

Social Impact Report

Preventing Domestic Abuse



Ruby, Addaction Pilot and Mental Health Pilot

Section 1: What is Social Impact Reporting?

PSS has long been committed to delivering services that strengthen communities and empower individuals.

As an organisation that seeks to create improvements in society, we need to measure and quantify not only what we do, but also how many people we reach, how effective we are at what we do, and to place a value on services we deliver. Having the evidence to demonstrate our social impact is important to us for two reasons: firstly, our commitment to quality means that in order to improve our services' and service users' stories of change we need to understand what does and does not work. Good impact reporting will help us to tell these stories more clearly and to focus on achieving even more for those we are supporting. Secondly, we are motivated by legislative and regulatory requirements such as the Public Services (Social Value) Act 2012 which place a duty on organisations like ours to demonstrate how our services might improve the economic, social and environmental well-being of society.

We prioritise social impact reporting because:

We want to demonstrate the **difference we make**

We have embedded it in our key strategic objectives **underpinned by our vision and values**

We want to see **what does and does not work**

We are committed to delivering **value for money**

The ultimate aim is for us to show whether the services we provide are doing any good.

This report for Preventing Domestic Violence, looks at the outcomes achieved by women who have been, or are at risk of experiencing Domestic Violence, including those that also have substance misuse issues. This report will cover firstly the Ruby service which is a hospital-based domestic violence prevention service, and will then focus on the Addaction pilot which focuses on those experiencing domestic violence but also have substance misuse issues and where a domestic abuse worker was located within the Addaction service.

Section 2: Who We Are

The largest service at PSS which focuses on preventing domestic abuse is **The Ruby Project**. This project was first piloted in 2014 and was brought about as a continuation of the Women's Turnaround project, which focuses on female offenders and those at risk of entering the criminal justice system.

We established that although there are a number of domestic abuse services within the city there was not one dedicated service provider within the hospital. We felt this was an imperative link to offer the hospital to bridge the gap between the medical treatment and access to community provision following a domestic assault. The work carried out with victims throughout the pilot highlighted what we anticipated which was high numbers of abuse victims and so the pilot was extended until funding was secured for this service.

The service was developed to offer a responsive service to all levels of risk including "bronze, silver & gold" clients who have been risk assessed using the Merseyside Risk Identification Toolkit (MeRIT). This was based this on the knowledge that often those clients who are killed as a result of domestic abuse are those who are identified as lower risk.

Ruby is the only identified provision within a medical setting in Merseyside who are offering a direct service both within the hospital setting and also within the community. This service has been developed with the help and support of the women who access it for example, PSS held focus groups to develop the name and marketing materials and the safest way to go about producing these.

In its first year, the service went from strength to strength within the Royal and exceeded the expected target for referrals. Ruby is now a recognised established domestic abuse service and has been involved in both the Multi-Agency Risk Assessment Conference (MARAC) evaluation and more recently a domestic abuse analysis of services across the city and their responses to victims.

Ruby has expanded to Aintree hospital, and continues to adopt a robust multi agency model which is imperative for any victim experiencing abuse. This model has helped the service become more recognised with the MARAC and also within other agencies. The Ruby staff have spent time developing links with both the PVPU and the MASH team in particular to build a picture of a client's background and current circumstances in order to put the best steps in place for that person at that time.

THE RUBY PROJECT



As well as Ruby, PSS were successful in winning a contract with Liverpool City Council for the pilot **Addaction Domestic Abuse Worker** for women with substance misuse issues, and the contract began on 1st August 2015. The aim of the project was to increase the uptake and engagement of victims of domestic abuse who experience additional complexity due to substance misuse through developing and delivering a pilot project within a Liverpool substance misuse service (Addaction-DIP team).

It is recognised there is a need to raise awareness and understanding of how best to engage and work with those with complex needs who are some of the most at risk individuals in Liverpool. It is these addition needs which have been identified as a further barrier for individuals who are experiencing domestic abuse to successfully engage with support services and risk management strategies.

We will focus on the Addaction Domestic Abuse Worker on pages 18-19

This pilot ran successfully for a year, and led to a further pilot – the **Assertive Mental Health Domestic Abuse Project** being commissioned by Liverpool City Council and hosted by Mersey Care. This pilot is for a domestic abuse worker to work alongside mental health professionals and provide training, advice and support to support those experiencing additional complexity due to mental health issues which, along with substance misuse, forms part of the ‘toxic trio’ with domestic violence. The learning from the Addaction pilot will inform how outcomes are captured within the mental health pilot programme.

We will explain more about the Assertive Mental Health Domestic Abuse Pilot on pages 22-24



Section 3: What we are looking to achieve

Domestic violence is serious and harmful. It ruins lives, breaks up families and has a lasting impact. It is criminal. And it has been with us for a very long time. Yet it is only in the last fifteen years that it has been taken seriously as a criminal justice issue. Before that the vast majority of cases were brushed under the carpet with the refrain “it’s just a domestic”¹.

It’s important to remember just how prevalent and persistent the issue of domestic violence can be and that more women are at risk of violent crime at home, than anywhere else.



In 2014-2015, Crown Prosecution Service data showed that there were:

- **122,898** reported incidents of domestic abuse in England and Wales - **the highest figure ever**.
- **68.9%** of the incidents resulted in charges being brought.
- **73.9%** of all charges resulted in a conviction in 2014-2015.

It is positive that the criminal justice system has tackled the issue more robustly and the proportion of domestic violence cases as a proportion of all court prosecutions has risen year-on-year since 2012-2013 with the conviction rate rising by 131 % since 2005-2006.

Liverpool as a city has some high levels of need for women experiencing domestic violence. In the period of April 2014 - April 2015:

- Merseyside Police dealt with **31,200** domestic violence incidents, with **7324** crimes recorded.
- **3076** DV prosecutions were commenced in Merseyside.
- Of those, **77.1%** resulted in a conviction - higher than the national average.
- Violence against women and girls in North Liverpool is **six times higher** than the national average.
- Liverpool has, on average, **12,000** calls to Merseyside Police each year in relation to incidents of domestic violence.

PSS aims to address these issues in Liverpool, and help women who are at risk of domestic abuse by raising awareness, identifying those at risk, helping them stay safe and providing additional support where there are complex needs or if they choose to prosecute. The hospital-based model as well as the focus on substance misuse and mental health supports us to do this.

¹ Domestic Violence: the facts, the issues, the future - Speech by the Director of Public Prosecutions, Keir Starmer QC, 2011

² 2009/10 British Crime Survey data :<http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1210.pdf>

³ Women’s Mental Health : Into the Mainstream, accessed at: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Consultations/Closedconsultations/DH_4075478 p.16)

⁴ British Crime Survey Reports

⁵ (Yearshaw 1997, accessed at http://safer.sthelens.gov.uk/SITEMANV2/publications/40/0901316LeafletsforDVVictims_3.pdf)

Section 4: Why the Ruby Service is so important

For most women, the majority of domestic abuse they experience is identified by the police, although identifying it is everybody's business and many other agencies have a role and responsibility in recognising and responding to incidents of domestic abuse.

Health settings particularly are one of these, as in addition to women being hospitalised as a result of abuse, many of the women experiencing domestic abuse may have other issues such as substance misuse and mental health issues. Primary health care settings, such as hospitals, are well-located and placed to provide a confidential environment in which to address the issue.

The SafeLives national charity has identified the following factors which make the case for hospital based domestic abuse workers and Independent Domestic Violence Advocates (Idvas)⁶:

- **Clients are often hidden from other agencies:** Only 59 % of hospital clients had made reports to the police compared to 73 % of non-hospital clients.
- **Victims are reached at an earlier stage:** 39 % of hospital clients are still living with their abuser, compared to only 26 % of non-hospital clients
- **Abuse is more severe:** the prevalence of physical and sexual abuse and jealous and controlling behaviour is higher in hospital clients
- **Clients are younger:** 19 % of hospital Idva clients are aged under 20 years old, compared to 9 % of non-hospital Idva clients
- **Twice as many clients have complex needs:** Hospital Idvas' co-location and relationship with health professionals in these fields may contribute to the higher rate of disclosure of complex needs, and may facilitate victims' access to a complete package of support.

Having identified this need, the Ruby service was set up as the first of its kind in Merseyside based at the Liverpool Royal, and now with a second site at Aintree. The specific benefits of the Ruby service are:



⁶ <http://www.safelives.org.uk/policy-evidence/helping-high-risk-victims-fast/reaching-hidden-victims-hospitalidvas>

Section 5: Who we work with

The Ruby service has been running since 1st September 2014, and has had 381 referrals in the 2 years it has been running.



The types of abuse the women we work with have reported (women may report more than one type):

- > **Physical: 411**
- > **Sexual: 57**
- > **Jealous / Controlling: 218**
- > **Emotional: 375**
- > **Harassment / Stalking: 110**
- > **Verbal: 285**
- > **Psychological: 228**
- > **Financial: 108**



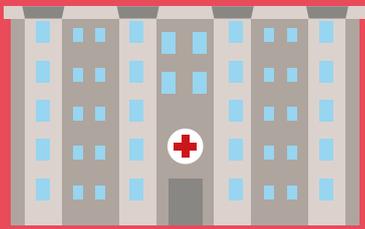
134 of the 381 women had children. The 134 women had **250 children** in total.
14 of the 381 women were pregnant.



The following needs were identified for the women engaging with Ruby:



Section 6: What our clients' journey is like in Ruby



Stage 2: Referrals come from hospital safeguarding teams who have been trained and know to identify DV and are aware of Ruby.



1

Stage 1: Women are admitted to hospital following an assault.

2

3

Stage 3: Ruby staff meet with the woman to discuss their immediate safety and personal needs, including where they will be going from hospital. They also make arrangements to meet at a further date and place, that is safe and which suits the client.

8

Stage 8: The ultimate objective of Ruby is to ensure that the women and their children are safe and if possible that there is an improvement to their overall wellbeing and health.

Stage 3a: Women can choose not to engage but they are made aware of their options and the service and can always come back to us at a later date.

3a

7

Stage 7: A range of different outcomes can be achieved including prosecuting the perpetrator, becoming free of them and living independently or continuing their relationship. The outcomes are based on what the women choose to do.

Stage 3b: Women can engage with Ruby staff in which case they proceed to point 4.

3b

6

Stage 6: Follow up meetings are held with Ruby, other agencies or court appointments, practical and emotional support provided and woman can attend groups with other women to support them or receive 1-2-1 support.

4

Stage 4: Ruby staff will carry out an assessment and help to create a safety plan with the woman, as well as signposting to meet needs.

5

Stage 5: Additional measures can be put in place to support the woman, such as helping her secure temporary accommodation, ensuring she is a priority for the police, deal with emergency issues relating to children, supporting her with mental health and assisting with family court matters.

Disengagement

The women can disengage and re-engage throughout these stages

Section 7: What we have achieved



Ruby has dealt with **381 referrals** including **21 repeat referrals**.
Of those 381 - **219 were made aware of the Ruby service**

109 were high risk, 121 were medium risk and 151 were low risk

141 women positively engaged with the service and received a safety plan, with a further **102 reviews** being carried out to update these over the two years

22 Children's Safeguarding referrals were made as a result

A total of **422 different needs** were identified across the **130 engaged women** including accommodation, substance misuse, health and mental health and court support

204 visits were made by the team to the women's homes or a place of safety

563 police checks were carried out

There were **132 signposting referrals** made for the women

There were **103 attendances** at the core groups at the women's centre at PSS

Outcomes we want to achieve...

When we talk about outcomes for women who are experiencing domestic abuse, it is important to remember that the aim is to prevent abuse and keep women safe - and the positive outcomes that can be achieved are things like fewer hospital visits and better emotional wellbeing for the women and their children. However often it is the case that there will also be a negative outcome for the woman to enable this to happen further down the line, or a negative outcome for someone else. It is important to note that something like a prison sentence which would be a negative outcome for the perpetrator and would represent a cost to the state, would nonetheless be a positive outcome for the woman involved and for wider society as a whole. Below are some examples of potential “negative” outcomes.

Positive Outcome	Potential Negative Outcome
Woman leaves home and is no longer subject to violence.	Woman is housed in temporary accommodation, displaced from support networks, new housing has to be found.
Woman prosecutes perpetrator who is removed from family home.	Potential economic impact on woman without additional financial support to maintain household.
Woman prosecutes perpetrator who is subject to restraining order and unable to see children.	Negative attachments with children, overall family breakdown, long-term impact on children's emotional wellbeing (especially where they have witnessed or experienced violence themselves).
Perpetrator is imprisoned .	Children will become 'prisoner's children' where there is a longer term emotional impact.
Woman uses techniques to stay safe immediately when an incident occurs.	Perpetrator is unable to behave violently immediately, and potential for violence may escalate / they may become aware of techniques used.
Woman leaves perpetrator and is no longer a victim of domestic violence and doesn't prosecute.	Perpetrator moves into new relationship and subjects another woman to domestic violence continuing the cycle.

There are a number of outcomes the Ruby Project aims to achieve - but the main goal which underpins everything we do is **increasing safety**. Therefore this report will focus on specific areas of impact with 'Increasing Safety' as the main outcome - and the different methods to achieve the outcome are the four 'P's - promotion, prevention, provision and prosecution.

- Increasing Safety through Promotion
- Increasing Safety through Prevention
- Increasing Safety through Provision
- Increasing Safety through Prosecution
- Increasing Safety by reducing substance misuse (Addaction pilot)
- Increasing Safety by improving mental health (Mental Health pilot)

Increasing Safety through Promotion

A large part of what the Ruby team are doing is raising awareness of the issue of domestic violence, both to the frontline medical practitioners and also to women who may potentially be experiencing domestic abuse, but aren't aware of it.

Enabling medical practitioners to identify the signs of domestic abuse and to know how to refer onwards was a priority for Ruby to ensure its ongoing success. In addition, promoting the service wider throughout Liverpool at speaking events and in the media will continue to help Ruby grow.

Inputs from PSS, Client & Practitioners		Outputs and Achievements	
<ul style="list-style-type: none"> Engagement with the women identified that a subtle marketing technique which didn't specifically reference domestic abuse would help the service be promoted better. 1249 frontline practitioners were trained on Safeguarding which included the introduction to Ruby and the referral pathway. Speaking at events throughout Liverpool promoting awareness of domestic violence and abuse. 210 of the 381 women referred to us increased their awareness of the risks they faced. 		<ul style="list-style-type: none"> 381 referrals over the 2 years made from frontline medical staff demonstrating increased awareness. Subtle marketing campaign with the name 'Ruby' used, business cards promoted like a salon rather than a service. Positive promotion of the service, raising awareness of the service within the MARAC and with stakeholders. Positive reception in the media including a Liverpool Echo article achieving readership of approx. 165,000 people. Women, post-engagement, realising that what they were experiencing was in fact abuse. 	
Stakeholder		Outcome and Value Added	
Health	<ul style="list-style-type: none"> Greater awareness means staff can take more holistic view of clients in hospital and make appropriate referrals - resulting in 381 referrals in total. By promoting the service, this increases the likelihood of the women receiving support and reducing the pressure on primary care - both in hospitals and GPs as well as the costs of anti-depressants and treatment. 		
PSS	<ul style="list-style-type: none"> PR Value for PSS based on promotion of the service at speaking events and in the media. Increased profile within the MARAC and positive partnership building. Opportunity to expand and grow the service as we further demonstrate the need and effectiveness of the response - already expanded to Aintree. 		
Police	<ul style="list-style-type: none"> Increasing reporting of domestic abuse to the police through promotion of the issue. Provides support to the victims alongside police to encourage reporting and prosecution. 		

Elaine's Story

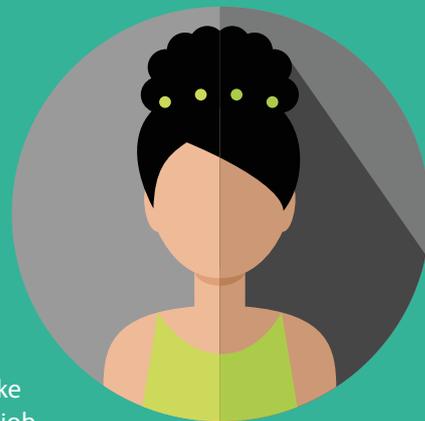
Elaine was referred to the Ruby project, although she stated that she did not feel she was suffering abuse. Elaine's cultural background and the fact that she was married meant that she did not think that what she was experiencing was domestic abuse; but in reality was experiencing sexual, physical, emotional and financial abuse over a period of 12 years.

Elaine stated she was scared on a daily basis, worried that her husband would take her children back to her country of origin and concerned that she would lose her job.

Ruby worked with Elaine to create a safety plan and secured emergency accommodation whilst securing an order to get Elaine's husband to leave the family home. The police were informed of the situation and placed a TAU marker on the home in case of further incidents, and an alert was placed on the children's passports to prevent them from leaving the country.

The outcome was that Elaine continues to work and provide for her family, whilst instigating divorce proceedings against her husband. She and her children have returned to the family home and there is a non-molestation order in force against her husband. Following an assessment, children's services were happy with the actions Elaine has taken and thanks to becoming aware of what she was experiencing and the support available – Elaine is now living a life free from abuse.

"Thanks to the project, I have now begun to live my life. I knew it was wrong – but I didn't recognise that it was abuse. I felt like my life was on hold and I had no control over anything. I am so grateful now I have my life back and my children are safe".



Caroline's Story

Caroline - a 37 year old woman, was admitted to A&E with injuries to her face. She had previously been admitted two weeks before, with bruising to her body and presented as very frightened; although she stated that she had been attacked by a stranger. The hospital staff asked Caroline questions and suspected domestic abuse, and referred her to the Ruby Project.

Ruby contacted Caroline and arranged to meet her in a safe place. At first she continued to insist that she had been attacked by a stranger, but eventually began to open up. She told the Ruby worker that she was frightened of her partner who was very controlling. She also stated that her children had been taken into care as a result of the domestic violence at the home, and her own drug-use which she turned to as a means of coping. Caroline and her partner were also on bail for offences which she stated she committed out of fear.

Ruby staff immediately arranged a meeting with children's services to arrange contact with her children, followed up with her barrister on information about her court date and stated that if a suspended sentence was given that attendance at the Women's Turnaround project run by PSS would be a positive specified activity requirement that would help her to get the support she needed. Furthermore a 'treat as urgent' marker was put on her property in case of further violence.

Positively Caroline was given a suspended sentence and was required to attend the Turnaround project. However her partner accosted her at the court and threatened her, and was immediately arrested and was subsequently held on remand for intimidation and harassment. Caroline was supported to give a statement to the Police for the first time regarding his behaviour.

Following the intervention, Caroline now sees her children 3 times a week, attends the Freedom programme at Turnaround and is working on recognising the patterns of domestic abuse and identifying her own cycle of abuse to ensure she doesn't repeat this. She has also been working with ADDACTION and has produced her first drug test as negative for any illicit drugs.



Increasing Safety through Prevention

Prevention is the main way in which Ruby works with women at risk of domestic violence, enabling them to plan and make the best choices to keep them and their children safe.

Ruby's specially trained domestic abuse workers aim to help them to recognise the signs of impending violence and when a situation is escalating. Our workers then help the woman create a 'safety plan' which helps them to know what to do in that situation; where to store things, where to go and how to keep themselves as safe as possible. Ruby as a hospital based intervention helps all women experiencing domestic violence regardless of the level of risk.

Inputs from PSS & Client		Outputs and Achievements of Client	
<ul style="list-style-type: none"> Of the 381 women referred to the service - 141 have actively engaged with Ruby whilst others have been signposted or received basic advice and support. Ruby have helped create 141 safety plans with 41 reviews taking place in the year. 132 referrals have been made to other agencies. 		<ul style="list-style-type: none"> 93 % of the women who were concerned about their safety reported at the end of the intervention that they felt their level of safety had increased. 34 women attended the Freedom programme - a course aimed at victims of domestic violence. 70 women with children reported positive progress. 	
Stakeholder		Outcome and Value Added	
Children	<ul style="list-style-type: none"> 27 of the women stated that the support they received had improved their parenting skills and 40 stated that their family relationships had improved overall; this is a result of their increased feeling of safety and security. 4 children were removed from the child protection register following engagement with Ruby as the levels of safety for them had improved. 		
Health	<ul style="list-style-type: none"> 18 women reported a reduced level of self-harm. According to a NICE report on the costs of self-harm to the NHS, the cost of someone attending A&E is £110, while ambulance call-outs cost on average £246 each; cost savings which are realised as a result of this reduction⁷. £1.7bn is spent on healthcare as a result of domestic violence. This includes prescriptions, treatment, travel and lost wages and mental health⁸. Prevention of incidents resulting in the need for healthcare will reduce this figure. 		
Criminal Justice	<ul style="list-style-type: none"> £1.26bn is spent on the criminal justice system as a response to domestic violence, across police activity, CPS, court costs and legal aid⁹. Just over £1bn of this is related to violence against women. A reduction in incidents through prevention will reduce the costs of police call outs and subsequent activity from the criminal justice system. 		

⁷ www.nice.org.uk/guidance/cg133/resources/costing-report-184853629

⁸ Welby, S; *The Cost of Domestic violence, 2004 (Update 2009) Women and Equality Unit (DTI)*

⁹ Welby, S; *The Cost of Domestic violence, 2004 (Update 2009) Women and Equality Unit (DTI)*

Increasing Safety through Provision

The Ruby service aims to help women to prevent abuse by using their safety plan to best effect, however often violent situations can escalate and women can find themselves in crisis where they need immediate and practical support as opposed to prevention techniques.

Ruby can support women by pre-empting some of the support needed and advance planning, as well as providing an immediate response in the event of an incident or escalation. As much as emotional support is one of the primary needs identified, often it is practical support that is needed to help keep women and their children safe.

Inputs from PSS, Client & Practitioners		Outputs and Achievements	
<ul style="list-style-type: none"> • Ruby helped to secure 84 TAU (treat as urgent) markers on properties to ensure prompt police response in the event of an incident at that location. • 55 women were helped to move from unsafe to safe accommodation. • 11 women were provided with panic alarms. 		<ul style="list-style-type: none"> • 43 of the women were supported to secure a non-molestation order or restraining order against the perpetrator. • 189 women had a need relating to their Health and Wellbeing - 88% reported a positive improvement following engagement with Ruby. • 17 attended Life Skills workshop. 	
Stakeholder		Outcome and Value Added	
Housing	<ul style="list-style-type: none"> • 53 of the women's accommodation was made secure for them. • 43 were supported to have a non-molestation order put in place, meaning that the perpetrator was unable to target the women at home. 		
Clients	<ul style="list-style-type: none"> • 166 women reported positive progress in relation to health and wellbeing, as a result of the following. • 34 attending counselling. • 158 receiving ongoing emotional support. • Some clients who have substance misuse issues also received support. See page 20 on how we approached outcomes for this clients group using the Addaction pilot. 		



Increasing Safety through Prosecution

Often when clients are referred to Ruby, they have already contacted the police. However often they haven't and sometimes where there has been persistent abuse, and where the woman has felt empowered and supported, PSS will support clients to report abuse and bring criminal proceedings against the perpetrator.

Whilst Ruby staff don't require women to prosecute, they have built positive relationships with the police and can support the women not just by helping them to report abuse, but by providing ongoing support throughout the proceedings, as well as making the best use of tools available from the police such as alerts on properties and restraining orders.

Inputs from PSS & Client		Outputs and Achievements of Client	
<ul style="list-style-type: none"> • 268 women called the Police as a result of the abuse. • 51 were supported by their key worker to report incidents to the police. • 47 were advised on their civil options against the perpetrator. • 58 were advised on the processes followed by the Criminal Justice System 		<ul style="list-style-type: none"> • The police went on to deal with 156 of the cases reported to them. • 79 of the perpetrators were charged with an offence. • A number were remanded on bail or custody. • 47 were sentenced following prosecution. 	
Stakeholder		Outcome and Value Added	
Police	Police are better able to prosecute offenders, where the victim is being supported through the process and less afraid to retract statements.		
Health	Ending the cycle of violence within the relationship will improve health and wellbeing and reduce the number of hospital incidents.		
Clients	79 of the women we worked with ensured their perpetrators were charged and 47 of those have been sentenced with the support of the Ruby project, increasing the women's safety.		





Paulette's Story

Paulette, aged 21, was referred to The Ruby Project after being admitted into A&E at The Royal Liverpool hospital after 2 days of a systematic domestic attack by her partner. She had been beaten, threatened, attacked with scissors and had suspected fractures to her leg and hip. Her partner had also threatened to set her on fire, and kill her son and her family.

What Ruby did... The Ruby worker met with Paulette and after breaking down barriers she disclosed a history of sexual, physical, financial and emotional abuse during the 2 year relationship. She explained she felt hopeless and petrified on a daily basis and that her partner controlled her every move. She remained with him out of fear that he was going to kill her and her son. She felt isolated as she had not contacted her family in order to keep them safe from his threats. The Ruby worker discussed making a statement to the police and arrangements were made for Paulette to do so. The perpetrator was arrested, charged and remanded into custody. A video interview was also arranged by specially trained detectives.

Following the incident, she and her son left the family home immediately, and links with her family were re-established so that she had a safe place to stay with her grandparents once she was well enough for discharge. Once Paulette was at her grandparents' home, alternative accommodation was sought, and children's services were contacted due to her son witnessing the violence. Also, despite the perpetrator being on remand, threats continued to be made; so a 'treat as urgent' marker was placed on the home by the Police and a fire safety check carried out following threats of arson.

The outcome... The case went to Liverpool Crown court, and the Ruby Project supported Paulette throughout the process. The perpetrator was convicted of 3 assaults against her and received a custodial sentence for 18 months with a 5 year restraining order issued. Paulette read out her victim personal statement at the sentence of the perpetrator and bravely faced her attacker informing the court of the impact this attack had on her and her son's lives. Children's services completed an initial assessment and were happy that Paulette had acted appropriately and closed the case. Paulette is now managing her emotions in a positive way and is in control of her life for the first time in 2 years, she has secured a new property with help from The Ruby Project and is starting a new safe life for her and her son in a new area free from abuse.

Other outcomes...

Whilst the Ruby staff make every effort to engage with and support the women who are referred to the project, the ethos of the project is to allow the woman to take control and make the decisions that they want to at the time. The project doesn't tell the women what to do, but rather gives them all the tools and options they need to make decisions for themselves. Therefore, not all women will achieve a totally positive outcome; some may disengage with the project, or experience very little or no change in their circumstances. It is important that the Impact Report identifies any negative outcomes or non-positive outcomes from the intervention, and reflects an honest picture of what the service does or doesn't achieve. The following 'negative' exits were also captured.

- 19 women declined support.
- 2 women felt their safety had decreased.
- 28 women said there had been limited or no reduction in the risk to them.
- Furthermore of cases that were reported to the police - 77 had no further action taken, and 32 of the 79 who were charged were not sentenced.
- In addition, a small number of the women had resumed the relationship with the perpetrator, some had attended A&E as a result of further abuse.



Victoria's Story

Victoria was admitted to Royal Liverpool Hospital with a suspected sexual assault and was referred to the Ruby Project. She initially didn't want to speak to the workers, but she did and explained that she had been sexually assaulted. With support, she made a statement to the police and her partner was subsequently arrested and charged with ABH and sexual assault and was remanded in custody pending his first hearing.

The service supported Victoria in a number of ways including following up her referral to a specialist sexual assault service, explained the court process, helped to arrange a pre-trial visit and to ensure that special measures were put in place at the trial and helped to build her confidence and self-esteem as the trial approached.

Victoria attended court and bravely gave evidence against her former partner. However the case collapsed and he was found not guilty of ABH and sexual assault. The CPS (Crown Prosecution Service) also failed to issue a restraining order. Victoria said she felt incredibly let down by the system and agencies which had failed to protect her and bring her attacker to justice.

Victoria's project worker made an immediate referral for an emergency non molestation order to be put in place following her former partner's acquittal, and a request for an emergency move was logged with her housing provider. A 'treat as urgent' marker was placed on the current property to help keep her safe. A complaint was also logged with the Family Crime investigation unit in respect to the cracked case and the failure to issue the requested restraining order to a high risk victim.

Victoria has now moved to a new safe home, the non-molestation order remains in force and she has had no further contact from her former partner. She now lives a happy and safe life and is in regular contact with the project. She is looking to complete a course in order to eventually one day work with victims of sexual and domestic abuse.

Victoria stated that her project worker helped her rebuilt her trust in professionals and the criminal justice system to help her ultimately be safe and free from abuse. She also acknowledged that without the advocacy and support, she would probably have disengaged from the Police and that the non-molestation order wouldn't have been put in place to help keep her safe. Therefore while she didn't get the outcome she ultimately wanted, her situation has still improved significantly and she feels a lot safer as a result of the intervention.



Section 8: Spotlight on Addaction and the Domestic Abuse Worker

An analysis of Domestic Homicide Reviews carried out by the Home Office has identified 'complex common themes' which have proven to be significant in the finding of the investigations. Similarly, from our early work in Ruby, we recognised there is a need to raise awareness and understanding of how best to engage and work with those with complex needs who are some of the most at risk individuals in Liverpool, particularly those who experience the 'toxic trio' of domestic violence, substance misuse and mental health issues.

PSS were successful in winning a contract with Liverpool City Council to host a Domestic Abuse Worker at Addaction and this 12 month pilot specifically focused upon addressing one of the 'complex common themes' identified: substance misuse in relation to domestic violence/abuse.

Research has shown...



It is acknowledged that the prevalence of substance misuse and domestic abuse is widely underreported. This view is supported by intelligence received by services that work and support victims of domestic violence/abuse in Liverpool. The Domestic Abuse Worker (DAW) was co-located within one of the substance misuse treatment services provided by Addaction, the host agency promoting the uptake of referral and intervention for female and male victims of domestic violence/abuse. The DAW also had a secondary function; that of workforce development. They worked to increase the knowledge and skill of front line staff to identify and work with individuals experiencing domestic abuse.

The DAW also aimed to work with Addaction to review the current assessment processes and referral pathways with the focus upon domestic abuse in order to ascertain if the current systems promote risk minimisation strategies for domestic violence/abuse. The Domestic Abuse Worker will also work with the host organisation to encourage staff confidence to use the referral pathway to MARAC and domestic violence/abuse support services.

¹⁰ Rees, S. et al (2011) 'Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function', *Journal of American Medical Association*, 306/5: 513–521.

¹¹ http://legacy.london.gov.uk/mayor/strategies/dom_violence/docs/dom_vi_sub.pdf

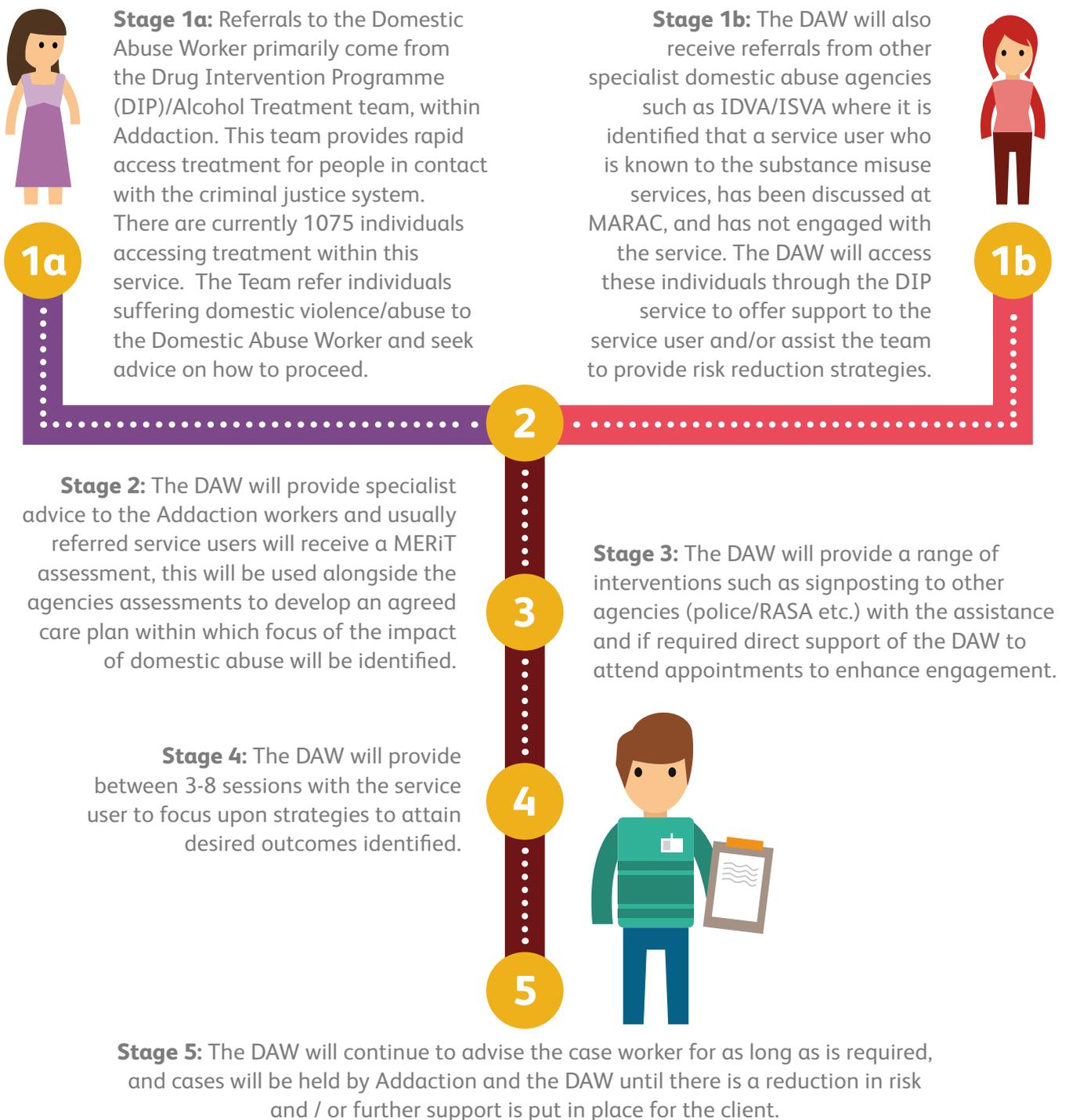
¹² http://legacy.london.gov.uk/mayor/strategies/dom_violence/docs/dom_vi_sub.pdf

How the pilot worked

The Domestic Abuse Worker had a consultancy function within Addaction, the host agency. They supported workers via case discussion, sharing expertise and advice and promotion of skills development. The worker also has a direct function in complex cases, engaging with service users and delivering intervention to improve identified risk.

Referral Pathway

The referrals pathway through Addaction is slightly different to Ruby due to the partnership working element of the service.

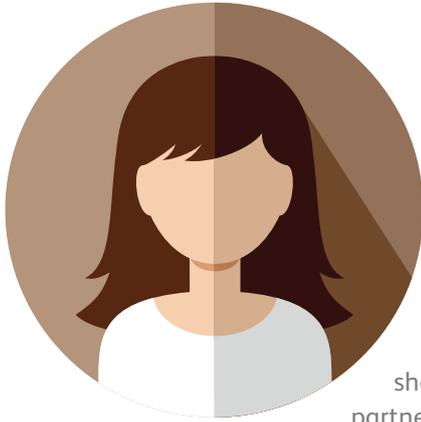


Increasing Safety - Reducing Substance Misuse

Many women misuse drugs or alcohol as a response to, and a way of dealing with, domestic violence, and are up to 15 times more likely to misuse alcohol, and 9 times more likely to misuse drugs than other women generally¹³.

The aim of the pilot is to increase the uptake and engagement of victims of domestic violence/abuse who experience additional complexity due to substance misuse. The aims of the Addaction pilot were to encourage greater recognition of the complex needs by staff, to improve the outcomes for the women and enhance their life, and bring about a reduction in repeat victimisation and increased safety for the women involved.

Inputs from PSS & Client		Outputs and Achievements of Client	
<p>Between August 2015 and July 2016:</p> <ul style="list-style-type: none"> • 49 clients were referred in total. • There were 67 contacts with clients with initial assessments and plans completed and handed over to case managers. • 31 clients referred by the DIP Team engaged with Addaction over the period of 6 weeks and completed self-evaluation. • The Domestic Abuse Worker had 98 face-to-face and telephone contacts with Addaction staff providing advice and support. 		<p>Of the 49 domestic abuse victims referred:</p> <ul style="list-style-type: none"> • 91 % engaged with drug intervention programme. • 31 % received long-term support from either the DAW or the DA lead. • 55 % engaged with their Addaction case manager and received domestic abuse support alongside substance misuse support. • Only 9 % of the clients disengaged from support for domestic abuse. <p>Of the 31 clients referred by the DIP Team:</p> <ul style="list-style-type: none"> • 72 % showed a reduction in risk. • These 72 % ended their relationship with their abusive partner and continued to receive support from Addaction. • 28 % stayed with their partners and have continued the abusive relationship. 	
Stakeholder	Outcome and Value Added		
Client	<ul style="list-style-type: none"> • The increase in referrals to MARAC was identified as one of the service's outcomes. The research shows that following intervention by a MARAC and an Independent Domestic Violence Advisor* (IDVA) service, up to 60 % of domestic abuse victims report no further violence¹⁴. • There was a 600 % increase in the referrals to MARAC from 2 to 14. Positively there were no repeat referrals to MARAC. 		
Staff	90 members of Addaction staff completed domestic abuse training between October 2015 to March 2016.		
Public Sector	For every £1 spent on MARACs, at least £6 of public money can be saved annually on direct costs to agencies such as the police and health services. This would save £740m to the public purse ¹⁵ .		
Addaction	Whilst the pilot achieved some highly positive results in terms of outcomes - there were some learning points from the pilot including ensuring that both services identify processes and quick wins from the start where they can be integrated, looking at where information would be difficult to capture and focusing on positive information sharing to enable better reporting. This information will be used going forward into the Mental Health Pilot.		



Helen's Story

Helen was a complex client who misused substances regularly, was not stable on her medication, presented as depressed with suicidal thoughts and regularly offended due to her substance misuse.

Helen would attend appointments with her case worker at Addaction with bruising to her face. She also attended appointments with her partner, therefore she was only allowed a certain amount of time to be in her appointment as her partner would become angry and start asking reception why she had been so long.

Helen's caseworker did not know how to ask Helen about her relationship, as Helen would deny any domestic abuse from her partner. Helen was not engaging with any other services due to her chaotic lifestyle.

Once the pilot project was put in place, Helen's caseworker was advised to discuss questions shown on the MeRIT form; Helen's case worker picked out one or two questions from the MeRIT during each session and began to regularly inform Helen that she could talk to her caseworker if she was in danger. This continued for a month until Helen eventually came into her Addaction session and stated that she was very scared of her partner and she had been assaulted by the perpetrator that morning.

The Addaction team worked together in a time of crisis and used the knowledge they had gained from their domestic abuse training. Helen was referred into a local homeless shelter as her drug use was too chaotic to gain a refuge space. The domestic abuse lead that had been trained by the DAW during the domestic abuse pilot visited Helen in the homeless shelter and provided her with emotional support daily, giving Helen the strength to continue.

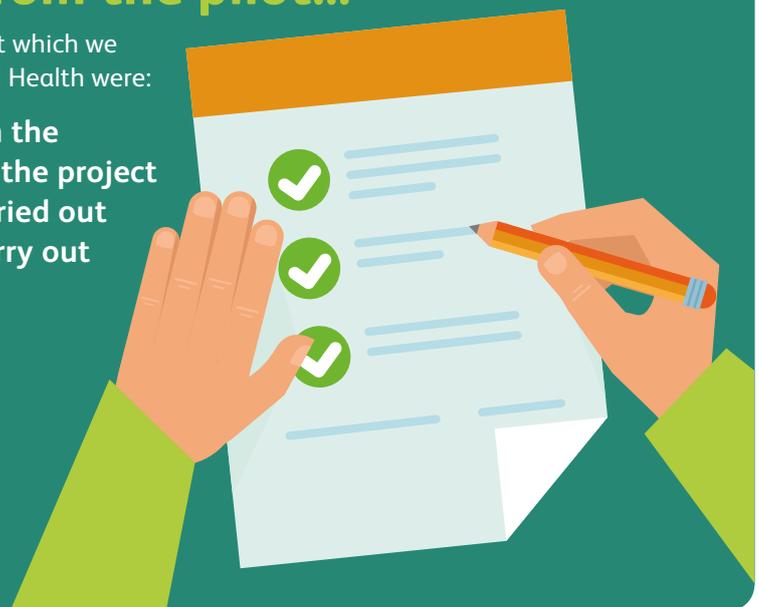
Two days after going into the homeless shelter, Helen was accepted into a refuge out of the Liverpool area. The Addaction domestic abuse lead and DAW took Helen to the refuge where she would be safe.

A month later Helen was stable on her medication, no longer offending to pay for her substance misuse and her confidence had grown. Helen was free from abuse and thanked the staff from Addaction 'for saving her life'.

Lessons we learned from the pilot...

Some of the lessons we learned from the pilot which we can use in the Mersey Care project for Mental Health were:

- To focus on staff training earlier in the project, all staff seemed to accept the project better when training had been carried out and they had the knowledge to carry out the work with clients.
- To ensure that we have a good awareness of the systems, what is being captured and what can be evidenced as part of the pilot and whether we can influence any process or system changes.



Page 20 References:

¹³ *Hard Knock Life, Violence against women, New Philanthropy Central (2008) p28*

¹⁴ *Saving Lives, Saving Money. CAADA, 2010, p.3*

¹⁵ *Saving Lives, Saving Money. CAADA, 2010*

Section 9: Spotlight on Mental Health with Mersey Care

Following on from the success of the Addaction pilot, PSS is now working on an Assertive Mental Health project with Mersey Care in a similar style which commenced in late 2016.

The aim of the pilot is to increase the uptake and engagement of victims of domestic abuse who experience additional complexity due to mental health issues, which is identified as an element of the toxic trio (substance misuse, mental health issues and domestic violence).

The need for the pilot

In 2015-2016 there have been almost 1000 victims of domestic abuse supported through the MARAC process. Currently referrals to MARAC from mental health services are low and account for approximately 1 % of all referrals. However, based upon the information received and discussed at MARAC it is acknowledged there is a much greater prevalence of individuals who are experiencing domestic abuse and are in contact with secondary mental health services, but have not been referred to support agencies for risk assessment and management by these services.

Currently
only 1%
of referrals
to the MARAC
are from mental
health services

10
domestic
homicide reviews
took place in Liverpool
between 2011 and 2016:
7 of those involved
substance misuse and
mental health issues

Women often fear
that mental health
issues will be used
against them
in children's
social care
proceedings

There is no one specific reason identified for the poor engagement of this service user group, or those with other complex needs. Therefore the project will aim to identify barriers to engagement for this service user group and methods in which these barriers can be reduced.

How it works...

Much like the Addaction pilot, the project has a Domestic Abuse Worker (DAW) based at Mersey Care NHS Trust within a Community Mental Health Team and assertively engaging with victims of domestic abuse who are utilising secondary mental health services.



Identification, Engagement and Intervention:

To identify individuals experiencing domestic abuse, engage these individuals within appropriate services, support the development of safety planning and addressing the low referral rates to specialist domestic abuse services and MARAC.

Role of the Domestic Abuse Worker (DAW)

Workforce Development:

Developing the skills of the work force, health staff, in relation to the identification, risk assessment, management and support of individuals who are experiencing domestic abuse. The DAW will support the development of staff confidence and competence in identifying, discussing and addressing domestic abuse.



Referral Pathway

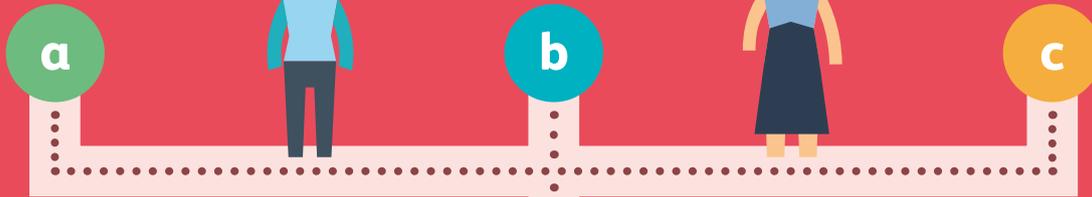
Community Mental Health Team identify individuals experiencing domestic violence



Mersey Care NHS Trust identify individuals experiencing domestic violence.



Specialist domestic violence agencies where the individual has failed to engage.



Stage 1: Referral made to the Domestic Abuse Worker and the case is worked on together in the initial stages, although Mersey Care retain case responsibility throughout.

1

Stage 2: MeRIT assessment carried out alongside mental health assessments and a safety plan created for the individual.

2

Stage 3: DAW can provide signposting, additional support to attend appointments and one-to-one work to focus on strategies to stay safe.

3



Stage 4: Support to work towards positive outcomes.

4

Desired outputs

As a result of the pilot we aim to:

- undertake a review of the current assessment processes, referral pathways and training programmes with the focus upon domestic abuse in order to ascertain if the current systems promote risk minimisation strategies for domestic abuse.
- work with the host agency to encourage staff confidence and competence to use the referral pathway to MARAC and domestic abuse support services.
- support the host agency in reviewing risk assessments utilised to identify domestic abuse and impact upon the individual.
- provide support to staff in order to enhance their skills and responses to the disclosure of domestic abuse, underpinning the tenets of professional enquiry.

Desired outcomes

Ultimately, the aim of the project is to achieve:

- Increased safety and reduction in risk for clients
- Improved quality of life for clients
- Improved awareness and skills of Mersey Care staff

These will be measured in a number of ways which will ultimately determine the success of the pilot programme.

Section 10: What our clients say about us?

"I got so much support from staff, they got me straight to out of the situation I was in following the attack. It is not like this in other areas, I got no help in the area I was previously in when I reported domestic abuse."

"Even though I never admitted to any domestic abuse going on, they (DAW and Addaction case manager) knew something was not right and they kept speaking to me about it and asking me questions; which made me feel that they were there for me if I needed to talk."

"I just want to say thank you for everyone that has helped me! I know that my ex-partner was aggressive towards staff and it put them in danger helping me. "You were all such a great help and I'm very thankful for that. Thank you for all your support! You changed my life."

"I feel everything was done perfectly; I was made to feel safe from the start. I know that I spoke to the right people and now I am getting all the support that I need. I have been drug free for 3 months and I am due to start a reduction on my methadone. My mental health has improved and I no longer wish to harm myself or commit suicide."

"I didn't know what domestic violence was, I would never have been brave enough to go to court without my worker. It's hard for me because I have learning difficulties and I always just thought that the relationship was normal."

The ADDACTION staff also had positive comments for the domestic abuse worker:

"The pilot project prepared me well to deal with clients who have become victims of domestic abuse, this was due to the training received from the DAW, also her availability for further support." (DIP Team Case Manager)

"I feel a lot more confident speaking to and recognising victims of domestic abuse as my knowledge has improved significantly." (DIP Team Case Manager)

"I feel the pilot was much needed and has made a huge difference to the team as a whole, individual staff members and clients. The clients are now a lot more confident in talking to staff about their issues and reporting incidents. I hope that this will continue in the future and across other teams." (DV Lead)

Section 11: What our economic and social impact is...

Identifying cost savings in relation to domestic violence is a difficult exercise due to the complexity of the calculations. The overall costs of domestic violence have been estimated as just over £20bn per year in England and Wales which includes direct costs as well as the human and emotional costs of violence¹⁶. The table below shows how this is broken down.

Type of cost	Costs
Human and Emotional	£13,877,265,280
Lost Economic Output	£2,119,115,160
Civil legal costs	£229,978,471
Housing costs	£157,860,000
Social Services and children	£228,000,000
Mental Health	£176,000,000
Physical Health	£920,168,340
Criminal Justice	£884,384,000
Total:	£18,592,771,252
Total: (2006/07 prices)	£20,061,600,180

In terms of identifying costs per individual, the issue is complex as each case will have different outcomes and interactions, and costs will vary across regions. The charity 'Co-ordinated Action Against Domestic Abuse (CAADA) calculated the costs of a 'high risk' victim in contact with the MARAC to be just over £14,000 as shown in the table below¹⁷:

Cost	No of Contacts / Cases	Cost per contact (£)	Total Cost (£)
Police callouts	6	90	540
GP visits	8	48	384
Anti-depressants prescribed	6	53	318
A&E attendances for minor wounding	4	65	260
A&E attendances for serious wounding	2	2,700	5,400
Stay in refuge (number of nights)	12	50	600
Police involvement with s18 prosecution	1	2,359	2,359
CJS costs of prosecution	1	4,170	4,170
Total:		14,031	

One study showed that following intervention from a hospital-based domestic violence service - a 41 % reduction in hospital costs was identified equating to a saving of £2050 per client was realised (although not all officially attributed to the intervention)¹⁸. Therefore the potential cost savings are not insignificant, and the more women that our domestic violence projects can help stay safe, the greater the reduction in public sector expenditure reflected in the costs of health care, criminal justice and alternative housing.

¹⁶ Hard Knock Life, Violence against women, New Philanthropy Central (2008) p116

¹⁷ CAADA: DV MARAC Implementation Guide p6

¹⁸ A Cry for Health: Why we must invest in domestic abuse services in hospitals, SafeLives, 2016



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