

# Central Advocacy Partners

## Survivors Project - Evaluation Report Year 2 2019/20



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May 2020

## **Acknowledgements**

This work could not have been completed without the support of a number of key people. Our thanks go to Angela, Maggie and Nia for their unswerving support of this work and for giving up their time so generously to meet our demands on their time. To Maggie and Nia, also, for organising and facilitating the interviews and the focus group with survivors and to Nicola and Andy for putting up with us in their office. To the professionals and referrers who provided their experiences of the project.

Finally, our grateful appreciation goes to the survivors for taking time out of their lives to talk to us and to share their, often harrowing, experiences so generously.

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## **1. Introduction and Background**

Central Advocacy Partners have asked Dr Gillian MacIntyre and Dr Ailsa Stewart to undertake an evaluation of the Survivors Project. The first year of work focused on; defining the parameters of the evaluation, designing the methodology to be employed, development of research tools, secondary data analysis of project documentation, completion of an initial literature review and undertaking data collection with staff, referrers and survivors. The key questions being explored within the evaluation are:

- To what extent do referrers believe that adults with learning disabilities who are experiencing/ have experienced abuse have been supported by the survivors' project and in what way?
- What benefits do adults who have been referred to the service report?
- What have been the key challenges and opportunities for those delivering the service?
- What are the range of outcomes reported for those who have received support from the project at the end of the study period?

This report of the evaluation of the Central Advocacy Partners (CAP) Survivors Project covers the second year of the project from April 2019 to April 2020 and comes at a very challenging time for the service and the global community. The Covid-19 pandemic has meant significant changes for the way we all live our lives and the way services are provided. For CAP and the Survivors Project, this has principally meant providing support remotely, via telephone, to this very vulnerable group of adults with learning disabilities for whom weekly face to face contact with their advocate provided a valued lifeline as well as social contact. The implications of this are explored in more detail below and reflected throughout the findings

This second year of the evaluation has focused on consolidating the evidence collected in year 1 and to date has involved; an updated literature review (that will be reported in more depth over the summer of 2020), interviewing new referrers to the project and increasing the number of referrer interviews from year one of the project, interviewing all staff to understand their perspectives on project developments and progress, interviewing new survivors working with the project, reviewing case files of all survivor interviewees, undertaking a focus group with survivors who have worked longer term with the project, transcription, analysis of data and report writing. An article on the impact of Covid-19 on the project was also produced for a Social Work magazine, giving the project an international profile (MacIntyre and Stewart, 2020).

## **2. Context/Implications of Covid-19**

Currently in the UK, there are considerable restrictions on movement and socialisation as the result of a household lockdown due to the Covid-19 pandemic which has significantly impacted on the ability of services to provide effective support. For the Survivors Project, this has meant that the women are supported by telephone and the staff have been in regular contact with their advocacy partners to ensure their safety as best they can in the current

circumstances. They have also continued to represent their advocacy partners at formal meetings, including at online children's hearing meetings, although this has presented a number of difficulties as noted below. This has been a particularly challenging time for everyone associated with the project and from our discussions and interviews with survivors during this time it appears that everyone has adapted remarkably well. Staff have experienced heightened stress and pressure and while it is our understanding that partners remain safe in the short term, this situation undoubtedly puts a number of them at greater risk, not only of exposure to gender based violence but to greater social isolation, loneliness and exclusion. For women with children, there have been further complications. For those in the midst of child protection proceedings for example there is concern about how women can meaningfully participate virtually. Some of the women have also reported concerns over maintaining contact with their children and some had worries about their children not being returned to them after visiting their other parent during the lockdown. Others have expressed concerns about their lack of access to the technology needed to facilitate video calling and worry that their lack of experience in this area might be held against them in any assessment of their parenting. Staff in the project have expressed concerns that an ongoing lack of face to face contact between mothers and their children will have a significant and detrimental impact on the women's mental health. There has been an alarming increase in the number of calls to domestic violence services and websites during the Covid-19 lockdown. For example, the BBC (27/05/2020) reported a ten-fold increase in visits to the Refuge website. The project has responded to concerns about this increase, in collaboration with other local agencies and has developed an accessible poster and leaflets to alert those with learning disabilities to the services and supports that are available to them during this time.

Data collection for the evaluation has also been significantly affected by the Covid-19 lockdown. The key data collection period for this second year was January to April 2020. Due to the lockdown, many interviews have had to be conducted by telephone and the number of survivors able to participate in interviews was reduced. The anxiety created by the lockdown meant that some of the survivors felt unable to participate. We were able to conduct one focus group (as noted below) before the lockdown was implemented, however, plans for a second had to be suspended.

### **3. Methods – What we have done this year**

Data collection during 2019/20 consisted of:

- Three face to face interviews with project staff
- Two telephone interviews with referrers to the project
- One focus group with advocacy partners (n=4) who have been working with the project for some time
- Three telephone interviews with new advocacy partners
- On-going completion of online survey
- Case file reviews (n=5)
- Updated literature review (to follow)

In addition to the above, transcription of interviews and focus groups was undertaken, followed by analysis and report writing. Additional data on referrals and the experience of the project during the Covid-19 lockdown was provided by staff via e-mail.

Please note that details of the ethical issues considered within the project and the relevant accompanying documentation, e.g. information sheets and consent forms are available in the first year report which can be accessed at:

<http://centraladvocacypartners.org.uk/assets/images/EvaluationYear1FinalReport.pdf>

## **4. Findings**

The data collected has been largely qualitative in nature and has been analysed thematically using the six stages set out by Braun and Clarke (2005). We report the findings here by theme and draw on data across all data sources outlined above. We report the findings in two parts. Part one focuses on the lived experience of the women who have accessed the project while part two considers issues for the project and for the staff who work there. The names of the survivors have been changed to protect their anonymity.

### **Part One: The Survivors**

#### **4.1 *Who are the women and what is their experience of abuse?***

During 2019-20, 18 referrals were received by the project, all were female. Nine of the referrals were from social work, six were from the third sector and three were self-referrals. Of those 18, four did not engage, four referrals were unable to be progressed (as the individual did not have or acknowledge a learning disability) and one was placed on a waiting list, leaving nine to be allocated. Of those nine, two were pregnant. We therefore interviewed one third (n=3) of this years referred and allocated cases.

The small number of interviews completed is undoubtedly the result of Covid-19. We were able to quickly adapt our data collection methods and proposed to use telephone interviews as opposed to face to face interviews. Discussions with project staff took place and it was established that it was not the right time to interview a small number of the women due to the complexity or severity of the issues they were facing, many of which were exacerbated due to the Covid-19 lockdown. A small number of women did not feel comfortable with the prospect of a telephone interview. This left three women who were willing to participate. Staff from the project called the women beforehand to read the information sheet with them and confirmed verbal consent. This was then confirmed with the researchers at the start of each interview.

The profiles of all three women were remarkably similar to those we interviewed during year one of the project. All had experienced domestic abuse at the hands of a male partner and all had multiple experiences of abuse often going back many years. All three women had children and all had moved to a new home or area to escape their abusive relationship either recently or in the past. The women spoke about moving to the project area after failing to find any organisations who were able to support them in their own local areas. According to Donna:

*“Like my mum says we tried everyone and everywhere to get support if I stayed there but nothing worked “*

All three women had experienced mental health problems and as with the women interviewed previously, depression and anxiety were common. Two of the three new participants were in receipt of psychiatric services for their mental health either from a psychiatrist or specialist nurse. This support was currently on hold however as a result of the Covid-19 lockdown.

#### **4.2 Nature of abuse: pervasive and controlling**

As in year one of the project, the abuse experienced by participants was pervasive in nature. The women reported long-term relationships that had been abusive from the start. For Jane for example, her abusive relationship had lasted for around fourteen years:

*“ehm I was in a relationship for 14 years, a bad, bad relationship he was very controlling and other things I won’t go into... I don’t like to talk about it, I’m trying to forget that and move on but that’s not easy.”*

Anna was also in a long-term abusive relationship and explained that she stayed with her partner for as long as she did because she was scared that she would lose her children if she left. This was also a consistent reason for survivors not seeking support from services such as social work.

A strong theme that emerged from the interviews and focus group related to the coercive and controlling nature of the abuse experienced. All of the women were able to describe examples of how their current or previous partners had attempted to control their behaviour. The implications of this was the deskilling and disempowerment of the women who often found it very difficult to make decisions for themselves without support as they had become very dependent on the perpetrators of the abuse. This manipulative behaviour meant that women often were not aware that they were being abused and they sometimes reported difficulties in recognising their partners’ behaviour in this way. There was some suggestion that these women had been deliberately targeted by their abusers, not uncommon for women for learning disabilities and there was growing awareness of this among the women, particularly among focus group participants who had been working with the project for a longer period of time. According to Lorraine:

*“now this has been on my mind for a long time and I keep saying to myself, what is it in men that they could see in me that I can’t see and I cannae understand this and I keep thinking if men are looking at women like that are they thinking because they are looking at me in that way that they can do anything they want.”*

This experience of being targeted as a potentially “vulnerable” person was often coupled with a sense of not being believed when trying to seek help to end the abusive behaviour they were experiencing. Several of the participants reported negative experiences when they reported the abuse to the police or to social workers. There were examples where the women

were deemed to be unreliable witnesses because they had a learning disability and they were blamed for or seen to be colluding with their partners. They were also often associated with and blamed for other acts perpetrated by their abuser such as dealing drugs. Kara gives a powerful example of not being believed:

*“Social work up (there) believed him because he is so convincing his mum and him were phoning the school and social work and saying I was a bad mother. And because they did it so much they believed them. Down here they have tried as well but they haven’t got anywhere.”*

## **5. What other issues do women face?**

It has become very clear from our analysis of the data that it is impossible to separate out the issues women face around gender based violence from the other issues or difficulties they experience in their lives. A number of common themes were identified during interviews and focus group discussions. These include *challenges to parenting, isolation and loneliness, bullying and harassment and communication issues.*

### **5.1 Challenges to parenting**

All but one of the women we spoke to in Year 2 (n=7, in interviews and focus group) were parents. Two of the women had grown up children. Four had younger children. Of these four, three had at least one of their children living at home with them, although their care of the children may have been interrupted. The final woman’s children were being looked after in a kinship care arrangement with their paternal grandparents. At least two of the women were involved in complex child protection proceedings and were receiving support from the Survivor’s project to navigate the system. This often involved a range of other professionals including social workers (children and families and learning disability), lawyers and the education system. The support provided by the project staff to navigate this complex terrain was thought to be invaluable. According to Alison:

*“that’s all down to (staff member) she has spent some amount of time doing all she has done for me. She is in and around the system and she really knows what she is doing I didn’t even realise half of these things existed and I don’t think we would have been able to do it on our own. “*

An emerging theme around parenting for this group of the women is the level of responsibility they are given to keep their children safe, often from very experienced predators – with very limited support to do so from service providers. If women fail to do so they appear to be viewed very negatively by professionals. None of the women we spoke to were able to provide examples of how they had been supported to protect their children from any agency other than CAP and the Survivors Project. None appeared to have been provided with advice or guidance on parenting from statutory services.

## **5.2 Isolation/loneliness**

One of the strongest themes that emerged was around the significant loneliness and isolation that was experienced by all participants. This is particularly important to note as research evidence suggests that being lonely or isolated poses a heightened risk for women with respect to gender based violence. All of the women gave very powerful testimonies that highlighted their lack of social networks and friendships groups. Tracey told us:

*“I’ve never had a friend...I would love a friend, to talk about what we’ve been through or even to have a coffee with”*

Often those who had friendships in the past had felt badly let down or exploited and therefore lacked trust and were wary of building new friendships. As Kara explained:

*“I get used, I had a friend in... and she just used me to get money out of me.”*

The participants discussed being afraid to get into new relationships (both friendships and intimate relationships) with other people in case the pattern is repeated for themselves and their children. The participants overwhelmingly reported that the project staff had given them a “lifeline” in terms of social support and developing trust. It was very clear how much participants valued the regular contact they had with project staff, often this was weekly contact. Some participants said that the project staff were the only people that they trusted. Alison told us that since the Covid-19 lockdown, regular telephone calls with project staff had become even more important to her. Knowing that someone was thinking about her and checking on her wellbeing was particularly important. Those participants who took part in the focus group session found that being part of the group was useful. At the end of the session they told us how enjoyable and beneficial they had found it. Very quickly we observed members of the group sharing the resources and skills they had to support one another. Two members of the group exchanged numbers so that they could meet for a coffee. One member offered to drive another participant home. It is evident that this kind of opportunity for socialising is limited for this group of women and is welcome.

## **5.3 Bullying and harassment**

Issues around bullying and harassment from people in the local community continued to be a common theme for women across the focus groups and interviews that we carried out. There seemed to be three main factors at play here. Firstly women were often targeted as they were seen as vulnerable because of their learning disability. Secondly, because they had to flee from previous abuse they were often housed in temporary or homeless accommodation. Often this housing was in less desirable neighbourhoods and those who lived there experienced a range of issues including drug misuse and mental health problems. Finally, women sometimes found themselves targets for abuse because they were deemed “guilty by association” as a result of something their partner or previous partner had done. We heard powerful accounts from women who were blamed for their partner’s behaviour and had been accused of being aware of and colluding with the abuse. The impact of this could be significant and long lasting with some women having to move or being afraid to leave their houses. According to Katie:

*“Yes, cause I went to Asda up the toon last night to do shopping and this woman recognised me and shouted dogs abuse at me ages ago and she walked past me and called me a bitch.... I want to move out of the house because there are too many memories... I think I’ll need to move out of (local area), ehm, I want to change my name first and last, I think so.”*

#### **5.4 Use of social media**

The use of social media among the women in the evaluation was complex. On the one hand it was a useful tool to enable the women to keep in touch with family members including any children who did not live at home with them. On the other hand, social media posed an element of risk for the women and was used by abusive partners and ex-partners to track the women down or to post abusive content about them online. Social media was also often used as a tool to further bully and intimidate women. Katie testified to this explaining that she had been subject to an online hate campaign as a result of the behaviour of her ex-partner. A review of Alison’s case files showed that social media posed a particular risk to her. She had befriended a group of people online who were encouraging her to post intimate pictures of herself. Because Alison had known some of these people previously she trusted them and could not see the danger in what they were asking her to do. An important aspect of the advocacy workers’ role therefore is to help educate and support the women to learn about internet safety, empowering them to make safer choices in this respect.

#### **5.5 Communication issues**

The women in the study experienced a range of communication issues. This has been a common and persistent theme across both years of the evaluation. Participants reported needing help to translate information in a range of different settings and project staff have played a vital role in helping women to read and write letters, accompanying them to various appointments in a range of settings to provide support and to relay information in a more accessible format and translating official documents such as court reports into a more user-friendly format. Advocacy staff have also played an important role in reinforcing information after a meeting has taken place. This is invaluable as several of the women have difficulties in retaining information even if it is understood at the time it is first conveyed. The women we spoke to provided evidence of being viewed negatively by other professionals because they were perceived as being unwilling to engage or listen as a result of barriers to communication. According to Jane:

*“They thought I was thick and I’m no, I’m an intelligent person, I just cannae get things oot right sometimes or it takes me a wee while”*

While issues with and barriers to communication are common for people with learning disabilities, evidence from the evaluation suggest they are exacerbated for women who have experienced gender based violence. All of the women who participated in the evaluation have experienced trauma and often this makes it difficult for them to hear anything other than negative feedback or comments. This is particularly true when they are feeling anxious within formal meetings and so an important function played by advocacy staff has been to

debrief after meetings, reinforcing positive messages as well as areas for improvement. In addition, abusive partners were often more articulate and were able to manipulate or “gaslight” the women to make them feel they didn’t really understand what was happening or had misinterpreted the information. One referrer noted:

*“This area previously lacked this supported one to one provision for vulnerable adults who could not articulate to statutory services, lawyers, complete difficult forms and administration documents. This has been invaluable to our clients who built up trust in the workers.”*

## **6. Outcomes for survivors**

The data collected during year 2 suggests a range of positive outcomes for the survivors within the project from the perspective of staff, survivors and referrers. These, however, come with a significant caveat. Participants reported it was not clear how they would maintain good outcomes without ongoing support from the project and/or alternative services. For examples messages about the identification of abusive behaviour and keeping oneself safe had to be repeated often and reinforced. Staff also noted that for some survivors, maintaining positive outcomes was a week to week challenge, dependent upon emotional and physical well-being. As the majority of the women have little or no support out with the project, it is important for the project to consider how these outcomes might be maintained in the long term.

Evidence of outcomes can be grouped into a number of key themes: *communication, understanding and participation, increased understanding of abuse, choice and well-being.*

### **6.1 Communication**

All parties reported increased ability of survivors to communicate their wishes and needs effectively with other agencies, whether that be on their own or with the support of an advocate or a combination of both. The survivors are not a homogenous group and therefore are at different stages of being able to effectively communicate with agencies and others. For example the survivors in the focus group who had worked for a longer time with the project reported being able to communicate effectively with agencies about their needs/wishes. They noted, however, that this depended on how they were feeling at the time and often involved the support of the advocate, this was therefore a variable outcome. Those survivors still in the early stages of their work with the project were less confident about communicating on their own, but felt they could manage it effectively with the advocates support. Staff in the project also acknowledged the challenges that the survivors had in maintaining consistent outcomes and the impact that unpredictable and variable mental and physical well-being had on their overall ability.

### **6.2 Understanding and engagement**

The various and complex systems and services that the survivors have to navigate can be challenging to understand, particularly the implications of actions and/or decisions, for example with regard to child access and contact. The advocates role in explaining processes

and decisions was highly valued. As noted above, often survivors were unable to absorb the detail of hearings or court cases at the time for a variety of reasons and therefore the role that the advocates played in debriefing and explaining decisions was crucial in promoting understanding and engagement. One referrer noted:

*“Talking through information reports with the client and helping them to articulate their views either verbally or in written form was important in getting a good outcome”*

Understanding and engagement were linked as participants felt that improved understanding increased engagement. If a survivor had a clear understanding of why a particular appointment was important, they were more likely to attend and engage with the process.

Increased participation was also commented upon by referrers and staff and corroborated through the interviews with survivors. Survivors felt more able to attend appointments with professionals when armed with clear information and with the support of the advocate. Partly this was identified as being a product of having their voices heard and recorded, for example, in child protection processes as well as having been appropriately briefed. This appeared to be due to some extent to having good and trusting relationships with the advocates who they felt were “on their side”.

Ability and willingness to participate are two separate aspects to consider. Survivors sometimes indicated an unwillingness to participate in formal proceedings or appointments. This may be due to a view that they were not likely to be heard or believed and that there was therefore “no point”. The involvement of the advocates ameliorated this concern and improved participation.

### **6.3 Increased understanding of abuse**

The data demonstrates an increased understanding of abuse from across the participants. This focused on a number of key areas including

- self-protection and security,
- awareness of impact of abuse on self and children,
- increased ability to make choices based on an assessment of risk and
- ability to provide advice to others.

The focus group participants were presented with a vignette to respond to (see Appendix A), which provided them with Mary’s case. Mary had experienced domestic violence and the survivors were asked to provide advice to this woman to protect herself based on their own skills, knowledge and experience. A number of key questions were asked with regard to the vignette, designed to establish the survivors ability to identify abusive behaviour and to respond to this by distinguishing ways for Mary to protect herself and to be reunited with her children.

This proved to be a valuable exercise for the focus group participants and they were all able to identify the ways in which Mary was being subject to unacceptable behaviour, why the

behaviour was unacceptable and the ways in which she might protect herself. Examples of the advice provided by the participants are outlined below.

- Get an alarm within the home so the police will be alerted if approached by ex-partner.
- Speak to the school or GP, someone she feels comfortable with to get help.
- Speak to someone who has the same experience for advice.
- Don't answer the door, phone the Police straight away.
- Never let him into your home.
- Getting an interdict to ensure the abuser could not approach the home.
- Speak to the children's social worker for advice.

Whilst the survivors were able to identify abuse and consider ways in which support might be provided, they also noted real challenges in securing support for Mary. This included; feeling worthless, not being believed, not being listened to, being concerned about approaching social work for fear of being considered unable to protect yourself and your children. Kara noted:

*"I didn't feel that I was worthy of help, I thought I was worthless and useless and am not worth anyone bothering about"*

Not being believed was a significant issue for survivors (as noted above) and a real barrier to seeking and securing support. This was particularly the case where they felt that may be negative judgements made about their ability to protect their children. The survivors noted that they were often disbelieved around levels, frequency and type of abuse as well as the fact that they may have been targeted and that the abuser knew exactly what he was doing in exploiting a vulnerable woman.

Survivors were also able to provide examples of how they have put their understanding into practice. For example Jackie was able to note that she had identified concerning behaviour in a potential new partner who was demanding things in her home and quickly asked him to leave and severed ties with him thereafter. Members of the focus group were also able to provide examples of where they had challenged inappropriate behaviours in others seeking relationships with them. It was however, evident that many perpetrators were skilled and persistent in attempting to access the women's lives. A review of Jackie's case file provides evidence of a neighbour persistently approaching her with opportunities to socialise and drink alcohol. The ongoing advice and support of the advocates in these situations enhances the survivors' abilities to assess the risk in these types of situation.

#### **6.4 Choice**

The data indicates that survivors were more able to make informed choices about relationships, with support. For example checking on an individual's background before entering into a relationship, i.e. any criminal history or history of abuse, being able to identify abusive behaviours as noted above and knowing where to seek relevant support, with the help of their advocate. What is less clear is the extent to which survivors would be able to make these kinds of choices without support.

## **6.5 Well-being**

Evidence of the positive impact on the survivors of being involved in the project was wide-ranging. Many felt that this was a new start for them and that 'clearing the decks' of day to day challenges, e.g. debt, housing issues meant that they could get on with their lives. Primarily, survivors reported that they felt understood and heard by others, especially by other family members and agencies such as social work, health and education.

As in the first year report the relationship with the advocate provided the foundation of the survivor's well-being and their reported positive outcomes. The skills and knowledge of the advocate meant that the survivors felt understood and felt they had someone on their side who did not blame them for what had happened to them. The advocates reflected their experience and saw the value in what they had to bring to discussions. This led to improved confidence, self-esteem and ability to function in their daily life. One referrer noted:

*"The project helps to build self-esteem in someone that could potentially view the experience of being in abusive relationships as in some way their fault and challenging this in a supportive way."*

Another noted the impact of the relationship between the advocate and the survivor:

*"It should be noted how quickly the workers had built a relationship with clients which really supported them to engage. This was instrumental in the positive outcomes for the clients, as they had barriers to engaging with services."*

There is therefore significant evidence of positive outcomes for survivors through their engagement with the project. The data suggests, however, that despite these reported positive outcomes, ongoing support will be required for the survivors to retain the increased well-being, engagement, participation and understanding of abuse.

## Part two: issues for the project

### 7. Experience of working with the project

The data from both referrers and survivors suggests that the experience of working with the Survivors project has been overwhelmingly positive. For referrers there has been a particular appreciation of the expertise of project staff, the time they have available to spend with survivors and the level of flexibility that they can offer. Referrer's acknowledged that they did not have the resources to spend the amount of dedicated time with survivors that project staff did.

Referrers also highly valued the independent nature of the project. Other professionals such as social workers noted the potential for conflict of interest, for example in relation to child protection issues as they could not always be "on the side" of the survivor but instead were part of the assessment process, often with regard to parenting. One referrer noted:

*"This project allows for clarity of roles between workers and respectful challenging of assessments...and give a more accurate perspective within the Safe and Together framework. It also allows a service for women who may struggle to understand their rights in relation to legal and child protection issues."*

In terms of the process of referral, referrers valued the ease of referral and the flexibility of not requiring a formal diagnosis of learning disability in order to proceed. Often the need for a formal diagnosis as part of eligibility criteria acts as a barrier to access other specialist services. Referrers also valued the expertise of project staff, particularly in terms of ensuring that survivors understood the implications of decisions that were made in formal meetings. They emphasised the approach taken by project staff as being particularly important in terms of working in partnership with survivors in a very meaningful way. One issue raised for further development was around crisis referrals. There was some interest by referrers in having a crisis referral pathway that would allow instant allocation of resources when a crisis was imminent, rather than having to wait until the next allocation meeting within the project which could sometimes be a week away. It is not clear how this could be undertaken within the current staffing complement and with little to no availability within the advocates' workloads but is perhaps worth considering at a future time if funding becomes available.

Referrers were impressed by the values demonstrated by the project staff in terms of emphasising equality and inclusion and ensuring that partners are meaningfully engaged with by other organisations. Referrers in the survey noted that:

*"The worker built up a rapport very quickly with a client who was traditionally very difficult to engage with. Referral to the service allowed decisions that were being made to be independently challenged by the survivor and the advocate. The service were able to give a voice to the client who was feeling very judged by social work and struggled to understand her rights."*

*“This project allows for more inclusive and comprehensive assessments of a family situation. I believe this contributes to the Wellbeing SHANARRI indicators and means families are safer and that mothers experiencing domestic abuse feel their views are respected and included within the process.”*

All of the women we spoke to in the focus group discussions and interviews were resoundingly positive about the survivors’ project and the staff they worked with. This quote from Donna illustrates well the positive experiences shared by survivors. When asked what she liked best about the project she said:

*“Basically, to be honest, its technically everything, the support that I get from...(Advocate) and the support she’s helped me to build with other people it’s good because as least I don’t feel so lonely out here now. Because, even my mum, she knows she can contact (staff member) and (staff member) can contact my mum if she needs any information if she doesn’t want to ask me and stuff like that about my needs or my situation.”*

The project was therefore valued across all key stakeholders, particularly as a bridge between survivors and other services.

### **7.1 Work carried out by the project**

As with the first year evaluation the range of tasks carried out by the advocacy workers is significant and often focused on the context within which the survivors are living. As noted by referrers and survivors, dealing with contextual issues such as debt, and housing frees people up to deal with more challenging issues such as identifying abuse, self-protection and safety issues. If these basic tasks are not dealt with, the ability of the survivors to tackle these difficult issues is reduced significantly.

However, this has not weakened the focus of the project on reducing risk of abuse and safety planning with the survivors. Undertaking risk assessment and management via safety planning in collaboration with the women throughout the year has focused on strengths, risk and safety that directly addressed the issues they are facing. Often this has included attendance at Multi Agency Risk Assessment Conference (MARAC) meetings with the survivors. This has ensured that the survivors’ voices have been heard. Representation at these multi-agency meetings has also meant that the needs of those survivors with learning disabilities have been highlighted encouraging and promoting inclusive practice.

The range of contextual tasks clearly varied across the survivors but included accessing services and supports in the following broad categories, health, housing, personal safety and protection, financial and debt issues, education, relationship building, emotional issues, communication and breaking down isolation, examples of the detail of this support are provided in table 1 below:

**7.2 Table 1 – Examples of Support**

<b>Issues</b>	<b>Example of support</b>
Health	Supporting women and children along to appointments including psychiatric hospital admissions, registering with relevant GP, attending dental appointments. Researching available and relevant health supports, e.g. for mental health issues.
Housing	Securing property, e.g. access to alarms, moving from homeless unit to secure property, form filling for new properties and/or repairs.
Personal Safety and Protection	Challenging anti-social behaviour, ensuring relevant markers put on properties. Providing advice and guidance on on-line safety. Ensuring relevant alarms are accessed and providing advice on risk in particular situations.
Financial issues	Raising awareness of available benefits and aid in completion and submission of relevant forms, supporting repayment of debt arrangements.
Education	Supporting application and attendance at classes, e.g. literacy for both adults and children. Exploring impact of GBV and understanding and identifying abusive behaviour.
Relationship building	Supporting contact to be made with other family members, particularly where relationships have fractured.
Emotional issues	Dealing with loss, impact of persistent court appearances, physical impact of tension and anxiety – e.g. frozen shoulder, helping to unpack grief and to understand the implications of this in the long term.
Isolation	Helping survivors to get out of the house to socialise and/or volunteer, to meet family or to access other agencies for support, e.g. befriending.
Communication	Explaining what has been said at meetings and the implications of this so with the GP/social worker/school teacher/lawyer/sheriff. Making sense of correspondence and helping to action any points arising from this. Ensuring positives were reinforced and heard by the survivor, promoting their own communication with other agencies for support, e.g. one-stop shop and solicitors.

## 8. Model of Advocacy and the Role of the Advocate

As noted in the year 1 report, the type of advocacy that has evolved within the project could be defined as Advocacy Plus, with perhaps two key elements; one to one advocacy, and institutional advocacy. A significant issue for the staff within the project is finding the balance between undertaking the practical tasks noted in Table 1 to create trust and facilitate education around GBV and abuse and maintaining the key aspects of the advocacy role. As noted previously many of the survivors had been disempowered due to the trauma they had experienced throughout their life and had been deskilled to the point of being unable to undertake any action on their own behalf or make decisions. This puts additional pressure on the advocates to undertake tasks on behalf of the survivor that could be considered out with the role of a traditional advocate.

Staff within the project acknowledge tensions with the broader advocacy movement about the parameters or the role and the fact that there is no widely accepted precise definition of advocacy and are keenly aware of trying to balance this tension. They also, however, acknowledge that many of the survivors simply do not have access to any other services and/or resources and therefore:

*“how do you say no I won’t phone the council about your boiler as it’s not my role - if someone has no heating.”*

Institutional advocacy is an important concept to consider within the work of the project. A Scottish Government report (2017, p.25) that focused on a national scoping exercise of advocacy services for victims of violence against women and girls noted that:

*“The role of advocacy workers in a coordinated community response is predominantly operational but they also work strategically. As they negotiate the criminal justice/housing/social work/welfare systems, they form a picture of what is and what is not working. This contributes to plugging the gaps, overcoming barriers and improving system responses and processes (Howarth et al, 2009; Robinson, 2009a; Coy and Kelly, 2011)”*.

This was certainly the view of the referrers to the survivors’ project who considered that the work undertaken by the advocates significantly raised the profile of women with learning disabilities experiences of domestic violence and the implications of this for services. They suggested that this helped other projects appreciate issues around communication, social isolation and lack of self-esteem and how this impacted on the survivor’s ability to engage effectively with services and promoted equality whilst challenging discrimination. One referrer noted:

*“There is no other support I know of that fulfils this role with specific knowledge of this client group and this bridges a clear gap.”*

The level of skills and knowledge required of the advocates across domestic and child abuse as well as of local services and perhaps most significantly learning disability is considerable. One referrer noted that one of the most valuable aspects of the project was:

*“The workers knowledge and non-judgemental approach to clients with learning disabilities experiencing domestic abuse.”*

Given the level of challenges in day to day life experienced by the survivors, it is difficult to conceive of a way to limit the advocates’ involvement in supporting the women to resolve these challenges and expect them to be able to address self-protection issues as well as educational issues relating to identifying abuse. The advocacy model therefore remains appropriately permeable and flexible within the advocacy plus model outlined in the year 1 report. It is unclear how the work could be undertaken in a different manner and achieve the stated outcomes for the project with this particular group of survivors.

## **9. Supervision and Support for Staff**

What is clear from the evidence presented is that the role of the advocate in the project is complex and challenging. The stress and anxiety experienced by the survivors is often absorbed by the advocates and it is therefore important that the support provided within the project acknowledges this and responds effectively. This has only been exacerbated by the Covid-19 lockdown as noted previously in this report.

Staff were keen to acknowledge the regular supervision and support within the project as being helpful in ensuring workloads were managed and that any issues regarding the potential for cases to be closed could be considered. Given the complexity of the role and the added pressures noted, it may, be appropriate to consider outside support for staff that focuses on counselling and the emotional aspect of the role. This would ensure a regular release of pressure for staff and provide an outlet for discussing the impact on them as individuals.

The advocates work almost entirely on their own, although they have regular contact with each other and other staff within the broader CAP project. Creation of more private office space this year has meant the opportunity to work more within the main office rather than in survivors’ homes and this is valued by staff. This additional private space potentially increases security for staff and promotes privacy for survivors, particularly those who still live with the abusive partner. Lone working policies should be regularly reviewed to ensure they respond to changing situations, e.g. is undertaking a home visit to a survivor when the partner is present putting the survivor and the advocate at additional risk. This is particularly important following any relaxing of restrictions imposed due to the Covid-19 pandemic.

## **10. Future developments**

Throughout the data collection process we asked participants about the ways in which the project might develop in the future. A number of suggestions were made consistently across the participants. At a very basic level it was noted by both referrers and survivors how stretched existing staff were currently and that therefore additional advocates would be a valued resource.

Group work was considered to be a natural next step for the work of the project with a view to promoting peer and self-advocacy within the more experienced cohort of survivors. It was noted that this might not be suitable for all survivors but may depend on their stage of recovery. Expanding into group work would require a member of staff dedicated to this work as regular group work would be required to ensure positive outcomes. The key aspects of group work valued by survivors would be to have opportunities to meet people in a similar situation and to get to know them, to have the opportunity to learn from each other and give advice to others and to have different types of social activities. The survivors were particularly keen that in group work settings participants would not be required to speak if they did not wish to. Group work could also consolidate the skills, confidence and self-esteem developed by the survivors in their one to one advocacy work and encourage and support them to use these skills to self-advocate or advocate for others in the project at an earlier stage of their recovery and on an on-going basis.

Strategic work linked to the institutional advocacy described above was also considered to be a useful development. This was considered particularly helpful to increase awareness of the issues facing survivors with learning disabilities with social work, education, health and other GBV third sector organisations that would build on the work already carried out by the project. This would require a further post perhaps combined with the group work post above or alternatively additional advocacy posts and a sharing of the group work and strategic role could be considered. As previously noted project staff also felt that the levels of expertise developed by Survivors made them a “resource” from whom others, including non-specialist services could learn. This expertise could be harnessed via the strategic work outlined above with the survivors contributing as trainers to sessions provided to local agencies or as advocates for others.

Consideration of external support for staff, perhaps counselling should be explored to combat the stress and anxiety of the day to day workload. Training on impact of domestic abuse should continue to be made available to all CAP staff to ensure that all staff have access to the same knowledge base. Current training such as the IDAA training and the mentoring provided locally by other organisations was also highly valued.

Finally, as noted previously, consideration could be given to the development of a crisis pathway for referrals, where immediate allocations of resources could be provided.

## **11. Plan for Year 3 of the Evaluation**

Given the current situation with regard to the Covid-19 pandemic, it is difficult to be clear about the exact way the evaluation will be carried out in year 3 of the project. It is therefore proposed to take a flexible approach to the methodology but that it should cover the following data collection opportunities.

- Interview staff on latest challenges as last interview did not cover Covid-19
- Interview newest survivors and any missed in year 2
- Further focus groups (only possible if social distancing requirements reduced) with vignette,
- Additional referrers interviews

- Additional survey completion
- Update and finalise literature review
- Draw out recommendations for future developments and possible funding opportunities
- Completion of final evaluation report drawing together findings across the three years.

## 12. Conclusion

This has been a challenging but successful year for the project. Clear outcomes for survivors have been noted and the project is valued by those who use it and who refer women to it. A continuing need for the project was expressed by all participants, the combination of knowledge and skills as it relates to domestic violence and learning disability as well as its independence from statutory services was considered to be unique. The needs of the survivors remain, however, complex and long term and a significant issue for the project moving forward is how they sustain positive outcomes for existing survivors whilst working with new cases.

It is evident that the model of advocacy employed within the project is still evolving and that it is a fluid and non-traditional approach demanding a great deal from the advocates, but clearly delivering a valued service to the survivors. Future developments for the project are clearly articulated within the data collected and many participants were concerned to ensure that the project was maintained and could be provided with the opportunity to grow. Staff are currently seeking additional funding opportunities to ensure the project continues at the same time as considering how it might develop and provide ongoing support to this often marginalised group of survivors.

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## **Appendix one**

### **Vignette**

Mary is 35, she lives alone having recently separated from her ex-partner Dave. Mary and Dave's three children live with Mary's mother. Mary and Dave separated because of his violent behaviour e.g. when drunk he physically assaults Mary and has tried to hit the children. Social work subsequently removed the children because of the violence.

Mary feels quite lonely in her home, Dave will often turn up at her house unannounced drunk and threatening violence if she does not let him in. He also constantly texts and harasses her by phone. Mary's neighbours are often rude to her and she feels discriminated against and judged by them. This has meant that Mary is scared to leave home and this has made her even more isolated.

What do you think about Dave's behaviour?

What do you think about the neighbour's behaviour?

What should she do next time Dave comes to the house?

What else should Mary do to keep herself safe?

What would you advise Mary to do to reunite with her children?