

Evaluation of Islington Council’s Children and Young People Domestic Violence and Abuse Advocacy (CIDVA) Service¹

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Executive summary

The CIDVA

Children and Young People Domestic Violence and Abuse Advocates (CIDVAs) are specialist professionals who work with young victims of domestic abuse to develop a trusting relationship. They can help a young person with everything they need to become safe and rebuild their life, providing support, advocacy, and help in navigating other services.

Islington Borough Council’s CIDVA service, funded from London’s Violence Reduction Unit (VRU) provides 1 full-time specialist advocate for children and young people aged 11-17 who are in abusive relationships. The CIDVA is provided by Solace Women’s Aid, a Domestic Abuse advice and support service. The main aim is:

to reduce the level and impact of domestic abuse in Islington by providing tailored support to children and young people as well as practical solutions to aid their recovery from abuse and promote their wellbeing

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This evaluation covers the work of the CIDVA from July 2021-June 2022, and sought to answer 3 key questions:

1. How well is the project working in term of outcomes and process?
2. Has the project experienced any barriers and have these impacted outcomes?
3. How could CIDVA activities be improved?
4. What learning has emerged for future work in the field of domestic abuse in children and young people?

These questions were answered by analysing quarterly monitoring data for 2020-21 provided by the VAWG commissioning service as well as in-depth qualitative interviews with the CIDVAs and their managers, 2 young people who had used the service, and a range of other statutory and non-statutory service providers who work with children and young people in Islington.

Findings from the outcomes evaluation

The evaluation of the outcomes focused on two areas:

1. Impact on the lives of children and young people: outcomes are the consequences of advocacy for children and young people, such as improvements in safety, feeling heard and user satisfaction, which can in principle be identified during or at the conclusion of their engagement with the CIDVA.
2. Impact on the knowledge, understanding, practice, and capacity of practitioners: outcomes are the consequences of consultations, awareness-raising, advocacy and training on practitioner, such as improvements in understanding of how domestic abuse might manifest in young people and improved skills and confidence in helping support young clients, reported by practitioners after engagement with the CIDVA.

Key findings are that

CIDVAs have made a significant difference in the lives of their clients, supporting long-term improvements in self-esteem, motivation, confidence, emotional health and well-being, resilience and safety.

- **Children and young people are supported to implement safety plans, safety is improved, and risk is reduced**: All of the children and young people for whom an exit assessment was completed² reported improved perceptions of safety.
- **Young people are better able to manage and regulate their emotions, are supported to recover and repair from trauma, and have improved mental health**: Data collected from exit assessments show that those who completed an assessment, reported improvements in multiple dimensions of mental health, including a reduction in symptoms and increased ability to manage mental health and cope with challenges.
- **Children and young people are supported to repair and recover from trauma, to build confidence and self-efficacy**: All the qualitative data that has been collected shows consistently significant improvements on a range of indicators associates with repair and recovery from trauma, including confidence, self-efficacy and optimism about the future
- **Children and young people are supported to contact and communicate with services and agencies to get appropriate support and resolve ongoing problems**: All of the qualitative data presented above including the case studies support the general finding that the CIDVA works

² 10 of the 24 clients who received CIDVA support over the period.

effectively as a bridge to advocate for the young person in a range of spheres but also to empower them to know and assert their entitlements

- **Overall reflection on CIDVA outcomes working with young people and children : flexibility, adaptability and responsiveness builds a ‘therapeutic alliance’ for long term empowerment and repair:** The findings strongly suggest that the adaptability, flexibility, and openness to long-term support offered by the CIDVA is core to the therapeutic alliance they have clearly formed with the young service users they support. This is unique to the CIDVA service and demonstrates the distinct value it provides.
- **There was consistently positive feedback and evidence of increased knowledge and capacity to respond to DA, from those practitioners who had interacted with the CIDVA.** This feedback highlighted in particular the flexibility of the service and its value as a source of information and resources to help professionals in their own work with children and young people.

Findings from the process evaluation

- The current system for monitoring and evaluating, while extensive, has not proven effective at capturing interim outcomes throughout the customer journey and would benefit from development to enhance understanding of both outcomes and outputs. This in turn would support better decision making where/if changes to service approach is necessary.
- In general, it is not clear to what extent the framework in the Service Level Agreement and the data points captured in the Case Management System have been adapted to capture the distinctive needs and journeys of children and young people, or whether they are modelled on adult services.

Challenges faced by the CIDVA service

1. Covid-19

- **Lack of access to safe places for engagement** - Home is a shared place where open discussion is difficult, especially to young people who may be subject to coercive controlling behaviours by family members, as with honour-based abuse. Schools and other unmonitored locations make better sites for support.³ But young people were constrained to stay at home.
- **Difficulty adapting to young people’s communication preferences** - Young people prefer face-to-face contact but this was not possible for some of the time the CIDVA service was running, potentially challenging willingness to engage.
- **Lack of available locations for CIDVA drop-in sessions** - Youth Hubs and schools were closed for a period, meaning that young people and children had fewer opportunities to access ad-hoc services and self-refer.
- **Difficulty reaching out to and supporting younger age groups** Schools are the main place where CIDVAs can connect with younger age groups for group sessions and awareness-raising, but they were closed for a period and when they did reopen Covid-19 measures made it more difficult to enter.

The CIDVA service acted fast to address these challenges, which was enabled by reflective self-evaluation, and adapted the service where possible to increase opportunities for young people to access help.

³ This is also supported by research p.6

2. Lack of awareness of DA in young people and practitioners

- A lack of awareness amongst children and young people about healthy relationships, and specifically the problem of the 'normalisation' of abusive behaviours by young people themselves was mentioned by 10 (1/3 of) participants in our qualitative study as a distinct vulnerability. For practitioners, opportunities to identify and respond to abuse, as well as to undertake preventive work, were being missed because of a lack of understanding of the ways in which domestic abuse can occur in children and young people's own relationships and what this means for their needs.

3. Engaging with schools to do preventive work

- This evaluation highlights the important role that schools can play in supporting the prevention of domestic abuse among young people and generating referrals into the CIDVA service. The work delivered by CIDVA in school settings was valued highly by teachers and the evidence from school feedback indicates that the sessions helped to improve outcomes for young people by raising awareness of abusive behaviours and empowering them to report concerns. But both Solace and other practitioners mentioned that there are challenges to gaining access to schools to do preventive domestic abuse work, and that schools differ significantly in their openness to doing this kind of work. Single sex schools were identified as an important site of preventive work, but at the same time it was acknowledged that there may be more to do to engage these schools in particular.

Recommendations

For the CIDVA service

1. There is impressive evidence in the interviews and case studies of the positive impact of the CIDVA on people's lives and practitioners' work. We recommend that the service and commissioner consider afresh how these positive impacts can be represented in effective outcomes monitoring and reporting.
 - Review the SLA and the Case Management System to establish a single authoritative set of objectives and outcomes and monitoring and evaluation framework
 - Review and adapt the Case Management System to ensure it is designed to capture data on all relevant outcomes-related work, e.g. liaison with police and legal teams.
 - Review the extent to which the framework and monitoring requirements for the CIDVA are the same as for an IDVA to ensure that they have been adapted to reflect a younger audience
 - Revisit and enhance the collection of interim outcomes throughout the customer journey. This will result in a greater volume of outcomes data and a better understanding of the steps taken by young people towards achieving long term change
 - Investigate possibilities for developing new remote methods of gathering more detailed and reliable data on interim and exit outcomes, including the possibility of an automatic text questionnaire, and consider consulting with other services offering direct support to children and young people in Islington, and/or other CIDVA services and services offering young person's advocacy more broadly to identify and learn from best practice around collecting feedback and monitoring outcomes.
2. Continue to build on work with schools to develop more preventive work with young people to raise awareness and establish referrals into the project

3. Establish a location for the CIDVA service in Targeted Youth Support

For Islington Borough Council

1. Continue to run awareness-raising activities about the CIDVA service, which remains poorly understood by some practitioners.
2. Review, in collaboration with the CIDVA, the distribution of responsibility between the CIDVA and VAWG for awareness-raising and development activities on domestic abuse and young people for practitioners.
3. Continue to prioritise awareness-raising work on domestic abuse and young people in schools, especially single-sex schools which may be less used to engaging with their students about these issues.

The CIDVA Service

Children and Young People Domestic Violence and Abuse Advocates (CIDVAs) are specialist professionals who work with young victims of domestic abuse to develop a trusting relationship. They can help a young person with everything they need to become safe and rebuild their life, providing support, advocacy, and help in navigating other services.

The need for services specialising in children and young people is supported by evidence showing that this age group is overrepresented in the cohort of victims of domestic abuse, and is less likely than other age groups to report abuse.⁴ Evidence also shows that there is a higher risk of severe abuse in children and young people, including for children below the age of 16.⁵

Young people experiencing domestic abuse have distinctive vulnerabilities, experiences, challenges and needs, which cannot be met fully by existing adult-facing services, which often specify a fixed length of time and format for engagement and support. Children are especially vulnerable because of their age and dependencies on others. Young people experience a complex transition from childhood to adulthood, which impacts on behaviour, decision making, the way that they respond to abuse as well as the way that they engage with services. They may be less able to recognise relationships as unhealthy or behaviours as abusive. They may also need additional support with practical problems such as moving home, dealing with police and other agencies, and accessing and managing finances.

A need for specialist services for children and young people experiencing domestic abuse was identified by Islington Borough Council in their partnership review of the 2017-21 Violence Against Women and Girls Strategy.⁶ In 2021 Islington Council received funding from London's Violence Reduction Unit (VRU) for a specialist CIDVA service (1 full-time specialist advocate) for children and young people aged 11-17 who are in abusive relationships. The CIDVA is provided by Solace Women's Aid, a Domestic Abuse advice and support service. Solace already provides a range of other support services across Islington and already has strong and well-established working relationships both with statutory services and the voluntary sector.⁷ This report evaluates the activities of the CIDVA service between 1 July 2021 – 30 June 2022.

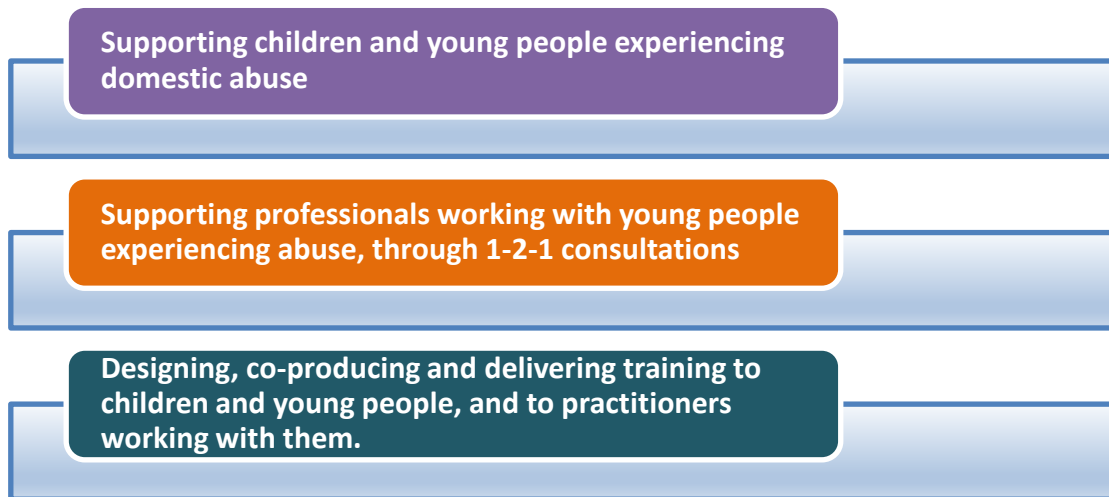
The CIDVA service involves 3 kinds of activities:

⁴ The Crime Survey for England and Wales (CSEW) year found that for the year ending March 2020 women aged 16 to 19 years were more likely to be victims of any domestic abuse than women aged 25 years and over.

⁵ Safelives (2017) 'Safe Young Lives: Young People and Domestic Abuse', p.7

⁶ Islington Borough Council Violence Against Women and Girls Strategy 2021

⁷ Annex 1 shows the structure of Solace provision in Islington.



The key aim of the CIDVA service is:

“to reduce the level and impact of domestic abuse in Islington by providing tailored support to children and young people as well as practical solutions to aid their recovery from abuse and promote their wellbeing”

Specific aims of the CIDVA service are:

1. To provide a specialist Domestic Abuse service which will provide information, advice and direct support to children and young people experiencing domestic abuse ensuring a co-ordinated approach for families.
2. To provide a service that gives children and young people who have lived/ or are living with domestic abuse the opportunities to share their feelings in an environment which is safe.
3. To improve the safety and wellbeing of children, young people and families by reducing the incidents of domestic abuse for those that access the service.
4. To promote the development of positive relationships, within a safeguarding framework.
5. To work in partnership with children and young people and their families, parents and carers and other professionals.
6. To provide expertise in the area of domestic abuse in order to provide support, information and guidance to partners, including case consultation for professionals and carers on specific issues in relation to domestic abuse.⁸

These aims are achieved when the service produces the following outcomes:

⁸ This was originally a ‘core objective’ of the CIDVA project in the Service Level Agreement but has become a main aim, in part because it was necessary to raise awareness and correct misunderstandings of what the CIDVA does in order to drive appropriate referrals, and in part due to need.

- Children are supported to repair and recover from trauma of DA they have experienced
- Children are better able to manage and regulate their emotions
- Children are better able to identify what a healthy relationship looks like
- Children are less likely to take part in risk taking and violent behaviours
- Harmful behaviours where present are better identified and challenged in early stages
- Victims/survivors have feelings of improved safety
- Practitioners have improved awareness and understanding of DA and coercive control in young people
- Practitioners are enabled to identify harmful behaviours and relationships in children and young people and to support them to recognise and address these.

The CIDVA process involves young people being referred or young people self-referring to the service. The service is voluntary so a referral will only be completed if a young person consents. For children and young people who are over the age of 13, the service is independent from parents and statutory services and engagement between the young person and the CIDVA is confidential (except where a safeguarding risk is identified). Recent research shows that young people and children benefit from advocacy that gives them a voice independently of their parents.⁹ For children under the age of 13, where legal frameworks around issues of consent, safeguarding, and parental responsibility are different, statutory services take the lead and the CIDVA provides support under their auspices.

Once a young person self-refers or is referred to and consents to accept the CIDVA support, a risk assessment is carried out (and updated every two months) by the CIDVA, and the CIDVA and the young person then start to work together to identify areas of need and address safety issues. There is no set or predetermined number of interactions nor is there a set period of engagement between the CIDVA and the young person; rather, the service is responsive to individual needs.

CIDVA cases are closed when a young person and the CIDVA agree that they have completed the programme of support and do not need the service anymore, or when a young person does not want to engage with the service anymore. Where possible, an exit assessment is undertaken, where data is collected on the outcomes for the young person.

what we know with young people is the risk is fluid. You might work with a young person who comes into services medium to standard risk, but very quickly things can escalate. So what we found was that we needed to have services that could be open for longer with a young person

(Solace Community Manager)

⁹ Westwood, J and Larkin, C. (2018). Advocacy for children and young people experiencing domestic violence. KIDVA evaluation, p.6. In Stanley and Humphreys (Eds.) *Domestic Violence and Protecting Children: New Thinking and Approaches*.

It was anticipated in the project specification that the CIDVA caseload would be much smaller than that of an adult IDVA service, precisely because of the special and additional vulnerabilities and needs of children and young people, which require a more flexible, responsive, and longer-term approach.

The beauty of a CIDVA is they can come in with a smaller case load. They might have 10 clients that they're talking to at the same time. They can give them a more person-centred approach. They can really keep their views and what they want at the centre of everything and...can work more flexibly alongside a young person

(Solace Community Manager)

The value of open-ended long term support for younger people needing advocacy and support was identified as key to the effectiveness of a CIDVA service in the North of England in research published in 2018.¹⁰ It has also been highlighted by the Children's Commissioner for Wales (2012), which noted that children are more likely to access advocacy where long-term relationships existed.

The CIDVA selection and training process emphasises an **open mind**, a **non-judgemental approach**, **trauma-informed practice**, and an **intersectional approach that is responsive to the individual**.

Methodology

This evaluation sought to answer 3 key questions:

5. How well is the project working in term of outcomes and process?
6. Has the project experienced any barriers and have these impacted outcomes?
7. How could CIDVA activities be improved?
8. What learning has emerged for future work in the field of domestic abuse in children and young people?

These questions were answered by analysing quarterly monitoring data for 2020-21 provided by the VAWG commissioning service as well as in-depth qualitative interviews with the CIDVAs and their managers, 2 young people who had used the service, and a range of other statutory and non-statutory service providers who work with children and young people in Islington.

The evaluation framework is illustrated in the table below:

Project activity	Project Outcome	Research Questions	Method
One-to-one advocacy and	Young people are supported to repair and recover from	<ol style="list-style-type: none"> 1. How do young people feel about their future? 2. How self-reliant and confident are they? 	Interviews with: CIDVAs

¹⁰ As above.

support to young people experiencing DA, delivered by CIDVA	trauma of DA they have experienced		CIDVA service users
	Young people are more confident in accessing GP/ED/Police/SEMH/Targeted Youth Support or other services	<ol style="list-style-type: none"> 1. How frequently are service users accessing services? 2. What are the reasons for which service users access these services? 3. How confident do service users describe themselves as being in accessing services? 4. How likely would they be to access services in the future if they have a need? 5. How has reporting and accessing behaviour changed over the time of engagement with the CIDVA? 6. What, if any, barriers remain to access? 	Quarterly monitoring outputs
	Increase in young people's resilience	<ol style="list-style-type: none"> 7. How has young people's ability to face adversity and threats changed? 	
	Increase in young people's autonomy	<ol style="list-style-type: none"> 8. How has young people's feelings and acts of self-reliance, self-belief and self-confidence changed? 	
Safeguarding and safety planning	Young people have feelings of improved safety	<ol style="list-style-type: none"> 1. How safe did young people feel before and after accessing services? In general and in relation to specific threats. 2. How have feelings of safety changed? 	Interviews with: CIDVAs CIDVA service users
	Young people know how to stay safer in their relationships	<ol style="list-style-type: none"> 3. Do young people recognise warning signs, have plans or pathways for avoiding, averting, or diffusing threats? 4. Are young people able to put into practice safety plans? 5. Are young people victimised less frequently? 	Quarterly monitoring reports
Access to counselling and therapeutic groups for young people	Young people are better able to manage and regulate their emotions	<ol style="list-style-type: none"> 1. How have the ways young people respond to and express emotions changed? E.g. self-harm, violence, rage? 	Interviews with: CIDVAs CIDVA service users
	Increase in young people's stability	<ol style="list-style-type: none"> 2. Is there an improvement in school attendance, being present at home, engagement in anti-social or criminal behaviour etc? 	Counsellors/ group leads Quarterly monitoring reports
CIDVA consultations with professionals (attending meetings and providing advice on YP and DA)	Practitioners have improved awareness of domestic abuse and coercive control in young people including tactics, signs and impact.	<ol style="list-style-type: none"> 1. Do practitioners understand what domestic abuse and coercive control in young people are? 2. Do practitioners understand the tactics, signs and impact of DA and coercive control? Both for victims and perpetrators. 3. Are practitioners aware of the CIDVA? 4. Awareness of other services for perpetrators or healthy relationship work? Whose responsibility? 	Interviews with: CIDVAs CIDVA managers CIDVA service users

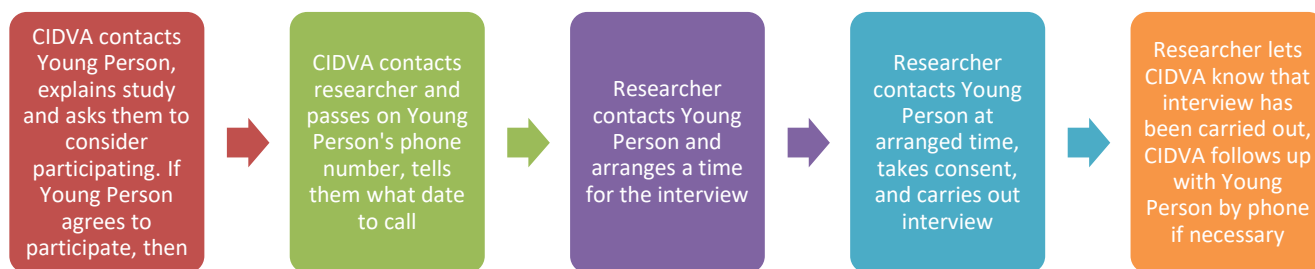
	Practitioners are better enabled to identify domestic abuse and coercive control in young people and young people in their work	5. Do assessments/risk assessments include indicators of victimisation/perpetration of domestic abuse? 6. How confident do practitioners feel in their ability to identify DA and CC in young people and young people? At different ages/stages in their engagement? 7. To what extent do practitioners feel it is within their remit to identify and address DA? 8. To what extent do young people feel attempts were made to identify DA/DA was identified effectively? How might it be better identified?	Practitioners Quarterly monitoring reports
	Practitioners are better able to support young people and young people to recognise domestic abuse in their relationships	9. How confident do practitioners feel in talking with young people and young people about their relationships, and referring them on to suitable psychological and safeguarding services? At different ages/stages of engagement? 10. What barriers and training/other needs are there to practitioners being able to respond effectively in the ways described in 1-5 above? 11. To what extent do young people feel attempts were made to support them in relation to DA/DA, when and by which kinds of practitioner, and how effective were these? How might support be offered more effectively? 12. What are the barriers to young people accepting or engaging with support and how do these change with age/stage of personal journey?	

Evaluation approach

The evaluation team worked closely with the VAWG Practice and Workforce Development Manager and the Head of VAWG and Youth Safety Commissioning to establish the parameters for the evaluation and produce the framework above. Quarterly monitoring data was provided by the team at Islington and regular meetings between Islington and the research team were scheduled to enable quick response to any questions or issues arising.

The list of practitioner participants, recruitment strategy and interview questions were co-produced by the research team and Islington. Interview questions were tailored to different groups of participants (CIDVA services, service managers, and frontline practitioners) ensuring that they were relevant to the participant's role and responsibilities. A call for participation was included in the Islington Children's Services blog and recruitment and follow up emails were sent by both the VAWG Practice and Workforce Development Manager and the Head of VAWG and Youth Safety Commissioning. This supportive and collaborative approach enabled us to recruit widely from all the services we approached and to achieve positive rapport with participants.

With respect to the interviews with young people who were CIDVA service users, we worked closely with the two CIDVAs who had delivered the service over the period to co-produce the questionnaire and recruitment strategy. This enabled us to formulate a list of questions that were appropriate and would resonate with young people without inadvertently triggering, distressing or alienating them. The recruitment strategy was also carefully planned to ensure contact with young people was coordinated and that support was offered at key points. Participation involved the following steps:



Limitations to the evaluation

The data used to support analysis and evaluation of the CIDVA service have been extracted from Solace quarterly reports to London Borough of Islington. These in turn have been drawn from the Solace Advocacy and Support Case Management System and Quarterly Narrative Reports. It is important to note that the evaluation team only had access to full datasets for five quarters across the years 2020/21 and 2021/22, which is reflected in the graphs and analysis presented in this report. Having a complete range of data reflecting the full duration of the contract would have enhanced the analysis/evaluation. However we acknowledge that there were significant mitigating factors in respect of this which include: timeframe between set-up and implementation, the impact of COVID-19 restrictions, and challenges capturing outcomes data from young people.

The data provided was largely in aggregate and while this allowed us to examine some of the intended outcomes and outputs for the service, it has not enabled us to provide insightful quantitative analysis and evaluation of the service and the service users' journey of change. For example, more information on individual cases, exactly when they entered/exited the service and for what reason, as well as relevant demographic data pertaining to individuals, would have helped us to identify trends, areas of extra need, and gaps. In addition, there were some gaps in the data which has limited our ability to conduct a thorough quantitative analysis of the service in relation to the outputs and outcomes as set out in the Service Level Agreement.

The Case Management System and Service Level Agreement use different language to in relation to outcomes which has made quantitative analysis in relation to service outputs and outcomes challenging to evaluate against the Service Level Agreement. On a very practical level the use of different language can create unnecessary challenges for interpretation of data and could give the impression that outcomes are not being achieved or that you are comparing things that are very different, when in fact that is not the case.

Limitations with data are not uncommon in evaluations of this kind and as a means of mitigating these we have drawn on qualitative sources, where they have been available.

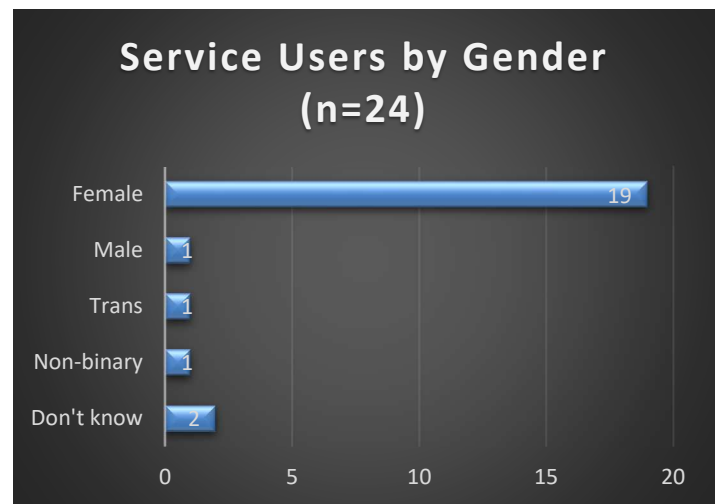
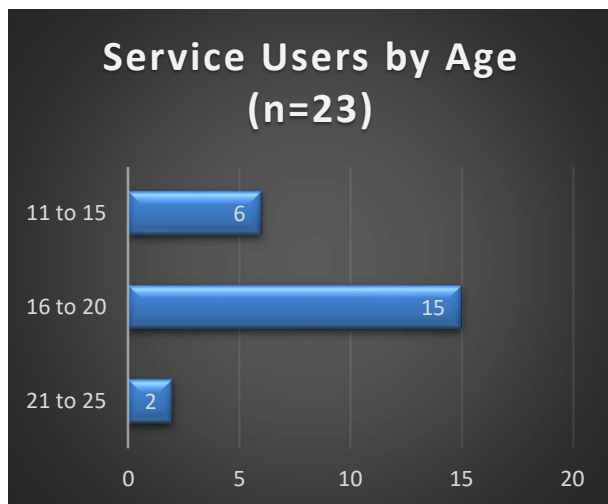
Outcomes evaluation

This section evaluates the impact of the CIDVA in two areas:

4. Impact on the lives of children and young people: outcomes are the consequences of advocacy for children and young people, such as improvements in safety, feeling heard and user satisfaction, which can in principle be identified during or at the conclusion of their engagement with the CIDVA.

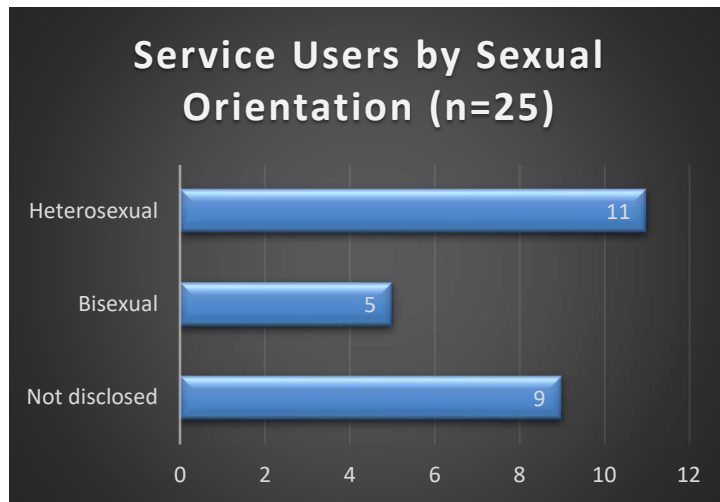
5. Impact on the knowledge, understanding, practice, and capacity of practitioners: outcomes are the consequences of consultations, awareness-raising, advocacy and training on practitioner, such as improvements in understanding of how domestic abuse might manifest in young people and improved skills and confidence in helping support young clients, reported by practitioners after engagement with the CIDVA.

We begin by describing the outputs of service-user facing CIDVA work and then consider the impact. Between 2020-2022 the CIDVA service engaged 25 children and young people. This number was lower than that planned for in the project, for a range of reasons including the challenges posed by Covid-19 and the need to spend some time raising awareness and correcting misconceptions about the CIDVA in referring agencies and services. The below graphs provide an overview of the demographic characteristics of the cohort of children and young people supported, and the nature of their relationship to the perpetrator. There is a slight variation in the number of service users represented in each graph (ranging between 23 and 25) – this is likely due to some service users declining to answer a question completely, or skipping the question by accident (when asked to complete monitoring forms).

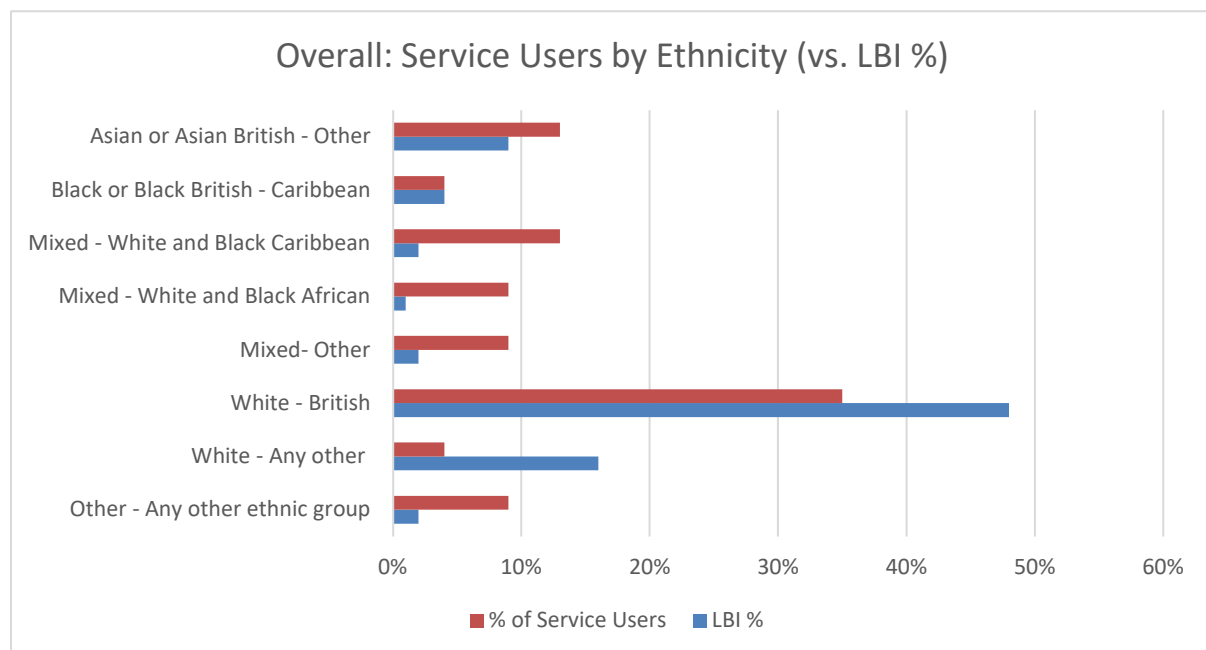


The age of service users was heavily weighted in the 16-20 group. This is not necessarily representative of the age distribution of abuse victims in Islington. The CIDVAs suggested that the age distribution of service users may instead reflect the fact that due to Covid they were not able to have a presence in schools, to raise awareness of their service and how to refer with teachers and staff, or to offer group sessions with pupils. Older teenagers are more likely to have established relationships with other services that could refer into the CIDVA. This explanation is supported by the fact that the proportion of children in the 11-15 age group referred into the service rose when schools reopened after lockdown and the CIDVA began running sessions in them.

The gender of service users is unsurprisingly mainly female. The distribution does not depart noticeably from gender distributions in the wider population. In contrast, the sexual orientation of service users suggests an increased representation of people identifying as bisexual, at 25% significantly above the national estimates of 2.2% for over 16 year olds in 2018 (ONS). We cannot speculate as to why this might be and there is no data about the gender or sexual orientation of the perpetrator.

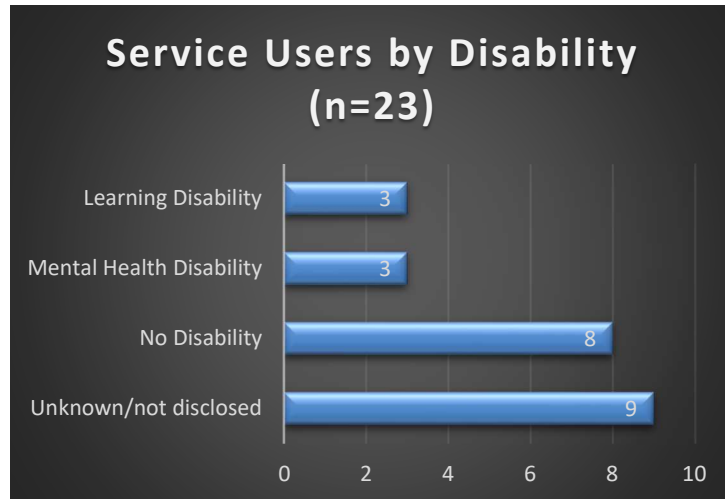


Data is collected for the ethnic identity of service users and it is possible to cross-reference this with London Borough of Islington demographic data. Doing so shows some overrepresentation of service-users in the case of mixed-race people – both ‘White and Black Caribbean’, ‘White and Black African’, and ‘Mixed Other’ – and for ‘Other - Any other ethnic group’. However, it is difficult to make any conclusive statements about why this may be, given the very limited sample size.

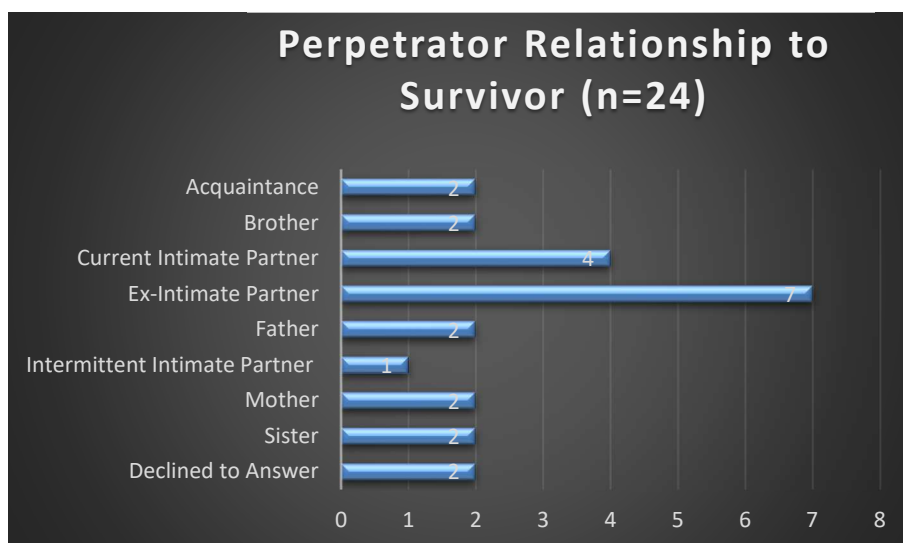


The proportion of service users declaring a learning disability is significantly higher than the national average, at 13% as compared to the national figure of 2.6 % for adults and 2.2.% for children (MENCAP, 2020). However, the proportion of service users declaring a mental disability is very close to the national average, at 13% compared to the Office of National Statistics’ latest estimates of 12.5% in 2019. While mental health issues featured heavily in the work of the CIDVA and CIDVAs are specially trained in offering support and advocacy for young people experiencing mental health issues, the potential implications for service delivery of learning disabilities was not mentioned. It is also not clear if learning disabilities or neurodiversity were explored with the service user when means of

communication and support provision were decided upon by the CIDVA and the young person. In the future, efforts could be made to collect more granular data on the nature of the learning disability and to incorporate this into the design of service delivery, and to ensure service delivery is adapted to the needs of the young person in this respect.



Data on the relationship of the survivor to the perpetrator indicates a greater diversity of abusive relationship experienced by CIDVA service users in Islington than in the general population of people experiencing domestic abuse. While reliable statistics on the distribution of types of abuse are not collected, it is highly unlikely that intimate partner violence is only 50% of total estimated cases, which it is for the CIDVA cohort. It is only possible to speculate on the reasons for the more diverse typologies seen in the cohort, but the overrepresentation of siblings and family members suggest that the fact that most children and young people's live at home and therefore cannot avoid exposure to members of their immediate family may make them more vulnerable to abuse of that kind.

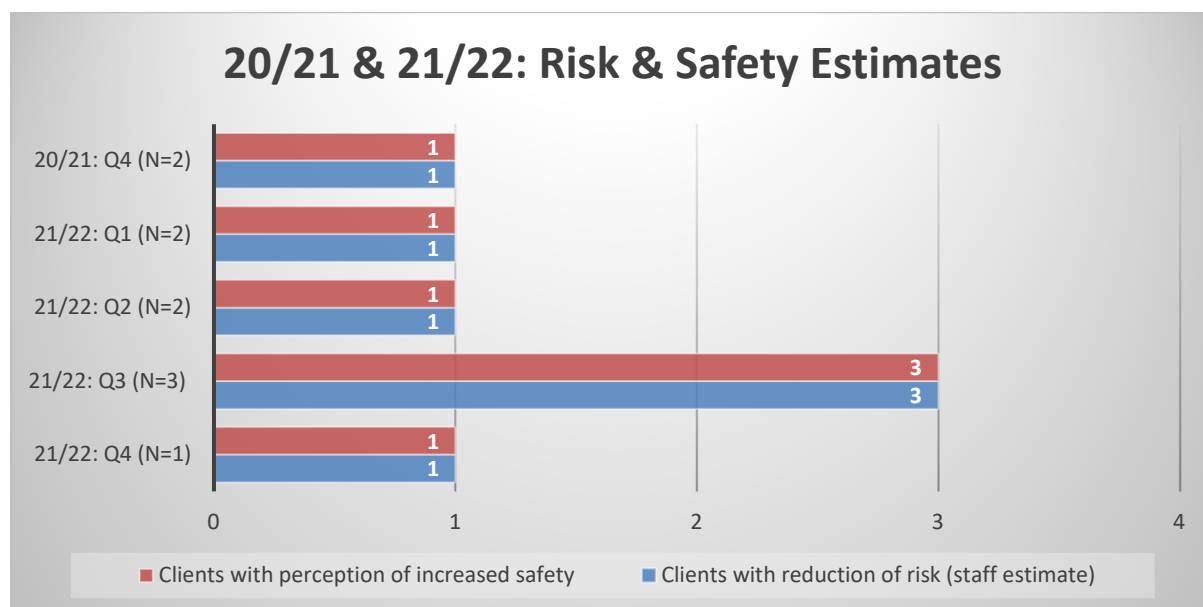


Outcomes for young people

There is no doubt that the CIDVAs have made a significant difference in the lives of their clients, supporting long-term improvements in self-esteem, motivation, confidence, emotional health and well-being, resilience and safety. Where the voices of clients have been captured directly (in surveys during delivery and exit assessments administered by the CIDVA, as well as 2 in-depth interviews), the feedback is unanimous in its positivity. The case studies compiled by the CIDVA on an ongoing basis and as part of the exit assessment also provide powerful evidence of these improvements. Overall, the available data indicates strongly that children and young people who access the CIDVA service find the experience, and more importantly the relationship they form with the CIDVA, extremely helpful and valuable.

Children and young people are supported to implement safety plans, safety is improved, and risk is reduced

All of the children and young people for whom an exit assessment was completed¹¹ reported improved perceptions of safety. For all of them, there was a corresponding reduction in risk observed by the CIDVA.



Significant improvements in feelings of safety were also expressed by one of the young people we interviewed.

So, we do loads and loads of safety planning...They set me up with home security, like safety alarms, like a personal alarm, apps on my phone. They've walked me through how to use it. They spoke to work, social workers, just kind of making sure everyone's aware of my situation and of what support that I do need and if something was to go wrong, what steps need to be taken.

Chloe and another lady that are working with from Paladin, they've both been really on helping me with the home security, and getting a safety room put in, a secure front door. Just stuff like that, that I didn't know I was entitled to before talking to them.

(Kaylah)

The below case study illustrates in more detail how the CIDVA's work advocating on behalf of the young person with other services including education and housing, helped improve safety.

Rosie*

Before Solace

Rosie was experiencing ongoing emotional and physical abuse from the AP, as well as coercive control, stalking and harassment. Rosie was fearful of the AP. On one occasion he turned up at her college and she was unable to leave until safe transport was arranged. Following this incident, the AP turned up at her home, left gifts for her and then slashed her mother's car tyres. The AP is banned from the London Borough of Islington, but on multiple occasions entered the borough and broke the restrictions, evidencing the AP's disregard for authority.

What was their experience of violence or abuse?

Rosie disclosed that during the two-year relationship with the AP, he would regularly hit her, often if he saw messages from other boys on her phone. She described that the AP was very controlling, he did not like her having friendships with boys. Rosie was receiving hundreds texts and calls from the AP until she blocked his phone number. He then began creating fake Snapchat accounts as a means to harass her.

In contact with Solace

Following the incident at the college, the social worker involved requested a consultation with me, to discuss how she could best support the client. We discussed completing a Young Person's DASH RIC, gaining a better understanding of the ongoing abuse and safety planning. We also discussed a referral for the client to the CIDVA project if she consented. Rosie was also referred by the college's pastoral support team to the CIDVA project.

Due to the incident at the college, Rosie was told that she would not be able to return to the college for her safety. As she was studying Child Care, she was also told that she would not be able to continue her course, as she would not be able to complete a safe placement at a nursery in case the AP followed her there, endangering the children. Rosie's main goal was to stay at college. I worked with Rosie, the social worker and the college to advocate for her to remain in education and continue a Child Care course.

The college suggested Rosie move to the same college as her sister and study a similar course with a higher qualification in Child Care. Rosie was very happy with the outcome and started a week later after the half term.

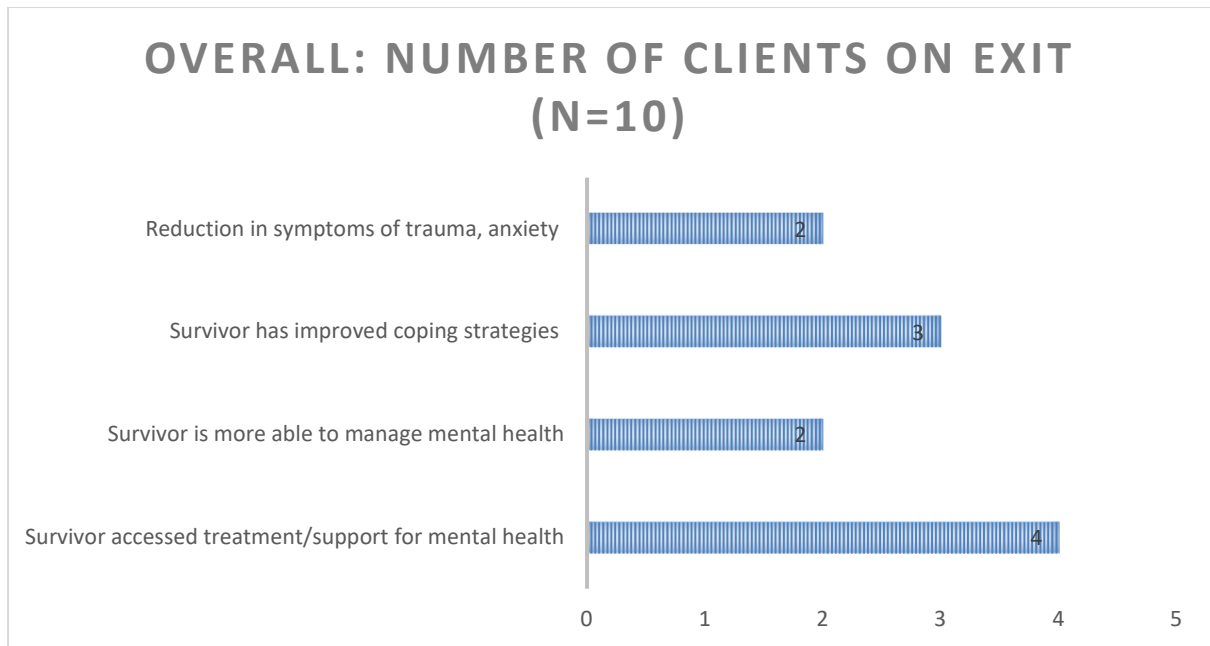
She and her family were not safe remaining in their home, as the AP knew their address. The family were very fearful and felt home security measures would not be enough. Rosie and her family were moved into temporary accommodation, so that their address was confidential. I presented Rosie's case at MARAC, in which an action was made for housing to proceed with a management transfer. The social worker and I wrote supporting letters for the management transfer and are awaiting a response from housing.

Now

Rosie is currently in temporary accommodation, awaiting a decision on the management move. She has stayed in education but has moved to a new college. She has been supported with the emotional impact from the abuse. Her case is now closed with Children's Social Care. Rosie's safety has significantly improved. She feels safe and has not had contact with the AP for several months.

Young people are better able to manage and regulate their emotions, are supported to recover and repair from trauma, and have improved mental health

Data collected from exit assessments show that those who completed an assessment, reported improvements in multiple dimensions of mental health, including a reduction in symptoms and increased ability to manage mental health and cope with challenges.



As the CIVDA notes in their quarterly commentaries, this health data is only available for the second year of the contract. It proved difficult to collect data on these measures during the first year of the contract because engagement with service users was complicated by COVID-19 restrictions and remote working/communication. This is discussed in the section on challenges below.

While the data is limited, we can make the following observations:

- Survivors being better able to manage and regulate emotions relates to **improved coping strategies and reduction in trauma and anxiety.**
- Survivors being more able to manage mental health and improved coping strategies may relate to **improved resilience and emotional wellbeing.**
- Survivors accessing mental health services indicates that they are supported to **repair and recover from trauma of DA.**

These indications were strongly supported by the qualitative data from the interviews and case studies, which also shows how the flexibility of the CIDVA, to step in to bridge the gaps between therapeutic provision, and to provide consistency and continuity of support in the long term, is reassuring and helps build mental resilience and emotional stability. The quote from one of the service users we interviewed below illustrates this.

'I literally wouldn't leave the house because my anxiety was so bad. Because I wasn't aware that stuff could be put in place, or because I didn't have anything put in place, I literally, I would never leave my house. I used to get people to come around to take my son out for me. I mean, since then I started work, my son goes to nursery, I do my own shopping, which sounds so ridiculous. ...In the space of a couple months, I'm really proud of myself. I have come so far and, you know, I don't feel I could have done it without the support that I've got from everyone, to be fair..'

Kaylah

The other young person we interviewed also reported a significant reduction in what had been debilitating anxiety as well as increase in self-confidence and self-efficacy. She put this down to the CIDVA's support in referring her to appropriate sources of help and support (in this case this included Paladin, the stalking service) and raising her awareness of her rights.

The following case study provides an in-depth illustration of the significant mental health improvements facilitated by the CIDVA in one young person with serious challenges.

EVA*

Before Solace

Before Solace, Eva was experiencing abuse from her ex-partner. She was feeling very low and was self-harming. She was experiencing suicidal thoughts. She was having difficulty at school and felt very isolated from her friendship group. At times she felt quite isolated from her family, as she felt her mother didn't understand the situation and would blame her. Due to Covid, she was not seeing her friends outside school, and felt alone.

What was their experience of violence or abuse?

Her ex-partner was sharing intimate images online of her and sending it to her friends. He was getting his friends to send abusive messages to her, including calling her racist names. Her ex-partner did not attend her school, but they had many mutual friends, and she would often hear of abusive things he was saying about her to others.

In contact with Solace

Eva reported to her mother that her ex-partner was sending intimate images of her to friends and posting them online. Eva's school made a referral to Targeted Youth Support, who, after a consultation, made a referral to the CIDVA project.

When the Eva first disclosed that she was self-harming and experiencing suicidal ideations, with her consent, I made a Child's Safeguarding referral. This was passed onto CAMHS, who I then liaised with directly to set up a time for them to speak to the Eva, as they were struggling to make contact. We created a safety plan around the abuse from her ex-partner, discussing online safety and reporting. We also created a self-harm safety plan and discussed coping strategies. I signposted the Eva to other mental health support, such as the Calm Harm app. I offered to refer her to a counselling service such as the Brandon Centre, which she declined, but knew that if she changed her mind, she could receive their support. I liaised directly with the school to let them know that I was supporting Eva.

Together, we discussed healthy relationships and looked at how to identify what was abusive, unhealthy or healthy with intimate partners. Eva was experiencing difficulty at school, feeling quite isolated from her peers, and we also had conversations about this. I signposted Eva to resources such as the Mix, which have articles and information for young people about a range of topics. They also have a live chat, where young people can speak to someone about their feelings. Eva reported that sometimes she struggled to speak to her mother about certain things as she felt judged. We spoke about creating a support network of people/agencies which she could trust. As part of the self-harm support planning, we focused on who she felt she could speak to if she felt low, such as her family and her teachers.

Now

Eva has not disclosed any further abuse from her ex-partner. Eva has access to mental health support and reported she was no longer self-harming or experiencing suicidal ideations. Eva has a network of resources and support for the issues she was facing around her friends and knows where to seek further help if she would like it. Eva also has a better understanding around healthy relationships and abuse, as well as where to receive any further help should she need or want it. Eva reported that she was feeling less low and more positive a couple of months into support from the CIDVA project. She began to report that she felt like she was able to put the abuse behind her and was feeling optimistic about the future. In our conversations, I could hear that she was happy and disclosing less low moods and feelings of self-harming.

Eva overall is feeling more positive and is no longer experiencing abuse from her ex-partner or his friends. She feels that she knows where to get support should she need it. She is having less issues with her peers and is able to cope with it better if she is. She is attending school regularly and feels well supported by her mother and older sister, whom she is very close to.

Children and young people are supported to repair and recover from trauma, to build confidence and self-efficacy

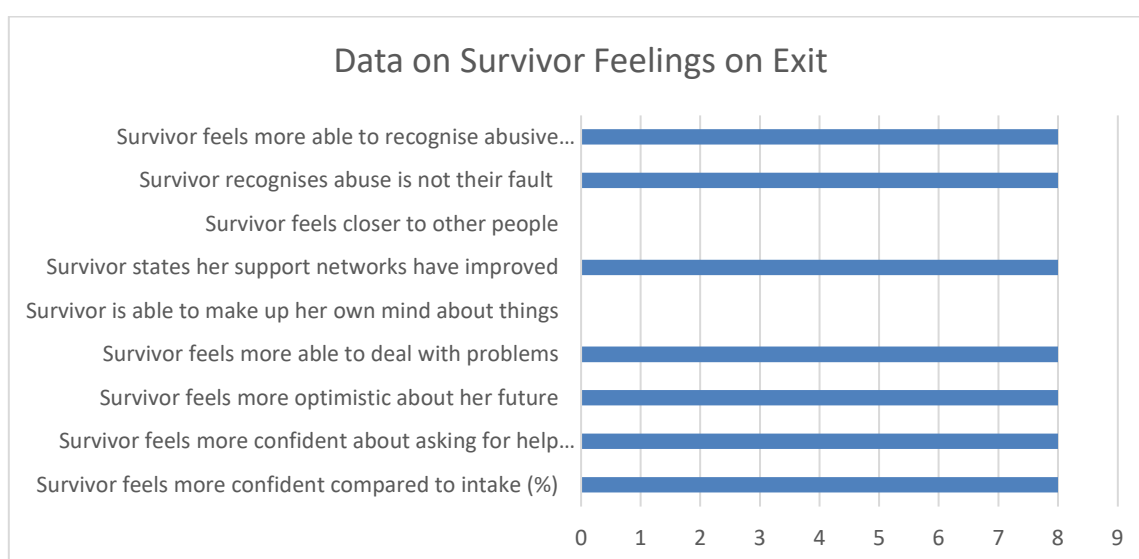
While there is little quantitative data to indicate overall changes for service users as a cohort, all the qualitative data that has been collected shows consistently significant improvements on a range of indicators associated with repair and recovery from trauma, including confidence, self-efficacy and optimism about the future. One exit assessment undertaken indicates the kinds of questions asked and shows that the young person who completed it reported strong positive changes over all the indicators.

It's good to see that I do have some encouragement from somebody who does seem to have faith in me for the future. So of course that's helpful to hear. And it's a bit more optimism, I suppose, isn't it?

(Julie)

'I feel more confident in myself to, like I said, trust my choices, go out, sort of know that I can make the right choices to stay safe when I'm about. Yeah. I just feel a lot more confident.

(Kaylah)

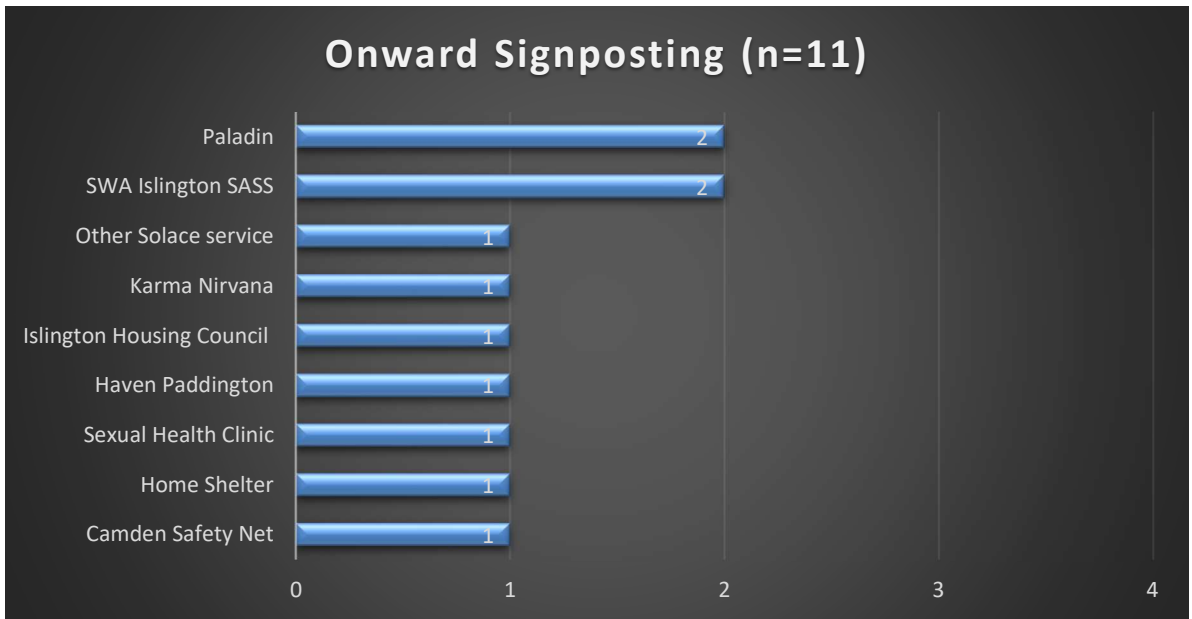


These findings were supported strongly by the interview data, as shown in the two quotes from the service-users we interviewed.

More detailed insight into how repair and recovery occurs in the context of CIDVA work with children and young people is given in the 3 case studies that feature in this evaluation.

Children and young people are supported to contact and communicate with services and agencies to get appropriate support and resolve ongoing problems

A significant element of the CIDVA's role is supporting children and young people to navigate, negotiate with, and obtain support from relevant services. Sometimes this includes signposting to relevant support services, as illustrated by the graph below, which only captures onward referrals. These services range from mental health support to housing, to sexual health clinics, honour based abuse services, and stalking services.



Apart from onwards referrals, the CIDVA supports young people and children in their ongoing relationship with other services such as children’s social care, education, the police and legal teams. All of the qualitative data presented above including the case studies support the general finding that the CIDVA works effectively as a bridge to advocate for the young person in a range of spheres but also to empower them to know and assert their entitlements. A quote from one of the young people we interviewed illustrates this further:

The sessions you have been having have been making a real difference. For the first time ever XXX said they felt like everything was going to be okay. They have never said that before.

(Feedback from a professional)

Chloe's been really good. If she can't offer support, then she'll find the next best thing - If it's a different service she'll put me in touch. If it's information she don't know, she'll get in touch with somebody that does know the information.' (Kaylah)

There is evidence that the CIDVA also helps to mediate young people's relationships with other services to help improve communication and trust and support improved outcomes. The following case study illustrates how the CIDVA worked for months with a young person's social worker to lay the groundwork for a referral to the CIDVA, and then used their platform with the young person to coordinate and mediate their relationships, including when these became fraught due to loss of trust.

Amy*

Before Solace

Before Solace, Amy was experiencing abuse from her boyfriend. He was physically abusive towards her, as well as emotionally abuse. He was controlling and had ended her relationships with her friends. Amy was finding it difficult to stay in school all day and was struggling with her GCSEs.

What was their experience of violence or abuse?

Amy's boyfriend would often start arguments with her late at night, making it difficult for her to sleep. She would often not go to bed before 3am, meaning she was exhausted for school the next day. Amy's boyfriend always wanted to know where she was. She would have to tell her boyfriend where she was going or who she was with, otherwise he would constantly call her until she picked up the phone.

Amy's boyfriend wasn't allowed inside her home, but he would wait outside for her before and after school. He would walk her to and from school and spend all evening with her until she had to be home. Amy's boyfriend would pressure her to have sex with him and become angry if she didn't want to. Amy disclosed that her boyfriend had attempted to choke her during sex. He had physically abused her and on one occasion, she had to attend hospital due to her injuries.

In contact with Solace

Amy was regularly attending a local youth club each week and had a mentor who worked with her one to one. It was at the youth club that she initially disclosed the abuse she was experiencing from her boyfriend. The youth club contacted Solace and we provided a consultation for them. At this time, Amy felt like she didn't want more professionals involved in the case, so we worked in the background with the professionals already involved. We advised the youth club to complete a CSC referral and provided them with some support around safety planning. Once CSC followed up with the referral, we also provided ongoing support to the social worker working with Amy. The social worker introduced the idea of the CIDVA project to Amy and several months down the line, we arranged a joint meeting with Amy. In this session we discussed the support Solace could offer and asked Amy what she would like and need from us. We came up with a plan that Solace would visit her once a week at school and provide any additional support over the phone or via text. Amy was finding it difficult to engage with new professionals, as there had been a couple of changes in her social worker. We began working to create stability within Amy's support.

Now

Amy now has a consistent support group of professionals from both statutory and non-statutory agencies around her. These agencies have provided her with direct support and are able to safety plan together to ensure that she is safe. An example of this, is up until recently, no incidents had been

reported to the police. Amy has become frustrated with professionals, following several third party reports following her disclosure of harm from her boyfriend. However she understands the safeguarding responsibility professionals have and we are collectively working to build a trusting and open relationship with her. Amy has disclosed that she enjoys the sessions with Solace and finds it easy to share her thoughts and feelings. In the past couple of months, since the regular visits with Solace has happened, Amy seems more open to working with professionals and able to trust them.

Children and young people have a better understanding of healthy and unhealthy relationships

All the service users who completed an exit assessment reported improved understandings of abusive behaviours. Both the interviews and the case-studies provide evidence that engagement with the CIDVA is supporting young people to have a better understanding of healthy and unhealthy relationships. One of the young people interviewed reported changes in her own understanding, but also described how she was now trying to pass on this knowledge and raise awareness amongst her peers.

Another young person we interviewed showed increased self-awareness and understanding that her experiences and the trauma she had suffered meant she was not ready for a relationship at this point in her life.

Well, I didn't even know that [coercive control] was a thing before, obviously, I started working with Solace a couple years ago. I'd never even heard of it....[now] the Johnny Depp and Amber Heard case has been going on. I've been following it and the whole time I'm like, 'Oh my God, that's such a red flag.' But before a year ago, I wouldn't have seen that. So today sitting here and like, oh wow that, she's doing this or he's doing that. Just even in general life is... I'm so much more sharper at understanding the toxic situation and unhealthy habits and red flags and stuff.'

Kaylah

There's I think a number of things that do make it more difficult when you are younger and in those kind of situations, especially because you don't know any different, sometimes. ... Considering I still feel like I'm about 12, I don't really know how I feel about relationships. You know?

Julie

This is an important preventive outcome, because research has shown that young people who have had one abusive relationship are highly vulnerable to having another.¹²

Finally, feedback data gathered by the CIDVA following training sessions in

schools suggests that these are effective in raising awareness of abusive behaviours in young people and empowering them to report.

Since the workshops, we have had a number of young people come forward and speak to us about friends who they are worried are in unhealthy relationships. The feedback from the sessions has been that they wish they'd had these sessions earlier

(Feedback from a school)

Overall reflection on CIDVA outcomes working with young people and children : flexibility, adaptability and responsiveness builds a 'therapeutic alliance' for long term empowerment and repair

This evaluation confirms previous research findings¹³ that a flexible, adaptable approach and the ability to provide intensive support to a young person over the longer term is crucial to the CIDVA's ability to make a real difference in young lives. Additional research has shown that the establishment of a trusting relationship between a survivor and an advocate or support worker is key to the success of domestic abuse support and advocacy services.¹⁴ Empirical work with survivors and their support workers found that attitudes of empathy and understanding, and an appreciation of the specific needs and limiting contexts under which survivors attempt to exercise autonomy helped a 'therapeutic

¹² A 2012 study of more than 700 teenagers found that 1/3 of those who had experienced abuse had experienced it from multiple partners. Bonomi, A.E. et al. 'Dating violence victimization across the teen years: Abuse frequency, number of abusive partners, and age at first occurrence.' *BMC Public Health* 12, 637 (2012)

¹³ Westwood, J and Larkin, C. (2018). Full citation note 6.

¹⁴ Cattaneo and Goodman, 2015, 'What Is Empowerment Anyway? A Model for Domestic Violence Practice, Research, and Evaluation', *Psychology of Violence*. Vol.5.

alliance' between them and victim-survivors, as a vehicle for sustained repair and empowerment.¹⁵ Similarly, a recent review of children's advocacy services emphasised the 'relational quality' of the advocacy partnership as crucial to understanding the value of such services.¹⁶ The outcomes presented in this section strongly suggest that the adaptability, flexibility, and openness to long-term support offered by the CIDVA is core to the therapeutic alliance they have clearly formed with the young service users they support.

One of the young people we interviewed had experience of working both with an IDVA and a CIDVA because of a change in residence and her age transitioning to adulthood. She was estranged from her family and living far from home. She explained what the CIDVA's willingness and ability to check in with her regularly meant for her in what was an incredibly difficult and lonely time of transition and legal process, and how different this was from the adult service she had received elsewhere. We close this section with her voice:

And although I do have an IDVA in [my home town] I'm not saying she's not very good, but she has not got as much time for me [as the CIVDA]. So we maybe will talk once every month or two. And if I try and get in touch with her in between, she's always busy... Especially because I am sort of stuck at the minute, the fact that [the CIDVA] is happy and able to call me once or twice a day is a big thing, I feel like, because a lot of the time they're very busy. I know, because Chloe's just specifically a young person's IDVA. So, from what she explained, she doesn't necessarily have a higher caseload, like some of the others, because it's kind of expected that she would have more time to give a little bit more moral support and just to check in with people. But even then, I mean, I'm just very grateful for that because ...there have been days where Chloe's the only person who's called up and checked on me, let's put it that way. So I'm grateful for that.

(Julie)

¹⁵ Hansen, P. and Ainsworth, F (2007), 'Parent Blaming in Child Protection and Health Settings: A Matter for Concern', *Children Australia*, 32: 29–35.

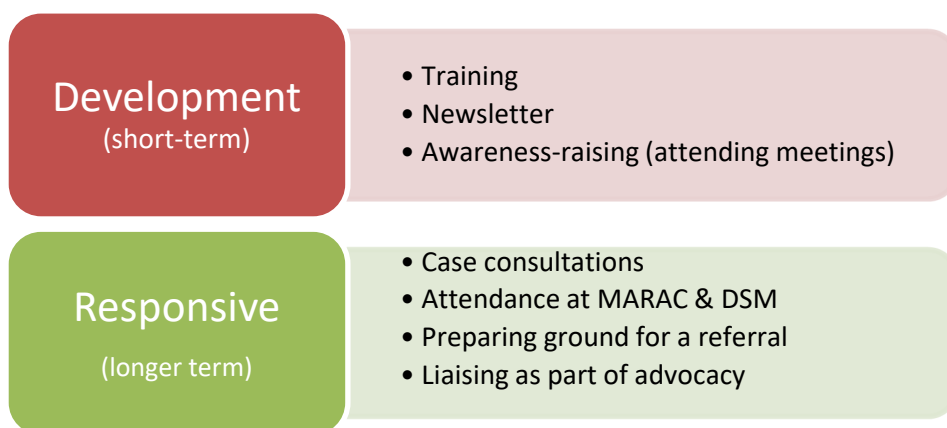
¹⁶ Thomas, N., et al (2017), *Independent Advocacy for Children and Young People: Developing an Outcomes Framework*. *Child Soc*, 31: 365-377.

Outcomes from work with practitioners

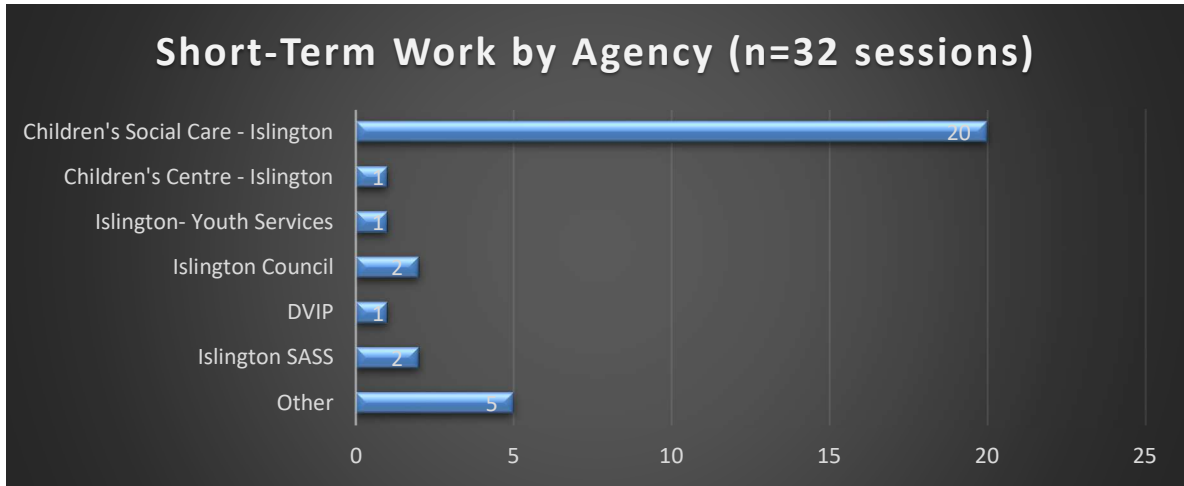
we're not just working with the young people, we're working with police officers and social workers and helping them identify and really train up their knowledge around abuse happening with young relationships.

(CIDVA)

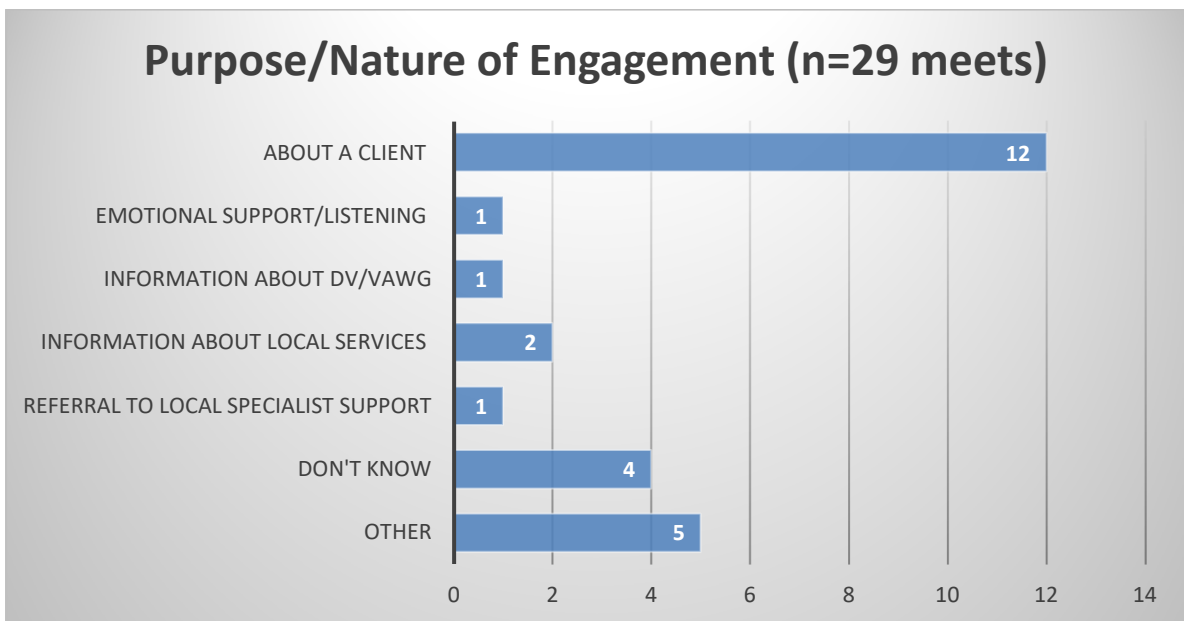
CIDVA work with practitioners is both **developmental** (including training, awareness-raising through distribution of a newsletter) designed to and **responsive** (case consultations, attendance at Daily Safeguarding Meetings, work with practitioners to prepare the ground for referrals in specific cases, liaising with professionals to advocate for young people). Development work is often one-off and shorter in duration than responsive work, because the latter involves supporting professionals to respond to ongoing cases.



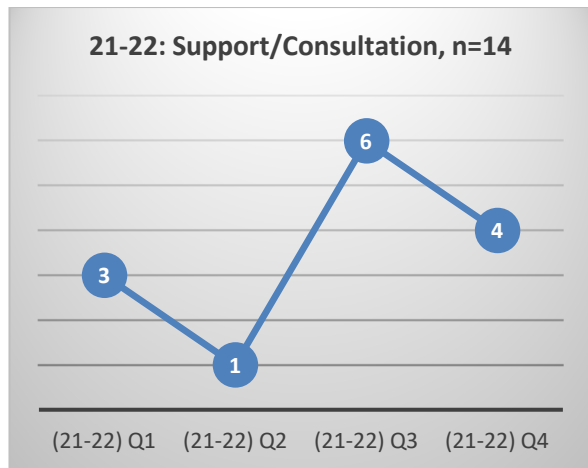
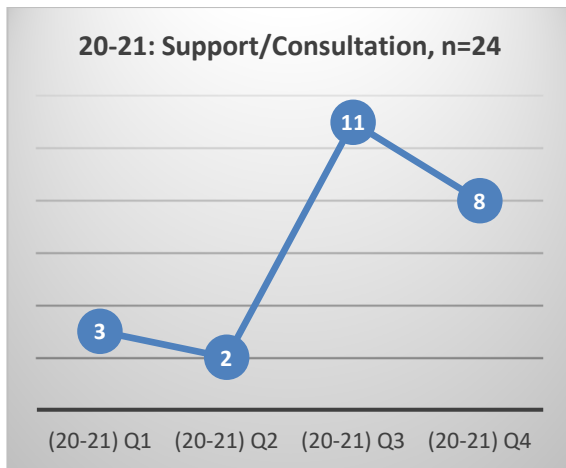
A breakdown of the agencies with whom the service provider conducted short-term consultancy is detailed in the graph below. The data is only partial and does not reflect distribution of the newsletter, or work done in schools. As might be expected the majority of the work captured in the data was conducted with practitioners from Children's Social Care, but work was also carried out with third-sector groups such as the Domestic Violence Intervention Project (DVIP).



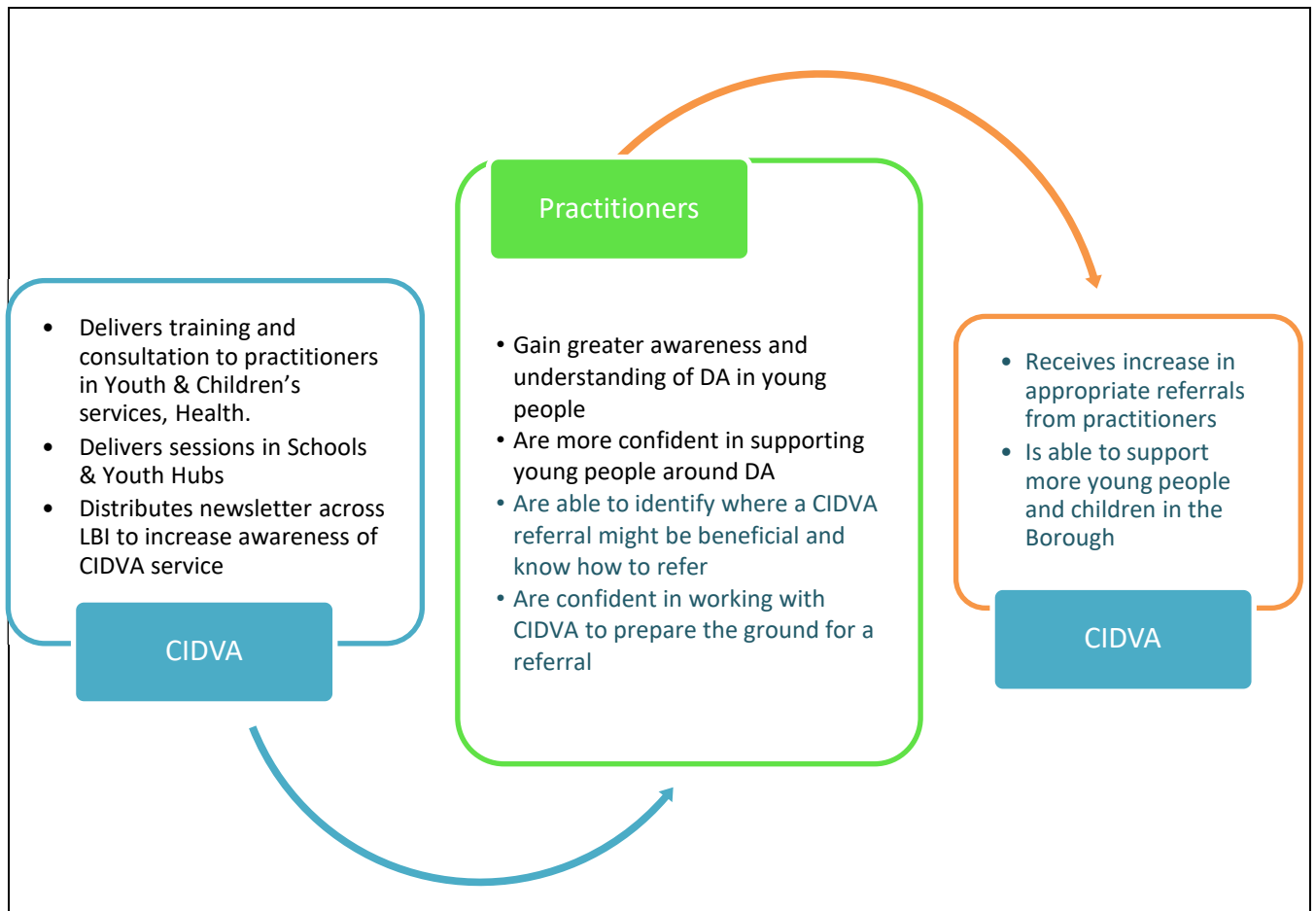
The purpose/nature of engagement with practitioners is detailed in the graph below. It indicates that the most frequent single reason for short term engagement is to provide consultation about a specific client, though providing information was also prominent. The nature of about 1/3 of engagements is either not known or recorded.



The two graphs below draw on the case management data to detail the level of engagement with practitioners through short-term work across the two years of the contract. It is interesting to note that, while the number of consultations is not identical, there is a similar trend in each year in terms of the proportion of short-term work completed in each quarter. It is very difficult to draw any reliable conclusions about why this might be. It is unclear whether the apparent pattern reflects something about the cyclical nature of practitioner-client interactions or whether it reflects the cyclical nature of lockdowns and opening up during the Covid period.



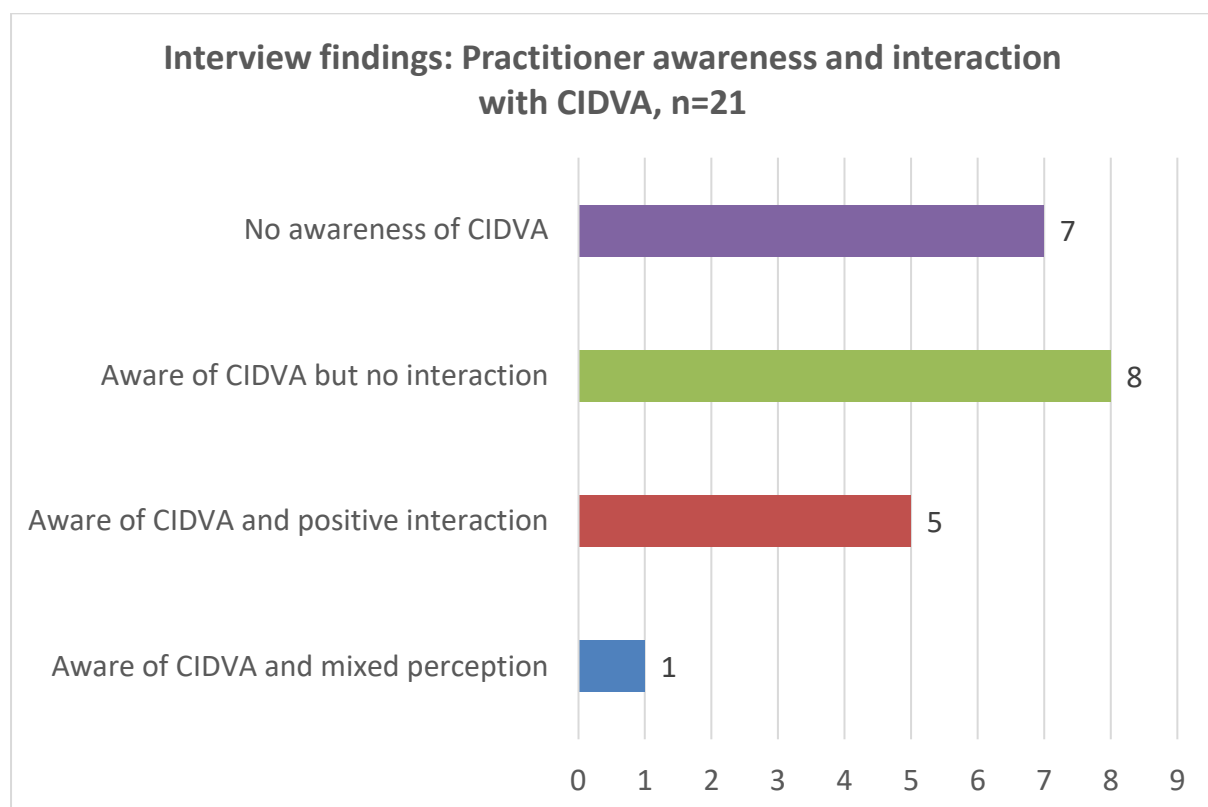
The Figure below illustrates how the CIDVA works with practitioners strategically to a) **raise awareness and develop skills** around DA in practitioners working with young people and b) **build capacity in the system** to offer appropriate support for young people and children and drives referrals.



The quarterly monitoring reports show that at the start of the project the CIDVA devoted a significant amount of resources to development and engagement to raise awareness about the service, which is the first of its kind in Islington, still relatively rare in London, and therefore likely to be unfamiliar to

most practitioners in youth and children’s services. There is evidence to suggest that this was effective in reducing widespread misconceptions about the role of the CIDVA- many practitioners initially assumed the service was intended to respond to young people and children living in families in which domestic abuse was occurring between parents. The quarterly monitoring reports show that a significant proportion of referrals at the start of the project were for children witnessing abuse between parents rather than being directly targeted themselves. Specifically, in the 2nd quarter of 2020, all of the referrals received were around support for children witnessing domestic abuse between parents. No such referrals were made in subsequent quarters, as the CIDVA began to form close links and connections with other professionals, allowing them to explain the remit of the CIDVA service.

Data on the outcomes of meetings is not captured, so it is not possible to evaluate systematically the extent to which they achieve their aims. However, data collected from our in-depth interviews with practitioners shows that, where contact is made with the CIDVA, this is valued strongly. The below chart illustrates levels of awareness and interaction with the CIDVA service amongst the 21 non-VAWG practitioners interviewed for the qualitative part of this evaluation. 4 of these participants were from voluntary sector organisations working with young people and the remainder were from statutory services including health (1), policing (1), and children’s and youth services (15).



It shows that 2 years after the launch of the CIDVA project there are still areas in which there is a lack of awareness of its existence. Even those we spoke to who said they had heard of the CIDVA project generally did not appear to have a good understanding of what was offered and how it might help young people they work with. The quote below illustrates this. In some cases participants simply nodded or said yes when asked, but then moved on to other subjects without mentioning the service again.

This means there is still work to do raising awareness of the project amongst both statutory and non-statutory services. The plans for the CIDVA for the service to be co-located in Islington Council with Targeted Youth Support is likely to have a positive impact on raising awareness and improving understanding of the service. The issue of co-location is discussed in more depth in the Challenges section below.

I've heard of them, but no... I don't know. But maybe, in one case, we've had some input. That is something that I'd like to strengthen

However, there was consistently positive feedback from those practitioners who had interacted with the CIDVA, demonstrating the value added by the service to their work with young people. This feedback highlighted in particular the flexibility of the service and its value as a source of information and resources to help professionals in their own work with children and young people.

Thank you for your thoughtfulness and expertise in the work with [name of young person]. I have really enjoyed working alongside you and have been struck by how warm, professional and kind you have been throughout

While there is less data on the outcomes of the CIDVA work with practitioners than for service users, the data we do have is very positive. Again, the flexibility of the service is highlighted as key to the distinctive value it adds to work with young people in Islington.

Solace is very, very good, they're an organisation I've worked with for years and it's been very productive with our young women in their approach and their flexibility, I think, really works well....A lot of young people come here to the [youth] hubs, but they won't go to other places, so the flexibility of those workers coming in works absolutely brilliant...also, if I ring them up to get any advice on the phone, I feel really empowered by that

I worked directly with a CIDVA as part of the development of training together and as advocates, we get it, we get the idea of being on the periphery, but being the closest person to that young person. So it's kind of, it's quite a mutual experience. Yeah. It's good. It's been quite positive.

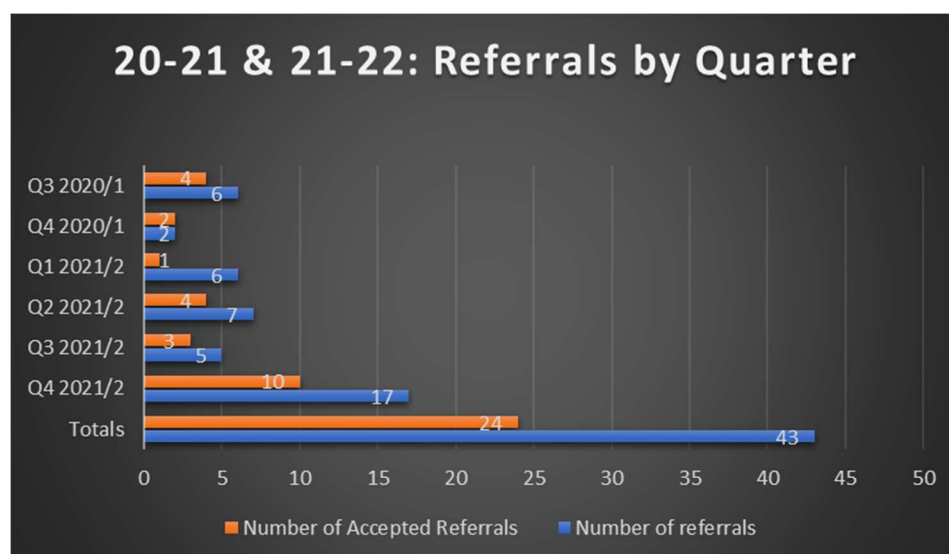
(voluntary sector specialist youth worker)

Process evaluation

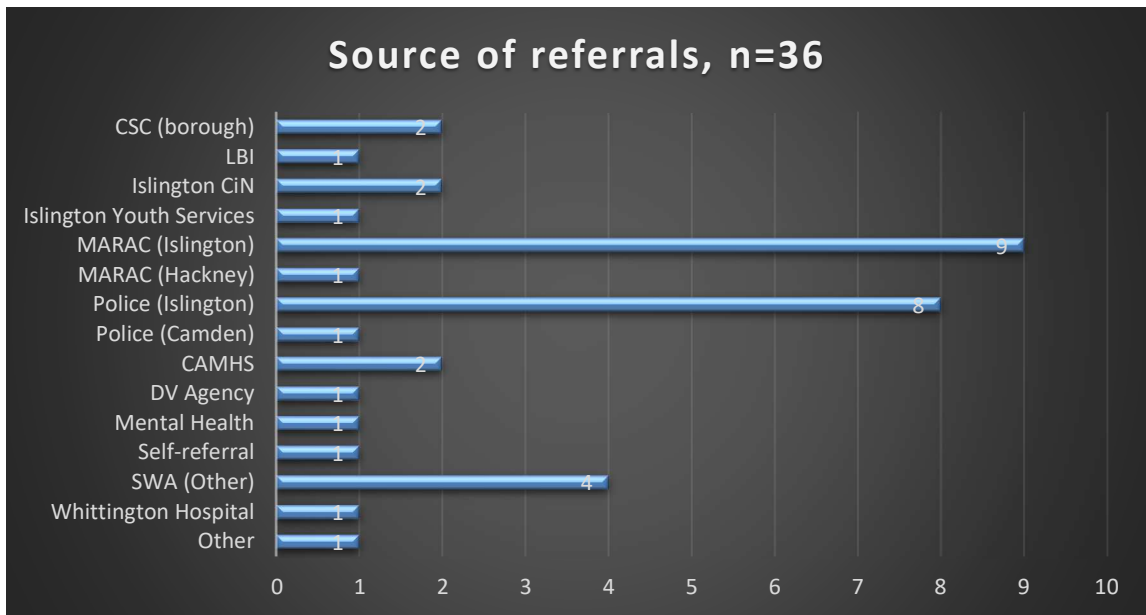
This section considers the strengths and weaknesses of the processes supporting, enabling, and monitoring the work of the CIDVA service. It considers factors affecting the effectiveness of referral pathways into the CIDVA service, the appropriateness of the indicators included in the Quarterly Monitoring Reports, and recommendations for collecting feedback from Service Users and building in measurements for ongoing learning so that the service can adapt to challenges.

Referral pathways: engaging with young people and access to the CIDVA service

Over the course of the 2-year period, the CIDVA received 43 referrals and accepted 25. The number of referrals (received and accepted) to the service is detailed on the graph below. The number of referrals accepted met the target of 25, but it is likely that demand will soon increase significantly beyond this, as evidence suggests referrals were inhibited by challenges associated with the COVID-19 pandemic including the fact that the CIDVA was not, as originally planned, co-located in Targeted Youth Support (discussed in detail in the ‘challenges’ section below). The consistent rise in the number of referrals quarter on quarter suggest that the awareness-raising that was carried out during early stages of the contract has been successful in generating referrals directly but also in and developing referral pathways for the longer term.



The sources for the referrals are detailed on the graph below.



As the graph shows, the majority of referrals came from Islington’s Multi-Agency Risk Assessment Conference (recently renamed the Daily Safeguarding Meeting) and Islington Police. This suggests that most service users were already in a situation of crisis and deemed high risk when referrals occurred, which in turn suggests that their needs are likely to have been substantial and the level of support required would be high. Leaving aside the 3 referrals from within Solace Women’s Aid and the single self-referral, the remainder were from statutory agencies. This is evidence that awareness and referral pathways are relatively well established for some statutory agencies, and that there may be more work to do to cultivate referral pathways from the voluntary sector and schools.

With respect to CIDVA work in schools, which would potentially cultivate self-referrals, quarterly data show that in year 2020/2021 the CIDVA had 2 meetings with one secondary school which resulted in workshops delivered to pupils aged 14-15 years and some 1-2-1 sessions for pupils aged 16+. This work was valued highly by teachers and pupils, as evidenced by written feedback thanking the CIDVA. This suggests that there is value in the CIDVA working in an awareness-raising capacity with young people and workforce, although there is no evidence to show at point of the evaluation that this has evolved into a formal referral pathway or generated referrals.

A broader question arises around whether CIDVA development work cultivating awareness and referral pathways should encompass all potential referrers, or whether it should focus on or prioritise specific services or agencies. In practice this aspect of CIDVA work expanded beyond what was envisaged in the Service Level Agreement, possibly because of the low rate of referrals at the start of the project, and the low levels of awareness of domestic abuse in young people and of what the CIDVA offers and how it works. CIDVA work is likely to shift away from awareness-raising with practitioners to focus more on direct support of children and young people in the future, as the service becomes better known across Islington and, hopefully, as awareness of domestic abuse in young people increases, and referrals go up. But there remain areas of youth work where the appetite and take up for preventive work continues to be less well established (e.g. with social workers who specialise in supporting young people) than with the Daily Safeguarding Meeting. Our interviews with social workers suggest that there is still a significant amount of work to do there in terms of training and support, so that they can identify red flags and respond confidently and appropriately. Going forward, Islington may find it useful to consider whether the CIDVA is best placed to do this, development work

of raising awareness and preparing the groundwork for further referrals and consultations, or whether this should fall within the remit of the VAWG team.

A related question arises around potential overlaps between the role of the CIDVA and the role of other services that are already working with young people and which may be able to support them (especially where the risk is not high) if they had the requisite skills and were willing and felt confident to do so. Not all service users experiencing domestic abuse will necessarily benefit from having another professional in their lives and so referrals to the CIDVA should probably not be seen as the default response to any concern of this kind. There is a risk this could paradoxically displace responsibility and skills for supporting young people to a voluntary service, when they could have potentially been better supported within their existing relationships. The quote on the right illustrates this concern.

We refer to Solace, the young people get spoken to by Solace, they don't want to work with them so that closes the referral and then that piece of work. Like, we are capable of doing that piece of work, but our tendency is to refer to Solace... that referral to Solace tends to be a professional feeling better about themselves because then we've done something to try and keep someone safe. But if the reality means it doesn't mean that a person is more safe, then there's no purpose to it.

Independent futures practitioner

Measuring change and monitoring the service

Solace Women's Aid collect a comprehensive range of data to support the measurement of outputs and outcomes of the CIDVA service. The quantitative data is recorded on a central Case Management System and qualitative data is collated into narrative reports. Quantitative and qualitative reports are shared with London Borough of Islington and quarterly meetings are held between Solace and the council to discuss achievement against outcomes for CIDVA and other Solace projects – CIDVAs may also attend these meetings. The expectations of what the CIDVA service will achieve are set out in a Service Level Agreement and oversight of the project and checking progress towards achieving planned outcomes sits with a Commissioning Lead on behalf of the council and Manager within Solace.

In terms of the data collection methods used by the CIDVA, it is clear that they have been designed to collect both quantitative and qualitative information with the purpose to understand outputs and outcomes of their work. The methods/tools used to collect data include referral forms, risk assessments, exit assessments and young people feedback/outcomes forms and case studies.

Good practice: case studies

What has worked very well is the use of case studies. These have captured a richness of information relating to both process and outcomes, demonstrating the high degree of observation and reflection skills shown by the CIDVA. The case studies reflect efforts to strengthen the information captured and

have informed improvements made to the service processes. For example, the CIDVA recently introduced a google doc survey to improve collection of outcome data from young people (though at the point of the evaluation this had only been completed by one young person). They also developed a process to record ad-hoc feedback from professionals and young people which going forward will help to improve understanding of service user satisfaction and outcomes.

Capturing outcomes

As discussed in the limitations section of the methodology above, the current system for monitoring and evaluating, while extensive, would benefit from development to enhance understanding of both outcomes and outputs. This in turn would support better decision making where/if changes to service approach is necessary.

There are multiple reasons why we might close someone's case. Someone might disengage, which might mean that their risk has gone down because they don't feel like they need support anymore and they're not, can't be bothered to call... That they don't feel like they need that, like, support because the situation has changed. It could be that someone's moved out of the area, so we're passing onto another service. It could be that the risk has decreased and the young person isn't in that situation anymore and that we can't provide any more additional support and maybe other services are in a better place to do that or they just feel that they don't need any ongoing support. That's when we'd look at closing a case.

CIDVA

Currently, the main focus for collection of data is at the entry and exit points of the service, with the exception of the risk assessment which is intended to be revisited every 6 weeks. The current processes have enabled the collection of data from some young people who remain engaged throughout the support cycle and complete an exit assessment. However, they have not enabled collection of data for those who decide not to accept support from the service or who disengage. This means meaningful output and outcomes data is not available for around ¾ of those who were referred to and/or accepted support. This could be addressed in a number of ways. For example, the Case Management System could be adapted to capture why people disengage, e.g. by reviewing the client journey and adding an additional step at case closure to

include data collection from a referral agency or agencies that still have contact, to find out why people have disengaged. This may require co-ordination with and changes in the data collection practices of the referring service. 3 of the services we spoke to mentioned referrals to Solace that had not worked, but they did not appear to have an understanding of why this was the case. Collecting such data has been recommended in Practice Guidance on engaging young women developed by the Stella Project Young Women's Initiative.¹⁷

Going forward greater focus should be placed on the collection of interim outcomes throughout the customer journey. This will result in a greater volume of outcomes data and a better understanding of the steps taken by young people towards achieving long term change. Given the difficulties with engaging young people and children in feedback and evaluation communication, it is recommended that this process involves young people in the co-design of monitoring and evaluation tools for the

¹⁷ Ava Project. Practice Guidance Engaging with young women experiencing domestic and sexual violence, substance use and mental ill-health. At: <https://avaproject.org.uk/wp-content/uploads/2016/03/YWI-Practice-Guidance-FINAL.pdf>

project that are more likely to be effective. Automatic texted questionnaires, as those used routinely in other sectors, which require only short responses from the service user, might be explored here.

As well as interim outcomes, it would be very useful for the service to be able to try to collect longer-term outcomes. For example, one service user we interviewed said her understanding of healthy relationships and abuse had transformed during her time receiving support from the CIDVA. It would be useful to monitor whether recipients of support from the CIDVA are less likely to go on to a subsequent abusive relationship than others, and therefore to what extent CIDVA outcomes include long-term prevention of domestic abuse.

Outcome measures tailored to the distinct needs and objectives of children and young people

In general, it is not clear to what extent the framework in the Service Level Agreement and the data points captured in the Case Management System have been adapted to capture the distinctive needs and journeys of children and young people, or whether they are modelled on adult services. It appears that some of the objectives and outcome measures in the Service Level Agreement are inherited from previous IDVA contracts, and therefore relate to work with adults, or to work with children whose parents are in abusive relationships, rather than for children and young people who are primary survivors. This is a further reason for reviewing the monitoring and evaluation framework for the service. In addition, from the qualitative data we know there are gaps in the quantitative data, for example, it is not currently possible to capture in the Case Management System the extent of CIDVA work liaising with police and legal teams to support service users. Yet we know this has been a significant part of their work for some service users, and that it adds real value to their work.

The authors of a 2017 article examining outcomes and monitoring frameworks for children's advocacy services warned that 'unless advocacy providers can effectively monitor their own work, their services may be especially vulnerable in the current economic climate, which may be a time when they are needed more than ever' (Thomas et al, 2017). Since then, we have had the Covid-19 pandemic and are now living through a cost of living crisis and an oncoming recession. Unfortunately these conditions make it likely that CIDVA services will be ever more needed in the future, and for this reason it is essential to capture and demonstrate the significant value they add both to the lives of young people and the professional knowledge and skills of practitioners.

Engaging clients safely

...a lot of the ways that we would have liked to have taken the project...we just haven't been able to do, because for a long time weren't able to even leave the house. Although we were identified as key workers, schools were closed and schools were probably the... the best way to talk to young person is in the school because it's their safest place. We know that home may not be the safest place, there may not be places in the community....not having schools played a big part (Solace Community Manager)

It has been challenging to support young people when survivors live with them, or their families do not know about the abuse. Survivors haven't had the safe space to openly talk about their experiences and the support they need (CIDVA)

Challenges faced by the service

The main challenge to the delivery of the service was presented by the Covid-19 pandemic.

COVID-19

The Covid-19 pandemic has, in the words of the Solace Community Manager 'had a massive impact' on the ability of the CIDVA to deliver support and advocacy to young people and to engage as desired with practitioners. The impact has affected three areas of CIDVA work, considered in turn below:

1. Supporting young people
2. Collecting monitoring and evaluation data
3. Working with practitioners: co-location

1. The 4 main challenges in supporting young people in ways that were responsive to their needs and preferences were:

- **Lack of access to safe places for engagement** - Home is a shared place where open discussion is difficult, especially to young people who may be subject to coercive controlling behaviours by family members, as with honour-based abuse. Schools and other unmonitored locations make better sites for support.¹⁸ But young people were constrained to stay at home.
- **Difficulty adapting to young people's communication preferences** - Young people prefer face-to-face contact but this was not possible for some of the time the CIDVA service was running, potentially challenging willingness to engage.
- **Lack of available locations for CIDVA drop-in sessions** - Youth Hubs and schools were closed for a period, meaning that young people and children had fewer opportunities to access ad-hoc services and self-refer.
- **Difficulty reaching out to and supporting younger age groups** Schools are the main place where CIDVAs can connect with younger age groups for group sessions and awareness-raising, but they were closed for a period and when they did reopen Covid-19 measures made it more difficult to enter.

The CIDVA service acted fast to address these challenges, which was enabled by reflective self-evaluation, and adapted the service where possible to increase opportunities for young people to access help.

For example, the duty phone system was changed to increase the likelihood of service users successfully speaking to the CIDVA through the telephone line. As other means of communication with the CIDVA were reduced with lockdown, the availability of someone on the phone became more

¹⁸ This is also supported by research p.6

important. So where previously the CIDVA number was directed to one person who would answer it when they were on duty, it was now moved to a 'hunt group', meaning if one person didn't answer, it would go to the next, and so on. Everyone in the team was on this list, including the Service Manager and Deputy Manager, which increased the likelihood of someone picking up the phone.

Co-location in TYS

So, I think being able to be there and be present, in person. The Targeted Youth Support know that this exists, but if they're in the office and they've got a problem around young people and domestic violence, to know that I'm in the office and will be able to have a really quick 5-minute chat, it'll be really easy, a quick 10-minute case consultation or discussion about whether the young person can be referred to the service. I think it'll just help widen that referral pathway and just accessing more young people who need that support. And sometimes they've been referred to Targeted Youth Support by Social Care, and there's kind of things going on anyway, so just being able to tap into that support they are already receiving if they don't want to consent to the service is a great way of just reaching more young people. (CIDVA)

The CIDVA also made efforts to reach out to younger cohorts by prioritising work in schools as soon as was possible. The monitoring data on referrals indicates that this may have made a difference as referrals for younger age groups increased subsequently, but there is insufficient evidence to assert this with certainty.

2. Covid-19 also posed challenges to the **CIDVA's ability to monitor outcomes with young people and self-evaluate effectively**, because the lack of face-to-face contact with young people reduced opportunities to gather feedback on an ongoing basis, as well as to conduct exit assessments. In every quarterly monitoring report, the difficulties of gathering feedback are flagged. As mentioned above, much communication with young people took place by text message or phone call and it was difficult to implement questionnaires designed by the service via these channels to gather reliable and detailed feedback during the period. These problems are compounded by the fact that it is in general difficult to obtain feedback from young people on any kind of intervention, advocacy, or support, even when there are no external aggravating factors such as a pandemic. In the case at hand, it meant no monitoring data was collected for the first 4 quarters of the project.

The CIDVA made efforts to establish new means of gathering feedback through a Google document that was shared with service users, but only one young person completed it. This suggests that work could be done to try to devise new and more effective ways of capturing outcomes for young people throughout the lifetime of their interaction with the CIDVA.

6. Finally, Covid-19 meant that the **CIDVA could not be physically co-located in Targeted Youth Support**, as originally planned, which meant they were **isolated from other youth services in the Council**. This is likely to have had an impact on both practitioner awareness and understanding of the service, and the number of referrals from children's services to the CIDVA.

The original vision was that the CIDVA service would be co-located for a minimum of 4 days per week. The council services referenced in the contract include Youth and Community, Children Social Care

and Targeted Youth Support.¹⁹ In the in-depth interviews carried out for this evaluation, both CIDVA and TYS staff acknowledge the value of co-location as a means of:

- enhancing access to the service for professionals and young people;
- widening referral pathways;
- improving outcomes for both professionals and young people through increased case consultations

Co-location is a feature of Solace's well-established working model for IDVAs (see Annex 1 below) and its value is supported by the evidence. For example a 2019 review of 22 evaluations of multi-agency approaches to domestic abuse in the UK found that co-location of DV services increases practices of routine enquiry, widens referral pathways, and is established as good practice.²⁰

It is fair to assume that co-location of the service would have had a positive impact on young people's access to CIDVA service as a result of increased routine enquiries from professionals. It is also likely that co-location of CIDVA services would have enhanced multi-agency working and professionals' awareness of DV and capacity to support young people who were not ready to consent to referrals.

Over the course of the contract efforts have been made to progress the co-location of the CIDVA service within Targeted Youth Services, with 2 meetings taking place between the CIDVA and TYS. At the point of the evaluation the co-location of CIDVA had not been achieved but was in progress.

Lack of awareness and understanding of domestic abuse in young people and children

Our interviews with the CIDVAs and Solace revealed a concern that opportunities to identify and respond to abuse, as well as to undertake preventive work, were being missed because of a lack of understanding of the ways in which domestic abuse can occur in children and young people's own relationships and what this means for their needs.

A lack of awareness amongst children and young people about healthy relationships, and specifically the problem of the 'normalisation' of abusive behaviours by young people themselves was mentioned by 10 (1/3 of) participants in our qualitative study as a distinct vulnerability. This indicates a need for more preventive work with young people and children in general, ideally in schools.

'You've just got to keep getting educated about it from such a young age because you don't have to be 16, 17 to get into these sorts of relationships.-you could be 12, 13 and get into these sorts of relationships. But, I think, people wait until you're a certain age to start introducing that stuff to children. But it's not right. We are taught from such a young age not to do certain things, why is it not taught from such a young age that you don't treat people like this in a relationship.'

Kaylah

¹⁹ Service Level Agreement/contract Staffing – point 1.1

²⁰ Cleaver et al. (2019) 'A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies.' Aggression and Violent Behavior, Volume 46

The CIDVAs themselves also identified as a challenge poor understanding of domestic abuse and its impact on young people in some services, especially those which may not work in the VAWG field but may be engaging with survivors. Here, a lack of understanding around trauma and the risks of

retraumatisation associated with certain lines of questioning or approaches to interaction can make accessing basic services -to which young people have a right- an emotionally costly experience for service users.

questions can be really retraumatising for a young person and a survivor and I think sometimes there is a lack of trauma informed practice with other professionals who don't work in Violence Against Women and Girls. Just through the point of they maybe aren't aware. And yeah, I think just knowledge about how to be trauma informed and how to create that space would be very beneficial.

CIDVA

All this speaks to the need for continued efforts to raise awareness and understanding of domestic abuse in young people and children across the full range of services to whom those young people may need to turn at some point in their efforts to recover and repair.

Engaging with schools to do preventive work

One of the themes emerging from the evaluation is the important role that schools can play in supporting the prevention of domestic abuse among young people and generating referrals into the CIDVA service. We know that the work delivered by CIDVA in school settings was valued highly by teachers and the evidence from school feedback indicates that the sessions helped to improve outcomes for young people by raising awareness of abusive behaviours and empowering them to report concerns. The importance of early education was also raised in conversations we had with a CIDVA service user and Islington practitioners which indicates there is a need for more preventive work with young people and children in general, ideally in schools.

Despite the proven impact of delivering preventative work in schools, the evaluation has highlighted a number of challenges experienced by CIDVA and other practitioners with engaging and gaining access to schools. In terms of engagement with schools the CIDVA service made efforts at different points throughout the project to connect with schools in the borough which resulted in very mixed response ranging from 'no response' to 'interested and we will get back to you'.

‘When I first started, I emailed every school in the borough and tried to get hold of their safeguarding lead and said, ‘This is what I do, this is what the project does, and sent them out, kind of, our information sheets. I don’t know if you’d like those, if they’d be useful to send to you? We have an information sheet that goes out to professionals and an information sheet that goes out to young people. So, when I first started, I sent them out straight away. Some people did not reply. I chased them, but I did not get a reply. Some people replied and said, ‘I mean, that sounds great, we’ll try and get something sorted.’ Yeah, it’s kind of a mixed bag on responses on that front.

CIDVA

However, both Solace and other practitioners mentioned that there are challenges to gaining access to schools to do preventive domestic abuse work, and that schools differ significantly in their openness to doing this kind of work. Single sex schools were identified as an important site of preventive work, but at the same time it was acknowledged that there may be more to do to engage these schools.

It is likely that the challenges experienced with engaging and gaining access to schools in the early phase of the project will have been significantly impacted by Covid-19 - schools were closed for long periods and limiting access to external people when lockdown measures were eased. It is also likely that the additional pressures on workforce within schools will have impacted their responsiveness and appetite for new pieces of work. However, other practitioners we spoke to shared similar challenges with gaining access to schools during ‘non-covid’ times which they attribute to the value schools place on PHSE education which in turn informs how curriculum time will be allocated.

it's a very different dynamic approaching a single-sex school. It's a very different dynamic. I mean, the response a lot of the time is, ‘We don't have domestic abuse here.’

Solace Community Manager

...some schools prioritise it and other schools don't. So that's the challenge.

DA practitioner

Going forward there are opportunities for the CIDVA to work alongside Islington and schools in the borough to help improve their PSHE education which became compulsory for all schools in September 2020. The statutory guidance includes Relationships Education at key stages 1 and 2, Relationships

and Sex Education (RSE) at key stages 3 and 4 and Health Education from key stage 1 to 4. The pandemic delayed full implementation but from September 2021 schools must cover everything outlined in statutory 'RSHE' guidance.

Conclusions and recommendations

For the CIDVA service

4. There is impressive evidence in the interviews and case studies of the positive impact of the CIDVA on people's lives and practitioners' work. We recommend that the service and commissioner consider afresh how these positive impacts can be represented in effective outcomes monitoring and reporting.
 - Review the SLA and the Case Management System to establish a single authoritative set of objectives and outcomes and monitoring and evaluation framework
 - Review and adapt the Case Management System to ensure it is designed to capture data on all relevant outcomes-related work, e.g. liaison with police and legal teams.
 - Review the extent to which the framework and monitoring requirements for the CIDVA are the same as for an IDVA to ensure that they have been adapted to reflect a younger audience
 - Revisit and enhance the collection of interim outcomes throughout the customer journey. This will result in a greater volume of outcomes data and a better understanding of the steps taken by young people towards achieving long term change
 - Investigate possibilities for developing new remote methods of gathering more detailed and reliable data on interim and exit outcomes, including the possibility of an automatic text questionnaire, and consider consulting with other services offering direct support to children and young people in Islington, and/or other CIDVA services and services offering young person's advocacy more broadly to identify and learn from best practice around collecting feedback and monitoring outcomes.
5. Continue to build on work with schools to develop more preventive work with young people to raise awareness and establish referrals into the project
6. Establish a location for the CIDVA service in Targeted Youth Support

For Islington Borough Council

4. Continue to run awareness-raising activities about the CIDVA service, which remains poorly understood by some practitioners.
5. Review, in collaboration with the CIDVA, the distribution of responsibility between the CIDVA and VAWG for awareness-raising and development activities on domestic abuse and young people for practitioners.
6. Continue to prioritise awareness-raising work on domestic abuse and young people in schools, especially single-sex schools which may be less used to engaging with their students about these issues.

Annex 1. CIDVA location in Solace in Islington (SASS)

