whom they have established relationships.
4. Greater awareness of service transfer for staff in other agencies is needed prior to the newly commissioned service taking over, especially in relation to service options and referral processes.

5. Data sharing agreements and procedures need to be agreed, piloted and regularly accessed by all parties involved prior to and throughout the transition period.
6. An independent facilitator to support open conversations between all parties would reduce anxiety and provide a more consistent transition period for survivors and their children.
7. The commissioning landscape for DVA services is changing, reflecting government policy, the Victims Code and reduced public spending. Therefore, long-term evaluation of services to victims of DVA is required which can provide both quantitative and qualitative longitudinal data which places the voices of survivors centrally to inform future change in the area.

References

Cooney, R. (2017) Small Fish struggle to compete in a big pond. *Third Sector, p58-59.*

Robbins, R. and Cook, K. (2017) “Don’t even get us started on social workers”: Domestic Violence, Social Work and Trust, An Anecdote from Research *British Journal of Social Work* https://doi.org/10.1093/bjsw/bcx125

Appendix 1

The criteria used to evaluate and award the contract was based on a weighting of 40 percent for price and 60 percent for quality. The Safer Together Consortium (the existing provider at the time in 2016) scored higher for the sections: 'Improving the Victim's Journey' (14.9% compared to 11.3%), 'Recruitment and Training' (2.56% compared to 1.92%), and 'Social Value'. Their score was lower for items such as 'Service Development/Capacity', 'Project Plan, Implementation and Business Continuity', and 'Quality Control, Management, Information and performance indicators'.

The Safer Together Consortium scored higher in terms of the 'quality' of provision but was lower on price.

2014-17	Safer Together Partners	Additional partners within LCC	Partners outside LCC district not involved in service delivery
Number	7	3	2
Organisations	Fylde Coast Women's Aid (FCWA) HARV Domestic Abuse Services Pendle Action for the Community (PAC) Pendle Domestic Abuse Initiative (PDVI) Star Centre* Safer Preston* West Lancashire Women Refuge (Liberty Centre)	Preston Domestic Violence Services Safenet Burnley / Lancaster Progress Housing Clare House	Blackburn & Darwen District Without Abuse (WISH Centre) Humraaz

*These organisations closed following the re-commissioning of services

Of the remaining services in the consortium, one has dramatically reduced delivery and has left their premises after many years and a further three are awaiting a discussion with a major charitable funder to maintain current service delivery.

Appendix 2

The following information provides the data analysed to understand risk using SPSS.

Table 6: Intake and Exit DASH Score Comparisons According to Risk Level Groups

Standard Risk Level					
		RIC at Intake		RIC at Exit	
		n	%	n	%
DASH Score	1	1	1.5	2	4.8
	2	1	1.5	1	2.4
	3	3	4.6	9	21.4
	4	4	6.2	10	23.8
	5	19	29.2	11	26.2
	6	37	56.9	9	21.4
	Total	65	100.0	42	100.0
Missing		103		126	
Total		168		168	

Medium Risk Level					
		RIC at Intake		RIC at Exit	
		n	%	n	%
DASH Scores	2	0	0	5	6.7
	3	0	0	1	1.3
	4	0	0	6	8.0
	5	0	0	12	16.0
	6	0	0	11	14.7
	7	31	25.8	15	20.0
	8	45	37.5	15	20.0
	9	44	36.7	7	9.3
	10	0	0	2	2.7
	12	0	0	1	1.3
	Total	120	100	75	100.0
Missing		0		45	
Total		120		120	

High Risk Level					
		RIC at Intake		RIC at Exit	
		n	%	n	%
DASH Score	5	0	0	2	1.7
	6	0	0	9	7.8
	7	0	0	16	13.8
	8	0	0	18	15.5
	9	0	0	18	15.5
	10	25	14.0	10	8.6
	11	27	15.2	17	14.7
	12	31	17.4	11	9.5
	13	21	11.8	7	6.0
	14	23	12.9	2	1.7
	15	13	7.3	1	0.9
	16	15	8.4	1	0.9
	17	12	6.7	2	1.7
	18	2	1.1	2	1.7
	19	3	1.7	0	0.0
	20	5	2.8	0	0.0
	22	1	0.6	0	0.0
	Total	178	100.0	116	100.0
Missing		-	0	62	
Total		178		178	

Table 7: Gender Distribution of the Cases in Risk Levels

		Risk Level at Intake			
		Standard Risk	Medium Risk	High Risk	Total
Gender	Female	160	108	174	442
	Male	8	12	3	23
	Transgender	0	0	1	1
Total		168	120	178	466

		Risk Level at Exit			
		Standard Risk	Medium Risk	High Risk	Total
Gender	Female	274	85	56	415
	Male	19	3	0	22
	Transgender	0	1	0	1
Total		293	89	56	438

Appendix 3

Schedule for Focus Groups

Introductions and Icebreaker: (5 minutes)

What will happen – after introductions we will do 3 things

1. Ask you some questions about services you have received
2. Ask you about recent changes to the provision of services
3. Ask some general questions about services for people experiencing domestic abuse and how they could be improved

Icebreaker

- Starting with facilitators go round group in turn:
- My name is …;
- I love/hate Marmite….
- My favourite thing to do in my spare time is .,..

Questions

I have been asked to look at evaluating the use of Comic Relief funds to help domestic abuse organisations in this area support their service-users to transition to the Victim Support Service.

Can you tell me something about what the change in service has meant for you?

Changes in domestic abuse services are very likely at the current time- what is the best way to manage this for people who need domestic abuse services?

- Does a bridging service help?
- What difference has having a transition project made?

Do you feel listened to? (Who listens and who doesn't?)

What services would you like to see offered to survivors and their children in your area in the future?

If you had a magic want and it granted you unlimited money and resources for services for people affected by domestic abuse, what would you want to use it for?

Is there anything else you want to tell me?