View metadata, citation and similar papers at core.ac.uk
brought to you by CORE
provided by London Met Repository

October 2015

A briefing for service providers and commissioners

Measuring outcomes for survivors of violence and abuse

Responding effectively to violence and abuse (REVA project) Briefing 5

Summary

- Outcome-focused commissioning is supported by services and survivors, but needs to reflect the outcomes that matter to survivors.
- Services need to be able to demonstrate effectiveness for funders. However, there is a lack of standardised sector-specific outcome measures available.
- To address this gap an outcomes framework – the **Supporting Survivor Outcomes (SSO) tool** – was developed and tested with survivors of abuse and violence who use services.
- The brief question set is divided into one section on how the person is feeling and getting on, and another about how well the service is doing.
- The tool was piloted in different settings and found to be accessible, to resonate with people's experiences, to helpfully capture their progress and improvement, and to work across groups and service types.

Introduction

The long-term consequences of violence and abuse can only be addressed if appropriate services for survivors are available. Many such services are located within the voluntary sector, and the fact that they are oversubscribed indicates a high level of demand, but there is limited robust evidence as to whether, how and why they work.

Third sector organisations need to demonstrate their effectiveness, particularly in the context of competitive commissioning (Harlock, 2013). However, cuts to already under-resourced services in the violence against women and girls (VAWG) sector have made it difficult for many, especially smaller services, to develop meaningful measurement frameworks or to fully engage in commissioning processes (Callanan et al., 2012; Women's Aid & Imkaan, 2014). The lack of standardised sector-specific outcome measures also means that services may be required to conduct multiple monitoring exercises for a variety of different funding streams, with none fully reflecting the reality of their work.

To address these gaps, one strand of the REVA project has involved developing an outcomes framework to reflect the work of such services more accurately. In doing this, we built upon work underway in the specialist women's voluntary sector by Women's Aid, Imkaan, Rape Crisis England and Wales, and consulted with a range of individuals and organisations through the REVA Reference Network. We also drew on tools developed and used within the health and mental health sectors. Our aim was for the measures to be suitable for use in a range of types of services addressing various forms of violence and abuse located in both the voluntary and statutory sectors. The resulting outcomes tool was piloted in seven voluntary sector and NHS settings in 2013-14.

01

What are outcome measures and what can they tell us?

An outcome measure is "a measure of change, the difference from one point in time (usually before an intervention) to another point in time (usually following an intervention)" (Kendal cited in Department of Health, 2011a: 48). The term PROMS (Patient Reported Outcome Measures) is commonly used in the health sector to denote measures that capture information on the effectiveness of services from the perspective of patients themselves (Department of Health, 2011a) and it is such patient-reported outcomes that are the focus here.

There has been an increasing emphasis on outcome measurement and outcome-focused commissioning across all public services in recent years, illustrated by the NHS Outcomes Framework (Department of Health, 2011b) and the Public Health Outcomes Framework . Regular outcome-based monitoring has the potential to enable services to become more effective for their users, and contribute to planning, service development, commissioning and evaluation. It can also provide a means of tracking the progress of individual service users. The development of an outcome-focused commissioning framework specifically for VAWG services was recommended in the Alberti review (2010), and a number of relevant PROMs have been identified by the Department of Health (2011a). However, aside from the work of second-tier organisations like Women's Aid, Imkaan (see Women's Aid & Imkaan, 2014) and Rape Crisis England and Wales (2013), research suggests that many specialist violence and abuse support services are not well equipped to evidence how their clients benefit from their services. For example, almost three quarters of agencies that responded to a survey conducted on behalf of the Survivors Trust said that they used an 'in-house' system to evaluate client outcomes, with many describing this as 'ad-hoc' and 'in need of development' (Survivors Trust & Consult, 2010: 64)[1]. Just over one quarter of these were using the Clinical Outcomes in Routine Evaluation (CORE)

[1] The Survivors Trust (TST) is a national umbrella agency for more than 135 specialist rape, sexual violence and childhood sexual abuse support organisations throughout the UK and Ireland.

tool, and almost two thirds of respondents supported the idea of development of sector-specific outcome measures (Survivors Trust & Consult, 2010).

NICE guidance (2014) on health and social care responses to domestic violence suggests there is a need for further research on how effective a range of interventions are in the short, medium and long term, across various levels of risk and including diverse and marginalised groups. An outcomes framework that could be used across services and kinds/levels of abuse would be a useful foundation for this and could help inform a growing evidence base.

Although outcome measures in the violence and abuse field may be under-developed, there is growing consensus about what should be measured. Specialist third sector services have drawn on their experience and expertise to identify issues of concern to survivors, such as having a sense of control, positive relationships with others, and being able to assert their rights and views (see, for example, Rape Crisis England & Wales, 2013 and women's Aid & Imkaan, 2014).

02

Methods, pilot and sample

Before developing our draft outcomes framework we conducted an audit of existing relevant outcome measures[2], consulted with the project Reference Network, which included service users and specialist violence and abuse service providers, including for BME women and for male survivors, and asked interviewees participating in Strand 2 of the REVA research[3] about their views on the outcomes they thought important to measure, and the types of assessments they had had to complete previously.

The draft outcomes tool was then refined through cognitive interviews The interviews explored the language used and whether the themes included in the outcomes tool adequately reflected interviewees' experiences of the impacts of violence and abuse in their own lives and their use of services.

The outcomes tool was then piloted in seven services (six voluntary sector, one statutory) located across four NHS Trust areas. One was a specialist provider for Black and Minority Ethnic (BME) women and one was a specialist service for male survivors.

The final stages of refining the outcomes tool involved conducting follow-up interviews with nine service users and six staff who had taken part in the pilot about their views of the tool and the process of completing it.

Overall, 29 service users took part in piloting the forms, with 83% (n=24) of these completing a follow-up form. They comprised 24 women and five men. The majority were white British; four of the women were Asian. Participants ranged in age from 18 to 63. Ten were survivors of sexual abuse as child, nine of sexual violence as an adult, nine of violence from a current/ex-partner and one of sexual exploitation. Eight had experienced two or more different forms of abuse. The type of support accessed across the pilot services included primarily counselling/therapy (n=10) and practical/emotional support (n=7), as well as pre-group therapy (n=5), support groups (n=4) and outreach (n=1).

[2] These included current measures for DH and other government departments, Clinical Outcomes in Routine Evaluation (CORE), the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), Rape Crisis Federation of England's Take Back Control tool, the Outcomes Star, and outcome measures for several local authority VAW strategies, among others.

[3] This consisted of a follow-up study of the pilot implementation of routine enquiry involving in-depth interviews and focus groups with service users, managers and staff in four NHS Health Trusts. See Briefings 2, 3 and 4.

03

The final outcome measures

The Supporting Survivors Outcomes (SSO) tool builds on a number of the measures within the CORE tool and other outcome frameworks (for example, the PROMS for VAWG services included in the Department of Health (2011a) guide for commissioners).

However, it differs from its closest equivalents by incorporating measures that go beyond the diagnostic and clinical, and seeks to encompass the multiple impacts experiences of violence and abuse can have on daily functioning as well as physical, mental and emotional well-being. We also sought to develop a tool that could be suitable for non-therapeutic services such as those providing advocacy and outreach. The SSO is grounded in service user and practice expertise, and research evidence.

04

Findings from the pilot

Participants were given a range of options for completing the forms and were able to choose the mode they were most comfortable with. The majority opted to complete forms either during or immediately before/ after sessions with a support worker or other staff member present.

No significant difficulties in understanding the outcomes form were reported in relation to participants from the BME women's service, who did have access to a mother tongue support worker where needed. However, the concepts of 'isolation', 'boundaries', 'depression' and 'self-harm' did require further explanation in one case. The question on sexual relationships was problematic for two of the BME women who were Muslims, as they stated that they would not have a sexual relationship outside marriage and had separated from their husbands due to violence .

Completion rates among the participants in the pilot were extremely high across all measures. The only exceptions were measures that made reference to children and ability to manage use of alcohol, drugs or prescribed medication, which had been left blank or marked 'not applicable' by some respondents. Feedback provided by staff in the log forms confirmed that no items caused consistent confusion or misunderstanding. No participants were reported to have experienced distress as a result of completing the forms.

05

Outcomes

Part 1 | How are you feeling and how are you doing?

Participants in the pilot experienced changes across many measures in the SSO tool between completion of the first and second forms. These were most marked in connection with their awareness of available support, their feelings about the abuse and sense of control over their lives.

In relation to support: there was a 49% increase in those who felt able to ask for support; a 44% increase in those who felt able to speak to others about their abuse if they wanted to; and a 36% increase in those who knew what options were available.

With regard to coming to terms with their experiences of violence and abuse: there was a 37% increase in those who felt able to recognise if others were behaving abusively; and a 26% increase in those who realised that they were not responsible for the abuse that had happened to them.

In terms of regaining control of their lives: 32% more felt in control at the time of completing the second form; 30% more felt able to make their own decisions; and 33% felt safer.

There were also positive shifts in respondents' assessments of their own health and well-being. For example, at the point of second completion, there was a 37% decrease in those who said they felt low, anxious or depressed most or all of the time; a 27% decrease in those who said they had self-harmed; and increase of 27% in those who had not over – or under-eaten to help them cope. 23% of participants also reported that they felt safer from further violence at the point of completing the second form.

Part 2 | How are we doing?

Part 2 of the form deals with respondents' perceptions of the service they have received and includes questions about whether they have been listened to, valued, treated with respect and felt safe. The pilot services scored extremely highly across the majority of these measures, with 78-83% strongly agreeing with the statements on service quality at the point of first completion. 83% strongly agreed with the statement that 'coming to this service has made a positive difference to my life'. The only area where services were rated slightly lower was in relation to the item, 'I have been given choices about the support I receive,' where only 68% strongly agreed. At the point of completing the second form, levels of satisfaction had increased further. Here, 85% or more of respondents strongly agreed with all nine items about service quality.

83%

Strongly agree coming to this service has made a positive difference

06

Views and experiences of using the outcomes tool

Of the seven pilot services that committed to undertake piloting the SSO form most described the experience positively. When asked to participate, the majority of survivors were happy to trial the outcomes tool and no problematic issues arising from completion of the forms were reported. A number of service users described the process as helpful.

"...because they relate to how you do your daily activities or the way you interact with other people, they make you think, it makes you think whether you have actually managed or you haven't, whether there is a problem, there is this kind of problem that you're not aware of, or you're not conscious about, so that was quite reflective, I would say"

Service user,
follow-up interview

Accessibility and resonance

Pilot service managers and practitioners administering the forms agreed that the outcome measures and format of the form were clear and accessible. Discussions with service users confirmed that the items were clearly worded and suggested that the range of items on the form captured their experience of the impacts of violence holistically.

"I think the questions have been selected quite... perfectly, actually, to be honest... because when you are a victim of domestic violence all aspects of your life – how you do your daily activities, how you interact with other people [are affected], so I think it was quite accurate"

Service user,
follow-up interview

Most participants had been in contact with a range of services in addition to the pilot support service and, through this, had completed a range of tools. A number of them commented that the SSO form compared favourably to assessment processes, particularly in statutory agencies.

"I actually thought it was quite a good form to fill in – because, obviously, I've done different kinds of forms with different agencies and one in particular I did with my midwife and it was a DASH form and I found that a bit too intense, whereas this one was fairly [...] straightforward, you don't have to go into detail. Because, you know, with domestic abuse and that you don't want to keep going over and over and over things, so this was kind of a 'nice' form [with the tick boxes] rather than, like, can you expand, can you explain"

Service user,
follow-up interview

Showing the process of change

Service users also valued gaining a sense of change and improvement through repeating completion of the form some months later and comparing the results.

"And when you see it on paper and you know and you're kind of like ticking the boxes the second time, you're like, 'Wow, I'm in such a better place!' It's a nice feeling and you start to feel like, yeah, you're getting somewhere and you're successful"

Service user,
follow-up interview

A number of participants commented that the open-ended questions and service-oriented questions in Part 2 of the outcomes form gave them the opportunity to acknowledge the help and support they had received.

"[I]t was nice to have an opinion at the end, to thank the people that have helped you. To have it read or noticed by the appropriate people"

Service user,
follow-up interview

Relevance across groups and service types

There were indications that the outcome measures were of use in services offering advocacy, outreach or practical support, as well as in counselling services, as they provided a means of initiating discussions about the service user's well-being and salient issues connected to the violence.

"[It was] a useful starting point for conversations and barometer of what's going on for [service users] now"

Service provider,
log form

07

Recommendations about outcomes from survivors and practitioners

- **Outcome-focussed commissioning** is supported by services and survivors but needs to reflect the outcomes which matter to survivors. The use of tools such as the SSO that evidence such PROMS should be recommended.
- **Service users** appreciate the need for information and appreciate the chance to be heard. However, the role and value of using the outcome measure tool for both service providers and service users must be clearly communicated to ensure engagement in the process.
- **The opportunity to see positive change** processes is valued by survivors. Therefore a software tool that could visually represent any change to survivors would be an invaluable accompaniment to the outcomes form itself.
- **For services using the SSO tool**, an analysis package allowing them to aggregate data from different cases and report on client group level change would enable them to produce useful and usable data.
- **Resources and capacity** for outcome measurement must be built into service schedules, as otherwise this takes time away from sessions, which may be time-limited.
- **Streamlining the outcomes** form process by integrating the measures with CORE or other tools would reduce the burden of additional form filling.
- **Using a DH endorsed tool** would be valuable for practitioners when communicating results to funders.

References

Alberti, G. (2010) Responding to Violence against Women and Children – the Role of the NHS: The Report on the Taskforce on the Health Aspects of Violence against Women and Children, London: Department of Health, available online at: **http://www.health.org.uk/media_manager/public/75/external-publications/Responding-to-violence-against-women-and-children–the-role-of-the-NHS.pdf.**

Department of Health (2011a) Commissioning Services for Women and Children who are Victims of Violence – A Guide for Health Commissioners, London: Department of Health, available online at: **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215635/dh_125938.pdf.**

Department of Health (2011b) The NHS Outcomes Framework 2012/13, London: Department of Health, available online at: **https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf.**

Harlock, J. (2013) Impact Measurement Practice in the UK Third Sector: A Review of Emerging Evidence, Working Paper 106, Birmingham: Third Sector Research Centre, available online at: **http://www.birmingham.ac.uk/generic/tsrc/documents/tsrc/working-papers/working-paper-106.pdf.**

Kelly, L., Sharp, N., and Klein, R. (2014) Finding the Costs of Freedom: How Women and Children Rebuild Their Lives After Domestic Violence, London: Solace Women's Aid.

M&E Consulting (2013) A Monitoring and Evaluation Toolkit: Summary Information for Partners, Funders and Commissioners, Rape Crisis England and Wales, available online at: **http://www.rapecrisis.org.uk/userfiles/toolkit/External3.pdf.**

NICE (2014) Domestic Violence and Abuse: How Health Services, Social Care and the Organisations they Work with Can Respond Effectively, Public Health Guidance 50

The Survivors Trust and Consult Research (2010) Developing Stability, Sustainability and Capacity for Specialist Third Sector Rape, Sexual Violence and Abuse Services, Rugby: The Survivors Trust.

Westmarland, N. and Alderson, S. (2013) The Health, Mental Health and Well-Being Benefits of Rape Crisis Counselling, Journal of Interpersonal Violence, 28(17): 3265-3282.

Women's Aid and Imkaan (2014) Successful Commissioning: A Guide for Commissioning Services that Support Women and Children Survivors of Violence, Bristol: Women's Aid, available online at: **http://www.womensaid.org.uk/core/core_picker/download.asp?id=4460.**

This is the fifth of five briefings based on the REVA study:

- **Violence, abuse and mental health in England** (REVA Briefing 1) www.natcen.ac.uk/revabriefing1
- **Guidance for Trust managers: Implementing and sustaining routine enquiry about violence and abuse in mental healthservices** (REVA Briefing 2). www.natcen.ac.uk/revabriefing2
- **A briefing for mental health professionals: Why asking about abuse matters to service users** (REVA Briefing 3) www.natcen.ac.uk/revabriefing3
- **A briefing for commissioners: What survivors of violence and abuse say about mental health services** (REVA Briefing 4). www.natcen.ac.uk/revabriefing4
- **A briefing for service providers and commissioners: Measuring outcomes for survivors of violence and abuse** (REVA Briefing 5) www.natcen.ac.uk/revabriefing5

This briefing reports independent research commissioned and funded by the Department of Health Policy Research Programme (Effective Responses to Long-Term Consequences of Violence, Trauma and Abuse, 115/0005). The views expressed are those of the author(s) and not necessarily those of the Department of Health.

Appendix A

Outcome measurement tool

How are you feeling and how are you doing?

It is important for us, and you, to see whether the support you are getting is helping you. Please tick the box that is most true for you over the last two weeks.

Over the past two weeks...	Never	Not very often	Some of the time	Most of the time	All of the time
1 I have been able to deal with my daily life					
2 I have been confident about doing new things					
3 I have been confident about meeting new people					
4 I have felt isolated and alone					
5 I have been happy with the amount of contact I have had with other people					
6 I have been able to set boundaries in relationships					
7 My relationships with people that matter to me have been satisfying					
8 My relationships with my children have been satisfying (if applicable)					
9 I have taken good care of myself (e.g. washing myself, getting dressed, eating regular meals)					
10 I have been able to concentrate on the things I need to do					
11 I have felt well enough to work or study					

Over the past two weeks...	Never	Not very often	Some of the time	Most of the time	All of the time
12 I have felt able to cope if things have gone wrong					
13 I have felt I deserve relationships where I am respected					
14 I have felt low, depressed, anxious or nervous					
15 I have over-eaten or under-eaten to help me cope					
16 I have self-harmed to help me cope					
17 I have been able to manage my use of: • Alcohol • Prescribed medication (such as anti-depressants or sleeping pills) • Non-prescribed drugs (such as cannabis, speed, cocaine, heroin)					
19 I have had supportive contact with other people who have experienced violence and abuse					
20 I have felt in control of my life					
21 I have been able to make my own decisions					
22 I have felt able to speak to people about my experiences of abuse, if I wanted to					
23 I have known I was not responsible for the abuse that happened to me					
24 I have been able to recognise if other people have been behaving abusively					
25 I have been aware of what options are available to me					
26 I have felt able to ask for support if I needed it					
27 I have felt safer from further violence and abuse					
28 I have felt able to be in a sexual relationship, if I chose to					
29 What is the most important thing this service has helped you to achieve?					
30 What is the biggest challenge you are facing now?					

Is there anything else you would like to tell us?

....

....

....

....

....

....

....

How are we doing?

We are interested in your experience of the support you have been offered by this service. Thinking about the last two weeks, please tell us how far you agree with the following statements.

Over the past two weeks...	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1 I have been listened to and believed by staff here					
2 I have been valued as a person by the people who work here					
3 I have been treated with respect					
4 Staff have been respectful of my identity (e.g. my gender, race, age, sexual orientation, disability, faith)					
5 Staff here have been knowledgeable and competent					
6 I have felt safe to talk about my experiences of abuse and violence					
7 I have not felt judged					
8 I have been given choices about the support I receive					
9 Coming to this service has made a positive difference to my life					

Please now continue to the final section over the page...

Please answer Yes or No to the following questions, and where you answer Yes, please tell us how helpful you have found this.

If you answered 'yes', how helpful has this support been for you?

Over the past two weeks...	Yes	No	Very helpful	Helpful	Neither helpful nor unhelpful	Unhelpful	Very unhelpful
10 I have had access to a single, named support/key worker							
11 The service has enabled me to deal with practical issues, as needed, e.g.: • Education or employment • Legal • Housing • Finances or benefits • Other practical needs							
12 I have been supported to access other services where needed							
13 I have been supported in my relationships with my children (if applicable)							
14 I have been supported to have positive relationships with family and friends (if applicable)							
15 I have been offered opportunities to have supportive contact with other people who've experienced abuse							
16 I have been offered opportunities to have supportive contact with other people who've experienced abuse							

If you could change one thing about the support you get what would it be?

Is there anything else you would like to tell us?

The REVA research was conducted by the following team:

Dr Sara Scott and Dr Jennie Williams
DMSS Research

Dr Carol McNaughton Nicholls
Truth Consulting

Sally McManus, Ashley Brown and Shannon Harvey
NatCen

Prof Liz Kelly and Joanne Lovett
CWASU, London Metropolitan University

NatCen
Social Research that works for society

Truth.