



Ending domestic abuse



Vodafone Lifeline 2.0 SafeLives Project Review Report

July 2019

About SafeLives

We are a national charity dedicated to ending domestic abuse, for good. We combine insight from services, survivors and statistics to support people to become safe, well and rebuild their lives. Every year, approximately 2 million people experience domestic abuse. For every person being abused, there is someone else responsible for that abuse: the perpetrator. And all too often, children are in the home and living with the impact.

Since 2005, SafeLives has worked with organisations across the country to transform the response to domestic abuse, with over 60,000 victims at highest risk of murder or serious harm now receiving co-ordinated support annually. Our approach includes early intervention for victims and their children, supporting every family member, and challenging perpetrators to stop. We want long-term solutions, not short-term fixes.

We strengthen the local response to domestic abuse by

- using our unparalleled data, research and frontline expertise to help local services improve and influence policy-makers locally and nationally.
- offering support, knowledge and tools to frontline workers and commissioners
- providing accredited, quality assured training across the UK.
- creating a platform for victims, survivors and their families to be heard and demand change
- testing innovative interventions and approaches that make more families safe.

No one should live in fear. It is not acceptable, not inevitable, and together – we can make it stop.

“I really appreciate the phone being given to me. You helped me and I can’t thank you enough. If it wasn’t for the phone I wouldn’t be able to call my daughter, speak to my Idva, call the council, housing or the job centre”

A victim of domestic abuse

“When I didn’t have a phone I felt uneasy. I didn’t feel safe on my own. It made my anxiety and mental health get worse. I don’t know what I would’ve done if I wasn’t given the phone”

A victim of domestic abuse

“Idva attended A&E after receiving a call stating a woman was there after a serious incident. It was very clear that her partner had been very controlling. The woman stated that she did not have any means of calling police or anyone as they only had a land line and had never been allowed a mobile. A Lifeline pilot phone was given to her and shown how to use it. Police and DA staff have now been able to contact her in a safe way”

A practitioner taking part in the Lifeline pilot

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Executive Summary

As technology becomes increasingly important to all aspects of everyday life, domestic abuse enabled by technology is becoming common. In 2016, over half of the 250 women surveyed for Comic Relief's Tech vs Abuse research project said they had been monitored online or with technology through trackers, apps or internet blockers¹. Vodafone partnered with SafeLives to pilot the Lifeline project in the South East of England in 2017; this project was able to support vulnerable victims of domestic abuse by increasing their ability to contact support services and their family and friends. Given that many victims of domestic abuse never contact the police, SafeLives recommended that a future project be based around health services, which have more contact with victims than any other service². Hospital specialist domestic abuse services are also more likely to reach very vulnerable victims, who are more likely to be pregnant, have financial difficulties or suffer from mental health difficulties.

In 2018, Vodafone and SafeLives created Lifeline 2.0 to build on the learning from the first pilot and trial a national pilot. SafeLives partnered with Vodafone to design the pilot, identify hospital-based Independent Domestic Violence Advisors (Idvas) and GP-based Advocate Educators (AEs), manage the project and review its social impact. SafeLives contacted 114 Idvas and AEs, who were able to issue handsets and SIMs to service users in need of a safe phone. Vodafone made available 2,310 handsets and SIMs with pre-loaded credit for the practitioners to order for six months between December 2018 and May 2019.

Findings

The impact of the pilot has been significant. It has been particularly helpful for the most vulnerable victims, such as those experiencing homelessness, isolation and mental health difficulties. SafeLives found the following results.

1. **Beneficiaries**

In total, there were 47 participating practitioners, 109 primary beneficiaries and at least 151 wider beneficiaries, including the children of victims.

2. **National spread**

The practitioners and primary beneficiaries were spread across 25 counties in England and Wales and in both large cities and more rural areas.

3. **Telephone access to emergency help and safety**

Almost a third of the activated devices (29%) dialled an emergency service. This indicates that having access to a phone can potentially mean the difference between life or death for victims of domestic abuse. The phone also enabled some victims to call 101, important for ensuring the police are kept up to date with information about the perpetrator when it is not an emergency.

4. **Access to wider statutory support and independence**

The handsets enabled victims to contact statutory and support services. As Idva support is often telephone-based, service users need a safe phone to be contacted on. It was crucial to the Idvas that the contact number was safe and in times when they knew the phone was monitored by the perpetrator, they would not contact the victim on that number. In addition, a number of victims, who were homeless as a result of the abuse, received a Lifeline handset. This group was assessed as particularly vulnerable and at high risk of further abuse from perpetrators on the street and in need of access to emergency and specialist services. In some cases clients contacted jobcentres, a critical step in building victims' ability to gain economic independence.

¹ SafeLives, Snook and Chayn, Tech vs Abuse (2017)

² SafeLives, *Cry for health* (2016)

5. Online access to financial support

The smartphones enabling victims to access online-only benefits such as Universal Credit. This is hugely important for victims of economic abuse who would otherwise be unable to receive such benefits.

6. Access to friends and family and reduced isolation

Victims were also able to access social media, reducing their isolation from friends and family. Pre-loading the phones with £30 credit was particularly important for victims of economic abuse who may have had their access to money restricted by their perpetrator.

7. Access to safety apps and improved criminal justice outcomes

Smartphones also enabled victims to download apps, such as BrightSky, which enable them to record evidence of their abuse, helping the Police to reach charging thresholds.

8. Access to legal and other support

There was a disproportionate number of BME victims. BME clients were more likely to have more complex immigration cases and as a result have no recourse for public funds. This made buying a phone or paying for credit especially difficult. Victims with families who live outside of the UK are forced to rely on phone communication. This means that this group of victims is especially isolated when they do not have access to a phone. Thus, accessing the Lifeline pilot was of additional benefit to them.

The findings were very positive, indicating that the smartphone and pre-loaded credit were especially important in helping to improve safety and connect victims with family and friends. Pre-ordering has been greatly beneficial to practitioners, enabling them to offer immediate access to safe devices to their service users.

Most importantly, victims of domestic abuse were universally approving of the pilot, irrespective of their circumstances. Lifeline helped those who were not ready to leave by helping to capture evidence and maintaining contact with family and friends. Lifeline also helped those who were at high risk of harm by providing them a safe handset with which to call emergency and specialist services. The pilot also supported those leaving abusive relationships by helping them to manage their life, including finding housing or applying for benefits.

Recommendations

Depending on available budget, resourcing and availability of handsets, SafeLives recommends below how Lifeline could be continued or extended across England and Wales and would be happy to support the implementation as appropriate.

- 1. Widen the number of practitioners to include community based Idva services and services supporting young people living with domestic abuse**
- 2. Send monthly emails to participating practitioners**
- 3. Provide practitioners with a toolkit**
- 4. Send confirmation order emails and allow practitioners to set their own password**

Lifeline 2.0 created a very carefully targeted programme which significantly helped many of the most vulnerable victims of domestic abuse and their children at a time of crisis in England and Wales in 2018 and 2019. On behalf of all the practitioners and beneficiaries involved in this programme, SafeLives would like to express gratitude to the Vodafone Foundation for leading and implementing Lifeline 2.0.

Section 1: Introduction

Domestic abuse is a major, complex social issue, which costs the UK an approximate £66 billion a year³. It is defined as any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality. This can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse. In the year ending March 2018, an estimated 2 million adults aged 16 to 59 years experienced domestic abuse in the last year (1.3 million women, 695,000 men)⁴. This section sets out why the Lifeline pilot was needed, the wider context of technology and domestic abuse and how SafeLives evaluated the efficacy of the pilot.

1.1 Context

Technology increasingly permeates all aspects of modern life including financial, social, and professional; ONS data suggests that 86% of adults in the UK used the internet daily in 2018, up from 35% in 2006⁵.

Comic Relief commissioned SafeLives, Snook and Chayn to conduct the research project '*Tech vs Abuse*' to better understand technological context of domestic abuse. The project found that the use of technology in domestic abuse is highly prevalent. Almost half of the 250 women and girls interviewed as part of the project reported they were monitored online, or with technology, through trackers, apps or internet blockers⁶. The Australian research project 'SmartSafe' found that perpetrators use technology to create a sense of being ever present in victims' lives even when they are not physically present⁷.

Whilst there are threats that come with technology, there are also opportunities. To ignore the opportunities and ask survivors to remove themselves completely from the technological world is unrealistic, unfair and risks the perpetrator maintaining control. The '*Tech vs Abuse*' research found that almost half of the women surveyed (47%) reported that connecting with online services and support groups was a positive experience which reduced feelings of isolation and increased resilience.

In 2017 Vodafone asked SafeLives to design, manage and assess a pilot programme to offer smartphones and SIMs to domestic abuse providers for their beneficiaries. This pilot, known as Lifeline, was delivered across six domestic abuse charities in the South East of England for three months. The impact of the pilot was significant - it helped make people experiencing abuse safer and more connected to vital networks and strengthened the ability of practitioners to support them. This pilot recommended a national roll out, with a focus on the most vulnerable victims. A partnership with hospital-based Independent Domestic Violence Advisors (Idvas) or Advocate Educators (AEs) based in GP surgeries through the Identification & Referral to Improve Safety⁸ (IRISi) was recommended to reach those at the highest risk of harm.

The adverse physical and mental impact of domestic abuse leads to health services often becoming the first port of support. Hospital specialist domestic abuse services reach very vulnerable victims, with hospital beneficiaries more likely than community-based beneficiaries to be pregnant, have financial difficulties and suffer from mental health difficulties. In the year before getting effective help, nearly a quarter (23%) of victims at high risk of harm and 1 in 10 victims at medium risk of harm attended A&E because of acute

³ Home Office, The economic and social costs of domestic abuse (January 2019)

⁴ Office for National Statistics, *Domestic abuse in England and Wales* (2018)

⁵ Office for National Statistics: *Internet access- households and individuals, Great Britain* (2018)

⁶ Chayn, SafeLives & Snook, *Tech vs Abuse: research findings* (2017)

⁷ D. Woodlock, *The abuse of technology in domestic violence and stalking* (2016)

⁸ IRIS <http://www.irisdomesticviolence.org.uk/iris/about-iris/about/>

physical injuries¹⁰. SafeLives research has found that victims of domestic abuse with mental health needs were likely to have visited their GP and A&E before accessing support for the abuse¹¹. This represents a significant opportunity for practitioners to intervene and victims to get the support they need.

1.2 Lifeline 2.0

Following the success of the Lifeline pilot, Vodafone asked SafeLives to create a proposal for a new pilot, building on the previous project and to assess its social impact with a view for future replication. SafeLives implemented the recommendations from the previous pilot and delivered Lifeline 2.0 nationally for six months, between December 2018 and May 2019 through hospital-based Idvas and AEs. SafeLives' role was to manage the pilot and evaluate its efficacy.

1.2.1 The role of Vodafone

For this pilot Vodafone made available a maximum of 2,310 handsets and SIMs with pre-loaded credit. The SIMs were pre-loaded with £30 credit and were on Pay As You Go 1 tariff. This meant that a user could only be charged for what they use (20p per standard minute/text/5MB of data) up to £1 a day. This means that if a phone is not used for a day, there is no charge. However, if the device is used and reaches the £1 limit, their standard minutes and texts become unlimited and up to 500MB of data until midnight that day. There were additional charges for calling or texting premium numbers.

Vodafone created an ordering portal, where the practitioners ordered the handsets and SIMs and delivered to an address agreed by the practitioner. The devices were monitored by Vodafone, specifically activation and whether calls were incoming or outgoing. Vodafone Special Care team were also available to support any technical queries.

1.2.2 The role of SafeLives

In order to launch the pilot, SafeLives contacted 114 health-based Idvas and AEs in England and Wales. SafeLives delivered webinars to explain the purpose of the pilot and project details, such as the ordering system, monitoring of devices and the evaluation process. SafeLives conducted the pilot over six months between December 2018 and May 2019 and managed the relationships with practitioners by responding to queries and practical issues which arose during the pilot. SafeLives also monitored the number of devices given out to victims throughout the pilot.

SafeLives assessed the impact of the pilot by examining the following issues:

- Number of devices issues during the pilot
- Demographics of beneficiaries who were issues with phones, including age, gender, ethnicity, sexuality, disability and area
- Reasons for beneficiaries needing the phones
- Delivery of the pilot in practice, including the ordering process
- Impact of the pilot on victims and survivors of domestic abuse
- Impact of the pilot on the practitioners' work and their wider service
- How the Lifeline project could be effectively rolled out nationally

1.2.3 Participating practitioners

The practitioners were responsible for ordering the handsets and SIMs from the ordering portal. They were able to pre-order the devices and keep them in stock, to ensure availability at the point of crisis. They were encouraged to pre-order five devices at the start of the pilot and restock when needed. The practitioners agreed to complete a short demographic survey for each phone given out, complete a feedback survey, participate in in-depth interviews and facilitate interviews with service users at the end of the pilot.

¹⁰ SafeLives, *Getting it right the first time: policy report* (2015)

¹¹ SafeLives *Mental Health Spotlight* (2019)

1.3 Evaluation methodology

Vodafone's Lives Touched methodology is used to assess the impact and success of all initiatives funded by the Vodafone Foundation. The basis of the Lives Touched methodology is the understanding that no one is an island; when one person is helped, there are positive consequences for others as a result.

Vodafone asked for the evaluation to include three levels of beneficiaries:

- Active participants
- Primary beneficiaries
- Wider beneficiaries

Active participants are people involved in programme activities and are the enablers of the pilot, rather than the intended end beneficiaries. For Lifeline, this is the number of practitioners taking part in the pilot. The practitioners completed a survey stating their feedback on their experience. Furthermore, SafeLives conducted in-depth interviews with 10% of the participating practitioners to incorporate this element of the Lives Touched methodology.

Primary beneficiaries are people for whose benefit the project was primarily designed and who can be shown to have benefited from the outcomes. For the Lifeline project, these are the victims and survivors of domestic abuse, who are service users of the practitioners taking part. Evidence was sought through interviewing survivors, demographic information captured from surveys and indirect feedback from practitioners supporting the victims. The number of primary beneficiaries will continue to rise after the pilot, as practitioners are left with pre-ordered devices, which have not yet been issued to victims.

Wider beneficiaries are people who can be shown to have benefitted from the wider impact of the pilot. For the Lifeline project, the main wider beneficiaries are the families of victims. Evidence was sought through interviewing survivors about the effect of the pilot on others, through feedback from practitioners supporting the victims and through specific questions about family members captured by surveys completed by practitioners. Estimates are based on the average number of children per household in the UK, and the number of survivors who specifically mentioned staying in contact with friends and family as a reason for needing the phone. The actual number is likely to be much higher, as this excludes wider family and friends not explicitly mentioned in the demographic survey affected by the pilot.

1.3.2 SafeLives' evaluation methods

SafeLives assessed the efficacy of the Lifeline pilot using the following evaluation tools:

- Conducting a survey to be completed as a device is given out to a victim/survivor
- Interviewing 10% of domestic abuse service practitioners at their services
- Interviewing beneficiaries at four sites, who have received smartphones through the pilot
- Conducting a survey for all practitioners about the pilot

SafeLives incorporated the Lives Touched methodology throughout its evaluation. Practitioners were asked '*How has having a handset/SIM have on the victims and survivors you work with and their families?*'. Victims of abuse were asked a very similar question of during their interviews '*What did having a new phone/SIM mean for you and your family?*'. The survey completed by practitioners required them to state whether a victim of domestic abuse had any dependent children (with an option to say 'yes' 'no because their children are adults' or 'no because they have no children'). The survey also asked practitioners to state the reason for giving a client a device with a free text box to supplied for the answers. This longer answer frequently made reference to how the device would affect people other than the clients themselves.

1.3.3 Methodology limitations

A mixed methodology allows for the inclusion of different perspectives in the research and enables the triangulation of findings, however, there are some limitations, summarised below.

Methods	Limitations
Surveys completed by practitioners for every handset/SIM given out	The surveys were not always completed when a handset or SIM was given out. 87 surveys were completed in comparison to 109 handsets activated. Thus, data on 20% of primary beneficiaries is missing.
In depth interviews with 10% of practitioners	In depth interviews were arranged with 13 practitioners. The nature of arranging an interview meant that this method could be affected by sampling bias. Such interviews could only be organised with practitioners who were motivated and engaged with the pilot enough to give up their time to be interviewed and are therefore not representative of all the practitioners.
In depth interviews with service users in four different sites	In depth interviews with service users were arranged at four sites. This was only a small sample of all the service users who received a device through the project.
Feedback survey for practitioners at the end of the pilot	Not all practitioners gave out a device as part of this project. Therefore, their feedback may have been in some parts limited.

Section 2: The pilot in practice

This section sets out how the pilot was delivered in practice. It describes the process the practitioners underwent and analyses the number of handsets and SIMs given out. SafeLives contacted 119 health practitioners of whom 47 were able to participate. While 292 handsets were devices were ordered, 109 were activated. Practitioners emphasised that they had wanted to ensure that the devices were given to service users at the highest risk, who needed it the most.

This section includes:

- Participating practitioners
- Delivery of the pilot
- Changes to the pilot.

2.1 Participating practitioners

2.1.1 Recruitment and profile of participating practitioners

This Lifeline pilot was extended out nationally, with practitioners across 25 counties in England and Wales taking part. Of those who chose to participate, the group comprised of:

- 39 Idvas
- 8 AEs
- In total there were 47 Idvas and AEs.

After contacting all possible hospital-based Idvas and AEs (114), SafeLives initially found and recruited 36 hospital-based Idvas or AEs in December 2018. The second recruitment phase took place in February 2019, when an additional six hospital-based Idvas and AEs were recruited. The third recruitment phase took place in May 2019, when a further five Idvas were recruited. Throughout the course of the pilot, one Idva moved on from her post (before she was able to give out any handsets or SIMs).

The number of participating practitioners was lower than expected. There are two main reasons for this. Firstly, funding for hospital-based Idvas and AEs is short-term and uncertain. Recent funding cuts have affected posts and there are fewer hospital-based Idvas and AEs than previously. Secondly, as hospital-based Idvas and AE posts are reduced, their capacity becomes stretched as their caseloads increase. Not every practitioner we contacted replied to us (only 36 out of 114 we contacted joined the pilot during the first recruitment phase) and we believe this is because they are limited in their capacity to take part in projects.

Hospital-based Idvas provide immediate support to victims of domestic abuse within hospitals and link such individuals and their families to longer-term community support. The victims they support are often in the immediate aftermath of a crisis: severe physical assault, drug/alcohol related medical needs, attempted suicide or self-harm. Ensuring the safety needs of the client are met is paramount, and this often involved the Idva connecting the victim with specialist services who can provide longer-term support.

AEs support victims in primary care settings. They usually work across several general practices, providing training and support to health professionals and provide support to women who disclose past or current experiences of abuse, which often includes connecting them with specialist services. AEs also strengthen referral pathways between general practices and specialist domestic abuse services.

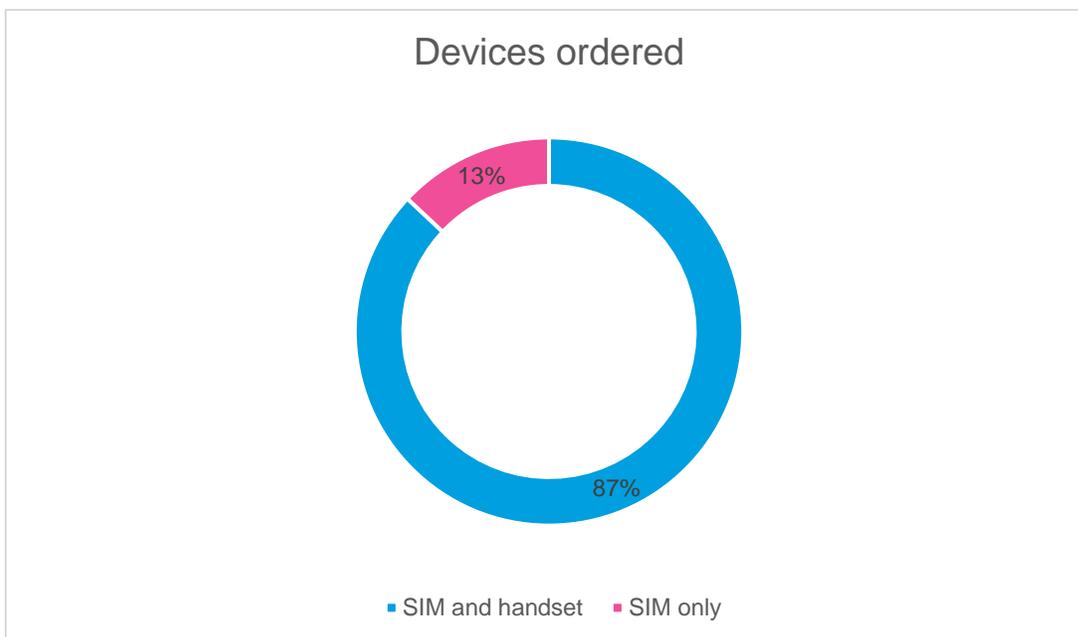
A webinar was produced for each phase of the recruitment. The webinar explained the ordering system, the monitoring and evaluation process (including the need to fill out a survey after a handset is given out), the SIM tariff and the expected outcomes. The practitioners were encouraged to order five handsets and

SIMs to have in stock, with the exception of practitioners in the third phase who were encouraged to order two handsets and SIMs. This was due to the pilot ending shortly after their recruitment.

2.1.2 Number of devices ordered

In total, 292 devices were ordered as part of the pilot, 255 of the orders were for handsets and SIMs and 37 of the orders were for SIM only devices. This number does not include devices ordered but not delivered (50 SIMs and handsets were not delivered, which was mostly due to no one being at the address to collect the devices).

Chart 2.1.2a: Devices ordered



Feedback from the practitioners indicated three main reasons behind this preference. The first was that the victims often had their handsets broken or compromised by the perpetrator and thus needed a replacement.

The second reason was the opportunity to use a smartphone, which practitioners fed back was greatly beneficial to their service users, particularly to connect with some statutory services (such as Department of Work and Pensions). The impact of the device being a smartphone is further discussed in 3.7.

Finally, many of the victims needed a second phone as they were unable to leave the relationship. They wanted to access support from specialist services and have contact with family and friends but were prevented by the fact that their perpetrator would check their phone. By being given a new handset and SIM which could be left in a safe place, such as work or church, they could access the handset safely and without the knowledge of the perpetrator.

2.2. Delivery of the pilot

2.2.1 Ordering process

The ordering portal required a log in username and password (which were created by Vodafone) and asked for a number of devices to be ordered and the type of device ordered (i.e. SIM and device or SIM only). Practitioners were encouraged to order five SIMs and handsets at the start of the pilot and order again once they had given most of their stock out. There were some initial difficulties in ordering handsets which

impacted on uptake during the Christmas period. These included issues with the ordering portal and devices not being delivered. However, these issues were resolved by January 2019.

Feedback from the practitioners made it clear that the ability to pre-order devices made the pilot much more effective. Practitioners, especially Idvas who work with victims at a high risk of harm, have a small window of opportunity to create a safety plan for their service users. Being able to immediately provide their clients with a device enables them to support the victim and increase the victim's safety. The benefit of being able to pre-order the devices is further discussed in section 3.5.

“It’s quite easy to order the phones, they arrive so quick. It’s already charged, which is also good”

A complex needs Idva from the DASH service in Slough

“After initial teething problems, it was easier than expected”

An anonymous practitioner's feedback

It was especially useful for victims with complex needs (such as disabilities), victims identified in hospital and those at the highest risk of harm, as the practitioners did not know when they would see them next. If those victims did not receive a device immediately, they may have never received it.

2.2.2 Activation

As of mid-June 2019 109 devices were activated. This is 37% of all the devices ordered and delivered. Vodafone's average activation rate is 57%. This difference is likely due to the devices being pre-ordered and therefore not given out to a service user before the end of the pilot.

There is no indication of the devices being resold or any cases of fraud/abuse of the pilot. Feedback from practitioners showed that they were mindful of the likelihood of the device not being used for the purposes for which it was intended and took this into account when deciding whether a service user was appropriate to take part in the scheme.

Practitioners' caution with the devices is also likely to be the reason for the volume of activated phones being lower than expected. Practitioners wanted to ensure that the devices were given to service users at the highest risk, who needed it the most. This was further exaggerated by the time limit of the pilot. Practitioners were acutely aware that the devices would only be available for a short amount of time and thus not to be given out to service users who could make alternative arrangements.

“We’re spoilt having a pilot like that, staff aren’t used to it and don’t have it at the forefront of their mind. They’re unsure if they could issue in certain circumstances”

A manager of the Aurora service in Portsmouth

“Most people have phones. It’s a priority for them. The people that are getting [these] are those who really need them”

AE from Manchester Women's Aid

“It took me a while to think that I have access to free phones. If it was longer term then I would know I can give out a phone when it’s needed. So it’s a bit strange as a worker.”

An Idva from Safer Merthyr Tydfil

2.2.3 Usage

Phone usage shows that 29% of activated devices made calls to emergency services (both police and medical emergency numbers). It was expected that service users would use the phones to make calls to emergency services, as they were mainly given out to clients at high-risk of harm with the intention of increasing the client's safety. This verifies correct usage of the devices and the pilot in general.

2.3 Changes to the pilot

2.3.1 Expanding the pilot to the whole specialist service

There was a focus on health-based practitioners at the beginning of the pilot. The rationale behind this was to reach and support the most vulnerable victims, who as a result of harm experienced are forced to seek medical help. However, as SafeLives monitored the pilot and the uptake of the phones (as judged by the number of surveys completed by practitioners), it became clear that a smaller number of devices were given out than expected. We contacted several practitioners taking part in the pilot and discussed possible reasons for this. They all stated that opening the pilot to health Idvas and AEs only leads to a smaller cohort of service users. They advised that in order to increase the uptake the project should be open to the full Idva service, not the hospital-based practitioners only.

It was agreed by Vodafone and SafeLives to extend the pilot to the whole specialist service of the participating practitioners in March 2019. That month saw the second largest number of devices activated in the whole pilot (24).

2.3.2 Expansion to more Idvas

The Lifeline project was expanded twice after commencing - in February, when an additional six Idvas were recruited, and in May, when an additional five Idvas were recruited. This was to expand the project, reach as many victims as possible and increase the impact of the pilot.

Section 3: The impact of the pilot

In this section, we evaluate the efficacy of the Lifeline pilot. We analysed the following factors to determine the impact of the pilot:

- Demographics
- How the devices helped the victims of domestic abuse
- How the devices helped families of victims of domestic abuse
- How the devices helped domestic abuse practitioners
- The value of smartphones
- The value of pre-loaded credit
- The value of pre-ordering devices.

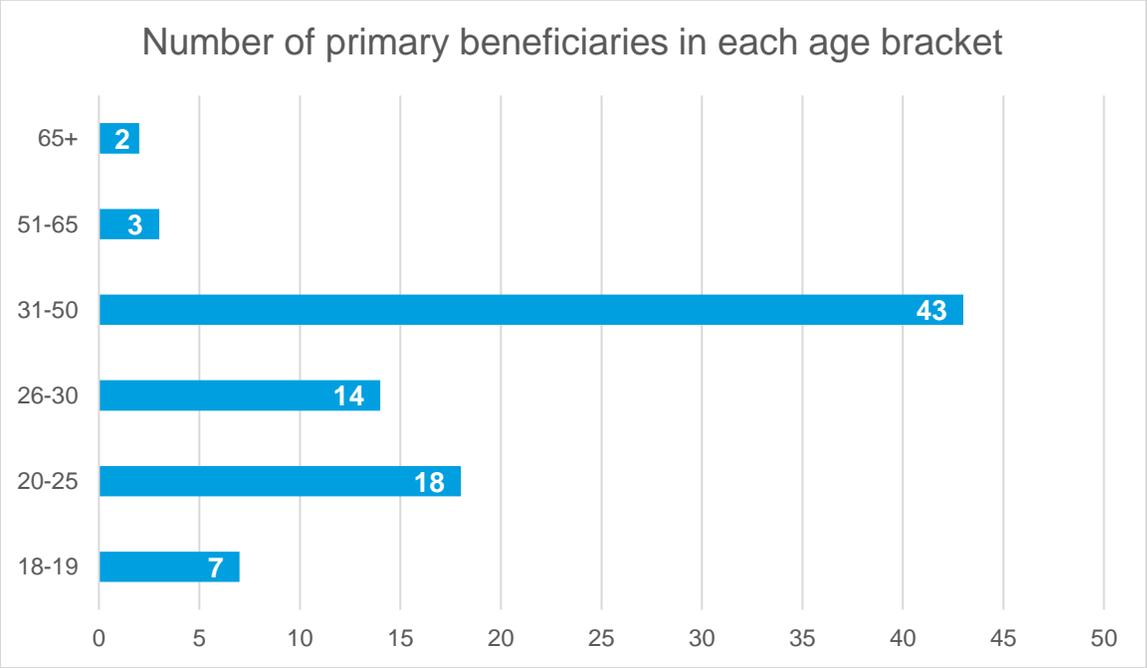
3.1 Demographics

Demographics have been calculated from data obtained from surveys filled out by practitioners once a device had been issued. Surveys for 20% of the devices had not been completed, so this section is representative of most, but not all, of the beneficiaries.

3.1.1 Age

The ages of the beneficiaries accessing the Lifeline pilot were disproportionately skewed towards younger age groups.

Chart 3.1.1a: Age of primary beneficiaries



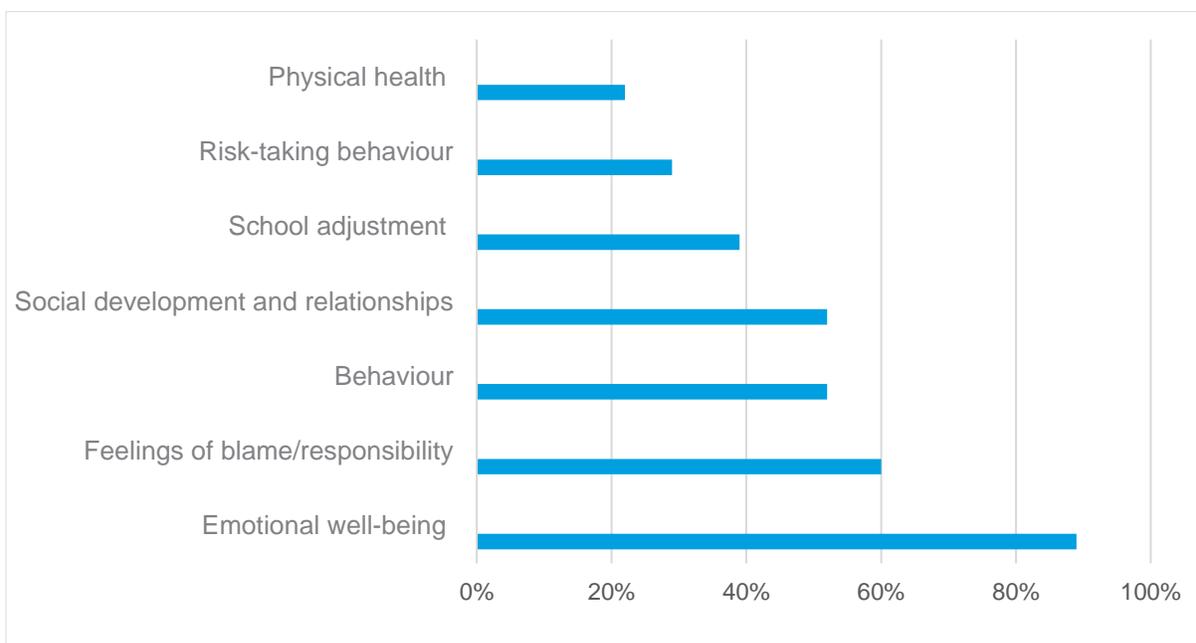
All of the beneficiaries aged between 18 and 25 years old who accessed the Lifeline pilot were direct victims of domestic abuse. SafeLives’ research demonstrates that young people experience the highest rates of

domestic abuse of any age group¹². In March 2015 the Crime Survey of England and Wales identified that 6.6% of men and 12.6% of women aged 16 to 19 had experienced domestic abuse in the past year. The proportion of young people who have experienced domestic abuse at some point in their lives is highly likely to be higher – a survey of 13 to 17 year olds found that 25% of girls and 18% of boys reported having experienced some form of physical violence from an intimate partner¹³.

We know that age has an impact on how victims present to domestic abuse services. SafeLives’ data indicates that young people were twice as likely to still be in the relationship at the point at which they accessed services (68% experienced abuse from a current partner, compared to 31% experiencing abuse from an ex-partner)¹⁴. This differs to adult victims, who are more likely to have ended the relationship at the point at which they seek support. Increasing the safety of victims who were in a relationship with the perpetrator was a common reason for a device being issued- this is discussed further in section 3.2.1.

In this pilot devices were given out only to direct victims of domestic abuse, however we know the negative impact on children who are exposed to domestic abuse. Chart 3.1.1b shows the negative impacts on children’s health and wellbeing from exposure to domestic abuse; in many ways, they mirror the impact domestic abuse has on the direct victim. Given that one in five children are exposed to domestic abuse, extending the project in the future to services supporting children and young people exposed to abuse in their household should be considered.

Chart 3.3.1b: Impact of domestic abuse on children’s health and well-being



3.1.2 Ethnicity

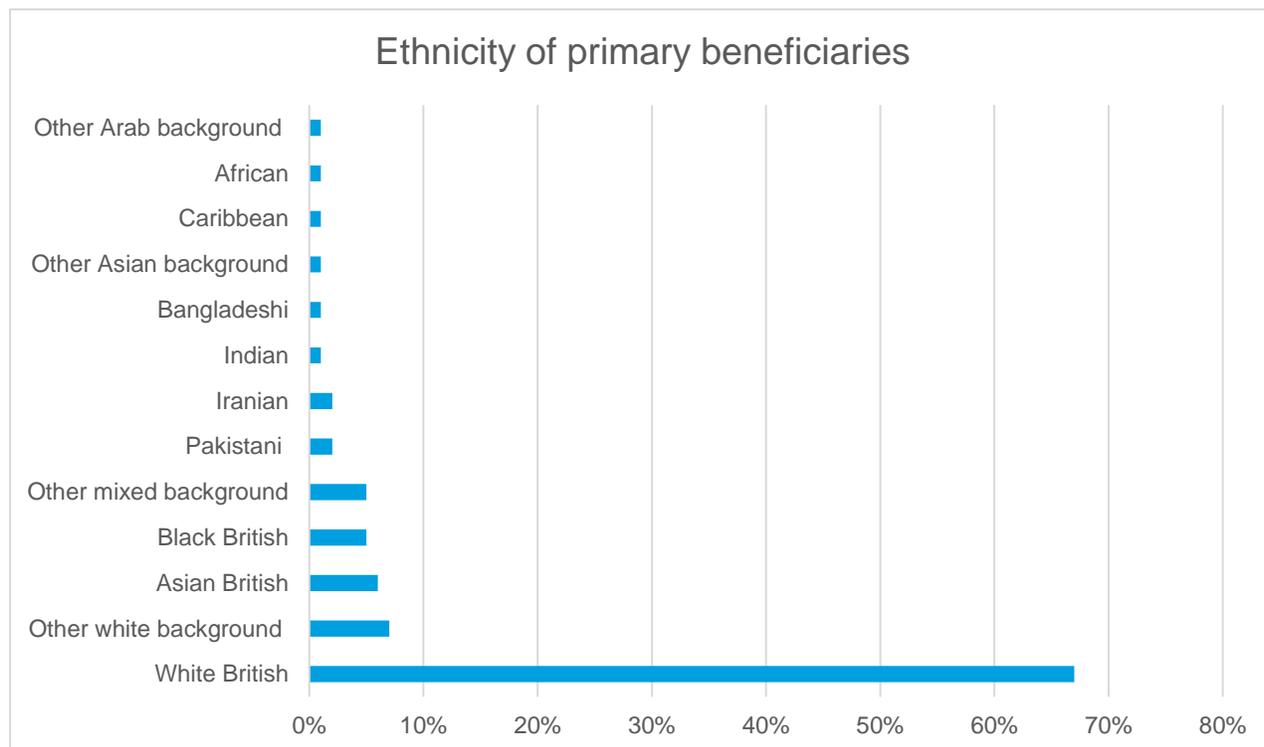
The majority of the beneficiaries (67%) in this pilot identified as White British and 26% identified as BME (6% identified as ‘other white background’). This is an overrepresentation of the BME community when compared to the England and Wales general population, where 13% of people identify as BME.

¹² SafeLives, Safe young lives: Young people and domestic abuse (2017)

¹³ Barter et al, Partner exploitation and violence in teenage intimate relationships (2009)

¹⁴ SafeLives, Safe young lives: Young people and domestic abuse (2017)

Chart 3.1.2 Ethnicity of primary beneficiaries



Domestic abuse affects women from all ethnic groups but women from BME communities often face additional risks as part of their experience of abuse. For example, SafeLives' research found domestic abuse is more likely (for 25% of victims) to involve multiple perpetrators, including extended family members such as parents or parents-in-law, as well as an intimate partner¹⁵. Additionally, victims from BME communities may be more isolated, have language barriers and fear repercussions from the wider community if they disclose abuse. In the same research SafeLives also found that BME victims were almost a third less likely to report abuse to the police.

An important additional risk for BME beneficiaries is financial. The SafeLives' Insights dataset found that a quarter (23%) of 'honour'-based violence victims accessing Insights services had no recourse to public funds (NRPF)¹⁶. While legal exemptions do exist in the case of domestic abuse, victims, particularly those who do not speak English, could be unaware of their legal rights. Furthermore, a survey by Southall Black Sisters in 2003 identified that abusers use immigration status and financial dependency as means of frightening and controlling victims¹⁷.

Whilst we cannot say with certainty why BME victims were over-represented in this pilot, some practitioners did state in their interview that their BME clients were more likely to have more complex immigration cases and as a result have no recourse for public funds. This made buying a phone or paying for credit especially difficult.

Victims with families who live outside of the UK rely on phone communication, and so are especially isolated when they do not have access to a phone. Thus, accessing the Lifeline pilot was especially beneficial.

¹⁵ SafeLives, *Your choice: 'Honour'-based violence, forced marriage and domestic abuse* (2017)

¹⁶ Ibid

¹⁷ Southall Black Sisters, *Domestic violence, immigration and no recourse to public funds: A briefing to amend the Domestic Violence, Crime and Victims Bill* (2004)

“Our BME clients tend to [have more] complex [needs], sometimes lack benefits due to immigration status. They are more likely to lack the funds for a new phone”

Hospital-based Idva from Manchester Women’s Aid

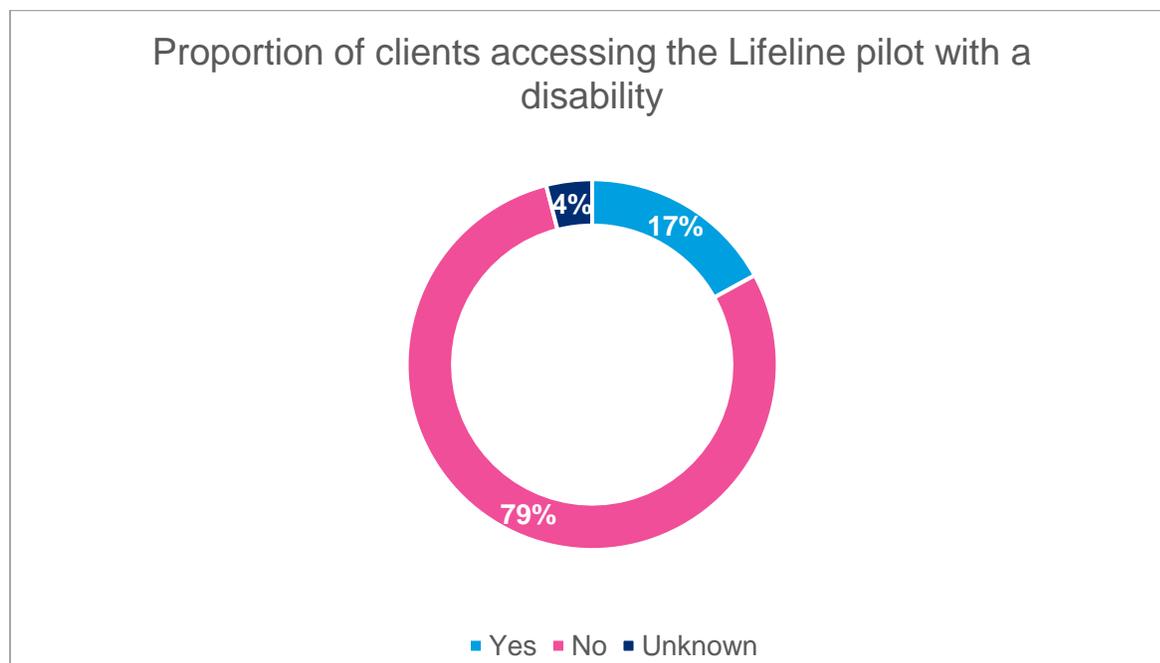
“We run a refuge for BME women without recourse to public funds, those women will rarely have phones which are vital tools to be able to support and sustain their safety, and will not have any funds to buy one”

Idva from Manchester Women’s Aid

3.1.3 Disability

At least 17% of the primary beneficiaries had a disability. This is lower than we would have expected as the national proportion of people with a disability is 22%¹⁸ and the estimated proportion of disabled women experiencing domestic abuse is 28%¹⁹. This low figure may be due to a low identification of disabilities (nationally, disabled victims made up only 6.4% of all Marac referrals in 2018), particularly those which are non-physical.

Chart 3.1.3a: Beneficiaries with a disability



Research suggests that disabled women are twice as likely to experience domestic abuse and are also twice as likely to suffer assault and rape. Disabled victims face additional barriers, for example, cognitive impairments can make it difficult to recognise abuse and seek help. SafeLives’ data indicated that disabled victims typically experience domestic abuse for 3.3 years before receiving support²⁰.

¹⁸ Department for work and pensions, Family Resources Survey 2016/17

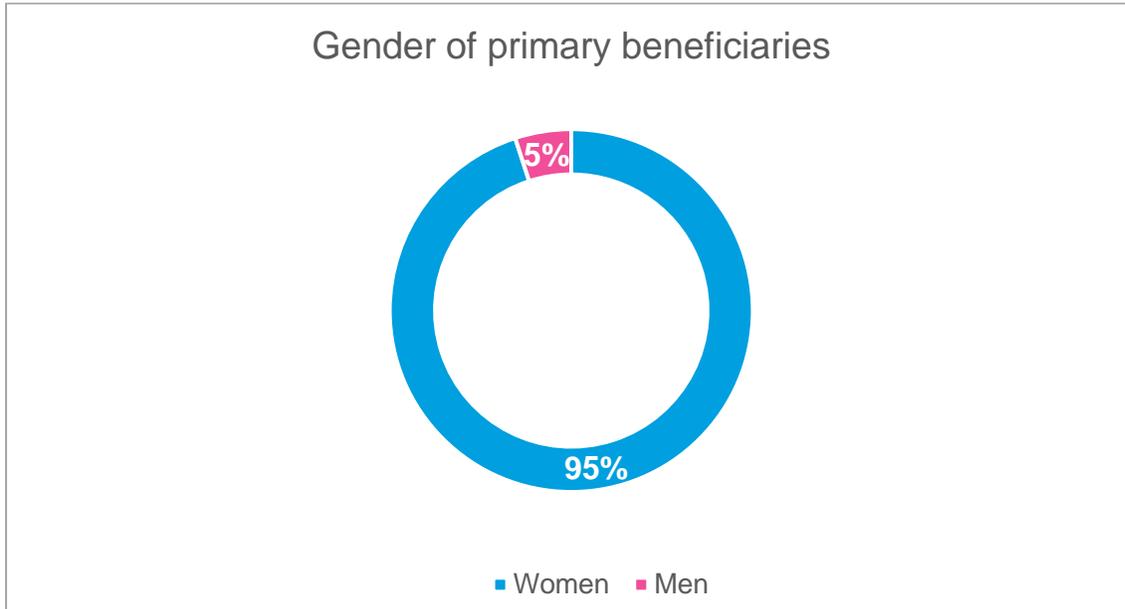
¹⁹ SafeLives, Disabled survivors too: Disabled people and domestic abuse (2016)

²⁰ Ibid

3.1.4 Gender

The vast majority (95%) of beneficiaries accessing the pilot were female. This is expected given the gender-based nature of domestic abuse.

3.1.4a: Gender of beneficiaries



Domestic abuse is a pattern of coercive and controlling behaviour. Therefore, at the core of the gender debate is the issue of power and control. Research highlights that male perpetrators are more likely to exercise power and control over female partners, and that physical violence is likely to be repeated and to be of higher severity. In 2016 the Home Office found 87% of principal suspects in domestic homicides were male²¹.

3.1.5 Sexual orientation of beneficiaries

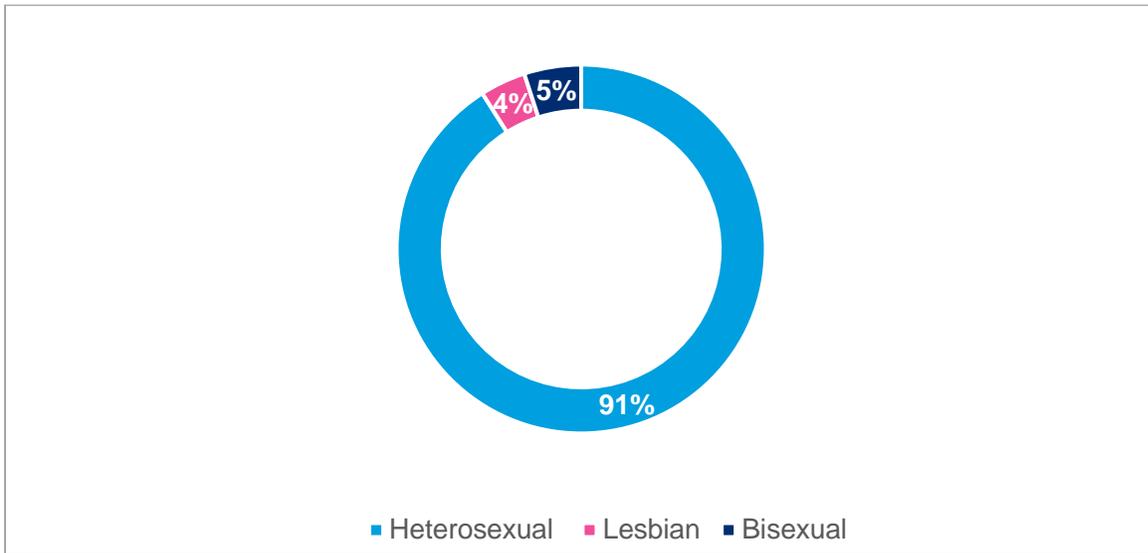
The vast majority (91%) of beneficiaries were heterosexual. Only 5% identified as bisexual and 4% identified as lesbian. None identified as gay, transgender or queer. There is a national underrepresentation of LGBTQ victims, with only 1.2% of all Marac referrals in 2018 being for LGBTQ victims. This is in comparison to the SafeLives expected level of 2.5% to 5.8% and an estimation of 7% of the UK population identifying as LGBTQ.

SafeLives' data indicates that LGBTQ victims are more likely to experience all types of abuse²². They are also more likely to experience abuse as a result of multiple perpetrators; have higher rates of repeat experiences of abuse and discrimination over their lifetime, again highlighted by SafeLives' Insights data.

²¹ Home Office, Domestic homicide reviews: Key findings from analysis of domestic homicide reviews (2016)

²² Free to be Safe (2018), SafeLives

Chart 3.1.5a: Sexual orientation of beneficiaries

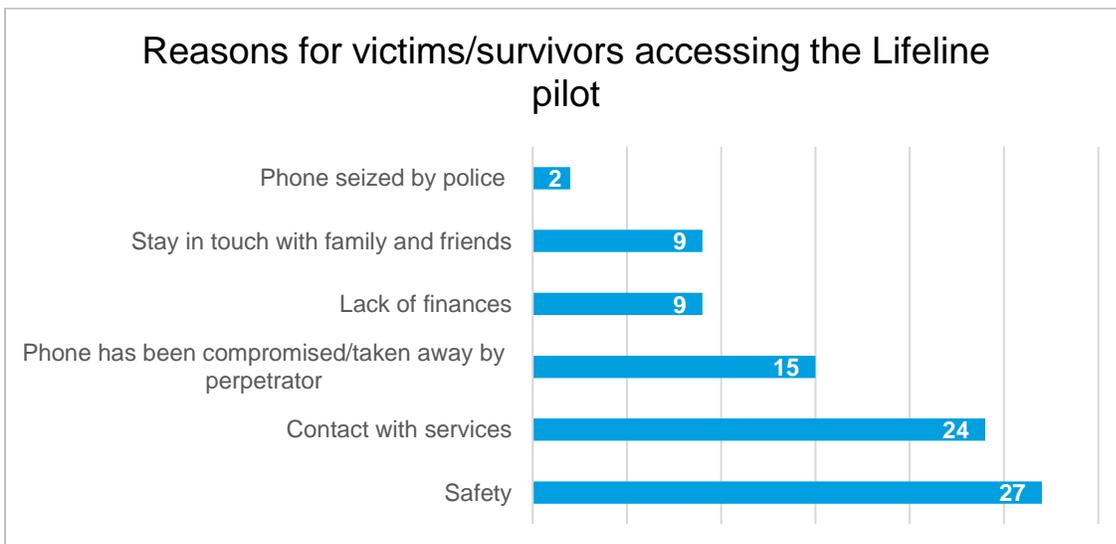


This pilot did not include specialist LGBTQ services, which may also explain the low levels of LGBTQ beneficiaries.

3.2 How the devices helped victims

Whenever a practitioner gave out a device they were asked to fill out a survey in which they were required to state a reason their client needed to access the pilot (87 of these were completed at the time of writing). The survey provided a free text box for this answer. Many beneficiaries had multiple reasons for needing access to a phone and as there were no restrictions on what answers could or should be given, some answers were very similar.

Image 3.2a: Reasons for needing to access the Lifeline pilot



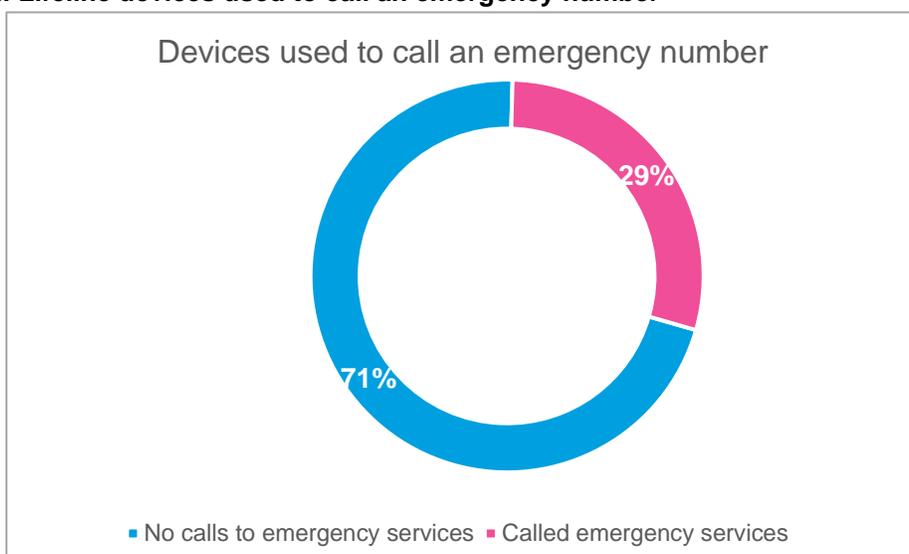
There were a range of reasons for service users needing to access the Lifeline pilot. It is important to note that all of these reasons interact with one another, for example a victim's phone being compromised jeopardises their safety and should not be seen in isolation. Most common answers were safety, contact with professional services and the phone being compromised by the perpetrator.

3.2.1 Safety

Safety was one of the key reasons stated for a victim accessing the Lifeline pilot. This is likely because Idvas mostly work with high risk victims. Ensuring the safety of those service users would be paramount to the practitioners working with them. Having access to a safe device became part of safety planning for the practitioners taking part in this pilot.

Interviews with the practitioners revealed that many of their service users needed to be able to contact emergency services due to ongoing abuse. Vodafone's evaluation of the pilot found that almost a third (29%) of the activated devices called emergency services using the device.

Chart 3.2.1a: Lifeline devices used to call an emergency number



We know from feedback during in depth interviews with practitioners as well as surveys completed for devices given out that many of the victims were still in a relationship with the perpetrator when the device was issued. In many cases, the device was kept in a safe place, such as a church, the work office or their friend's house, to hide it from the perpetrator. It was used for many reasons, including liaising with police, safety planning with their Idva and making arrangements to end the relationship (such as finding housing and setting up benefits in their name).

There were also a number of victims who were homeless and rough sleeping as a result of the abuse. This group were seen as particularly vulnerable and at high risk of further abuse from perpetrators on the street and in need of access to emergency services. It was also important that victims contacting or liaising with police or Idva services were doing so from a phone that was not monitored by the perpetrator.

“If they are homeless, it’s not like I can do a welfare check or send a police car to an address. So it’s good for them to have a phone to be able to call emergency services if needed”

Complex needs Idva from the Dash service in Slough

“The victim stated that she did not have any means of calling police or anyone as they only had a land line and she had never been allowed a mobile. A Lifeline pilot phone was given to her and shown how to use it. Police have now been able to contact her in a safe way”

An Idva giving feedback on the main reasons she had issued devices to her clients

3.2.2 Contact with services – both specialist and statutory

The need to contact statutory and support services was a key reason for victims accessing the pilot. Idvas support is often telephone-based, therefore service users need a safe phone to be contacted on. The Idvas could find out when the perpetrator may be monitoring the victim and avoid contacting during this time. It gave clients the opportunity for support where they would not have been able to receive it before. In many cases, the device was kept in a safe place, such as a church, the work office or their friend's house, to hide it from the perpetrator.

“One of my clients is still keeping it hidden in a church, because she hasn't had the courage to go yet. But it is there for her once she decides to leave. She cannot do anything on her phone, because he does check it.”

AE at the Aurora New Dawn service

Not only were the victims able to contact specialist domestic abuse services using the Lifeline device, they were also able to access statutory support from other professional services, such as housing and benefit services. The Lifeline device was used to make arrangements for safely leaving the relationship and putting their life back together after having to flee their home. This was especially important when accessing the Universal Credit benefit, which can only be applied for and managed online. With many of the clients not having access to internet at home and libraries being miles away in rural areas, the ability to use a smartphone to apply for income was key for victims. This is further discussed in section 3.7 when evaluating the benefits of the device being a smartphone.

“My universal credit account, I could get my emails and do the application. My rehousing, my council house, contact them to make sure things were getting sorted out.”

A victim of domestic abuse explaining how they used the Lifeline phone

“It's good for them to have a phone to keep in contact with any service, mental health, substance misuse services, probation and many others. Otherwise I cannot provide them with any support.”

A complex needs Idva from the DASH service in Slough

3.2.3 Contact with family and friends

Another key reason for accessing the Lifeline pilot was to enable contact with family and friends. Some victims were prevented from speaking to their family and friends by the perpetrator whilst others were rehoused far away from their community. Feedback from service users and practitioners showed that victims' relationships with their family and friends improved as a result of being able to contact them.

“I speak to my daughter everyday, otherwise I wouldn't have been able to. Me and her have been a little rocky, but me and her have got our relationship back.”

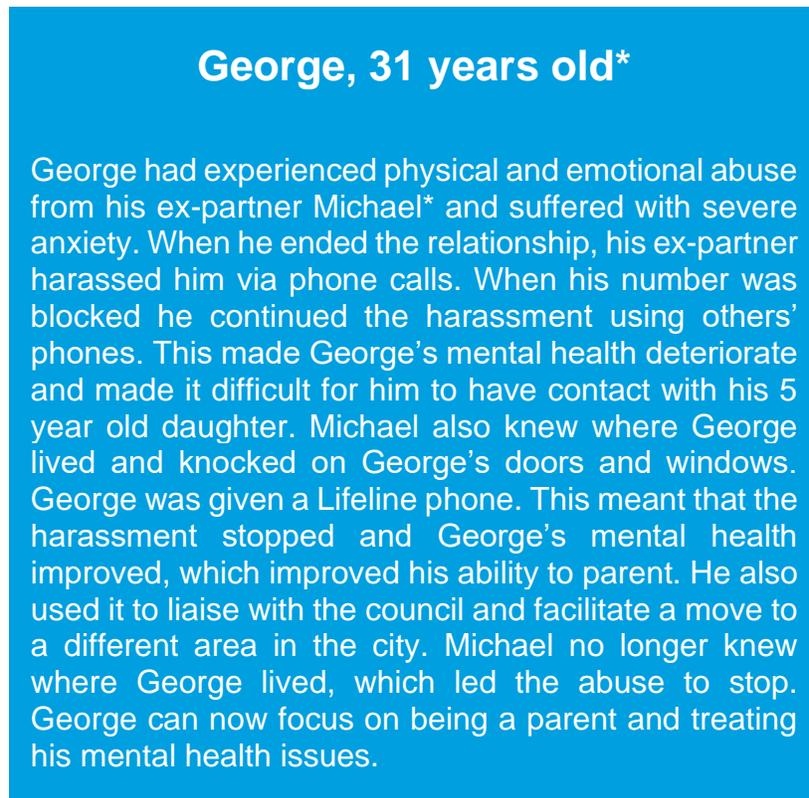
A victim speaks on the improvement of her relationships

3.2.4 Increased emotional well-being

Whilst increased emotional well-being was not a direct reason for accessing the Lifeline pilot, the in-depth interviews conducted with practitioners and service users show it was a key result of being given a phone.

Victims felt safer and relieved that the perpetrator could no longer contact them. For many victims this was the first time in years they were free from harassment. The emotional impact of not having to deal with such abuse is clearly positive.

Image 3.2.3a: Case study of George*



George, 31 years old*

George had experienced physical and emotional abuse from his ex-partner Michael* and suffered with severe anxiety. When he ended the relationship, his ex-partner harassed him via phone calls. When his number was blocked he continued the harassment using others' phones. This made George's mental health deteriorate and made it difficult for him to have contact with his 5 year old daughter. Michael also knew where George lived and knocked on George's doors and windows. George was given a Lifeline phone. This meant that the harassment stopped and George's mental health improved, which improved his ability to parent. He also used it to liaise with the council and facilitate a move to a different area in the city. Michael no longer knew where George lived, which led the abuse to stop. George can now focus on being a parent and treating his mental health issues.

*Names have been changed to protect confidentiality

“It was a relief. I feel safe. When I didn't have a phone I felt uneasy. I didn't feel safe on my own. It made my anxiety and mental health get worse.”

A survivor of domestic abuse discusses emotional impact of the Lifeline pilot

Being given a phone made the victims feel more valued and respected. They knew the abuse they were experiencing was understood and taken seriously, which had not always happened in the past when accessing services. It restored their faith in practitioners. This in turn encouraged them to engage with support services, helped to build trust and rapport with the Idva and increased their independence.

“They were very overwhelmed with the kindness. A lot of my clients are not handed anything and they've been treated so badly in their relationship. So when someone shows that level is kindness, the impact has been so positive, it's given them self-worth that people actually care.”

An Idva from Safer Merthyr Tydfil

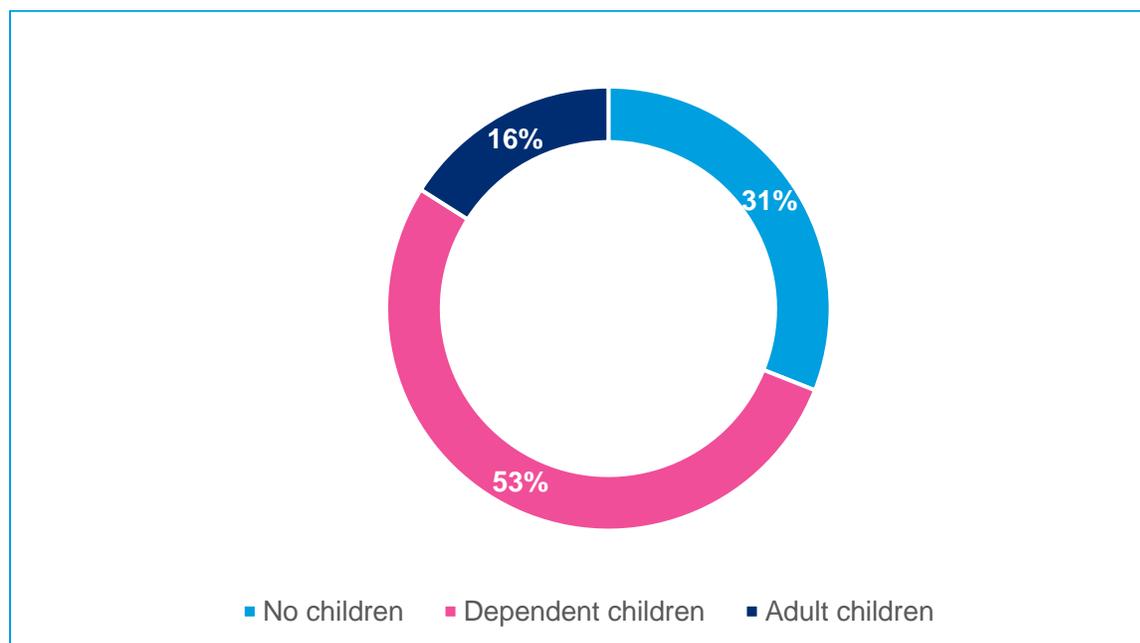
“For our clients it's a big thing. Symbolically what that does- feeling valued and listened to and there's great practical tool for them.”

Aurora New Dawn service manager discusses emotional impact of the pilot

3.3 How the devices have helped families

A significant impact of the Lifeline pilot was the indirect help it provided to families of victims and survivors who accessed the pilot. As already discussed in section 3.2.3 relationships between victims/survivors and their families improved as a direct result of the pilot.

Chart 3.3a: Proportion of clients accessing the Lifeline pilot with and without children



3.3.1 Dependent children

Over half of the beneficiaries accessing the Lifeline pilot have dependent children. This amounts to approximately 110 children²³. The SafeLives Insights data shows that 62% of children exposed to domestic abuse are also directly harmed²⁴.

The pilot enabled victims to maintain contact with their children, which improved their relationship and as a result the mental and emotional well-being of the victim. It also allowed the victim to have contact with supporting services regarding their children, such as social services and school.

“Especially with my daughter, with the school and other services that was helping me with her. Before, I wasn’t seeing them all the time and now they call if they want me to come see them or if they ever want to come see me.”

A victim talks about his engagement with social services

“I was able to call my social worker. I was worried the social worker would think I was avoiding her, when I actually wanted her support”

A survivor talks about their engagement with their social worker

²³ Based on the Office for National Statistics average number of children per household

²⁴ SafeLives, In Plain Sight: The evidence from children exposed to domestic abuse (2014)

3.3.2 Adult children

Approximately one in six (16%) beneficiaries accessing the Lifeline pilot had adult children, most of whom did not live with the victim/survivor. Practitioners highlighted that the devices allowed the victims to stay in touch with their children, which was an important part of their emotional support. Some victims also stated that they were able to be more supportive towards their adult children as a result of better contact with them.

“I’m just trying to slowly rebuild my life back together. I speak to my daughter every day, without the phone I wouldn’t have been able to”

A survivor talks about contact with their adult child using the Lifeline device

3.3.3 Wider family and friends

Many victims used the device to keep in contact with friends. This was especially important for those who have had to flee from their local area because of the abuse. Some victims were contacting friends for the first time in years following coercive control and isolation from the abuser. Others used it to strengthen their links with their support system. This was both through phone calls and texts as well as social media. Interviews revealed that this was key in supporting the victims.

The devices were also used to contact their wider family. This was especially helpful for victims whose family were based outside of the UK. In some cases, the victims were able to speak with their family for first time in a long time.

“She said it’s changed her life. She can speak to her family back in her home country. Before she wasn’t allowed a phone so she couldn’t [speak to her family]. Her father had died and she wasn’t able to speak to the family. It’s made a massive difference to her.”

An Idva from Manchester Women’s Aid explains the impact of the device on victim’s communication with her family outside the UK

3.4 How the devices have helped services

All the feedback we have received from practitioners taking part has been extremely positive. They have been better able to support their clients and feel reassured and more confident as frontline practitioners.

3.4.1 Increased engagement with service users

As already discussed in section 3.2.3, receiving a device helped the service users to gain trust in practitioners working with them. Subsequently, this helped the level of their engagement with their Idvas. The practitioners found that clients who previously would have been hard to reach and engage with could now be supported by their service.

“There have been a few clients who are historically difficult to contact, so once I gave them the phone I can keep up the contact with them better. It’s made a massive difference, it was always difficult getting in touch with them. They’d say they don’t have credit so they can’t ring or text me back. And it’s not just me, they can’t get in touch with other services.”

An Idva from Safer Merthyr Tydfil

3.4.2 Reassurance in their work as a frontline practitioner

The practitioners also felt they were able to be more effective in their work supporting their service users. They are acutely aware of the risks their clients are facing and feel great pressure to safeguard their clients as best as they can. Idvas stated that it was a great immediate tool to increase the safety of their clients.

“We’d be going round in circles, exploring their finances and could they afford to replace the phone, and it’s nice to be able to say we can fix that really quickly for you.”

Aurora New Dawn manager

“It makes you feel useful. One of my clients was waiting to be rehoused and she was missing phone calls, because he [the perpetrator] had taken the phone off her. For me it really benefits being able to just say ‘I have a phone if you require one’”

An Idva from Safer Merthyr Tydfil

3.5 The value of pre-ordering devices

Practitioners being able to pre-order the devices came as a result of responses from practitioners during first pilot. This was implemented from the start of this pilot and hugely welcomed by the practitioners, with 100% of the practitioners in the feedback survey stating that being able to pre-order the devices was either ‘very useful’ or ‘useful’.

Practitioners often have a very short window of time in which they can act to safeguard the victim or put a safety plan into place. In hospital settings, victims can be discharged very quickly and may not return to speak to the Idva. It was thus important for the practitioners to have phones in stock and ready to give out.

Being able to pre-order the devices was most useful for victims with complex needs and victims at the highest risk of harm. Practitioners do not know when they will be able to meet with those service users again and thus being able to provide them with a phone immediately is crucial.

“We get high risk, complex needs clients. Pre-ordering phones is great. For women that are homeless or sofa surfing, agencies can get in touch with them.”

An Idva from Manchester Women’s Aid explains the impact of pre-ordering devices

“We never know what we are going to be faced with on a day to day so having them in stock for emergency cases is a very useful.”

Anonymous feedback from a participating practitioner on pre-ordering devices

3.6 The value of pre-loaded credit

The SIMs issued as part of this pilot were pre-loaded with £30 credit. They were also on a tariff which unlocked unlimited minutes and texts and 500MB of data once £1 had been used. This meant that almost certainly the credit would last for at least 30 days. This was communicated to the services during the introductory webinar.

This feature was an extremely important one for the pilot. Connecting with services was the second most common reason for a device being issued. This is impossible without sufficient credit, as services (including councils and housing option teams) do not have free phone lines. With economic abuse being experienced by a third of survivors²⁵ and many others having to leave their jobs to flee the abuse, any financial support is extremely helpful to victims/survivors. It enhanced the impact of the pilot, as the victims were able to get much more use out of the device.

²⁵ Women’s Aid, The domestic abuse report 2019: The economics of abuse

“Many women were financially abused and did not have access to their own money. They were very isolated and unable to afford credit. This enabled the women to be able to safety plan more effectively as they were able to access safe contacts and access voicemails when they are left for them.”

Anonymous feedback from the practitioner survey

“The £30 credit is the thing rather than the mobile, because if you have the mobile without the credit they can’t use it. If they’ve fled, their finances are in disarray, they haven’t got cash. Sometimes the perpetrator has set up their account.”

Hospital-based Idva from the Eden Lincs service in Lincoln

3.7 The value of the smartphone

3.7.1 Access to the internet/Wi-Fi

Victims highlighted how important access to the internet has been for them. As already discussed, a large proportion of victims are experiencing financial difficulties and cannot afford internet at home. Of those who do have internet access, many have their activity monitored by the perpetrator, which makes it unsafe for them to access and use it.

This was especially true in regard to applying and managing their Universal Credit benefit claim, which can only be completed online. We found that all practitioners and victims mentioned the device being used for this purpose in their interviews.

“[I used the phone for] My universal credit account, I could get my emails and do the application.”

A survivor discusses using the phone for benefit claims

“All the job centre stuff is all online. For my homeless clients it has been extremely helpful. They can go to any library or a shopping centre and they can connect to the Wi-Fi and can do their benefits online.”

A complex needs Idva from the Dash charity in Slough

Being able to access Wi-Fi also allowed the beneficiaries to make reports about the abuse to the police. The non-emergency police number 101 is not free, thus without credit some victims had been unable to report the abuse to the police and access support and police protection. Having a smartphone, beneficiaries were able to connect to local Wi-Fi spots without credit and make report to police.

“If you don’t have any credit to call 101 you can go online to make a report.”

An Idva from the DASH charity in Slough

3.7.2 Access to social media

As stated in section 3.2.3 the device helped victims to improve their relationships with their family and friends by increasing contact with them. One way this was facilitated was through social media. Social media is now used by a majority of the population, with 69% of women and 60% of men in Great Britain using it regularly²⁶. We found that victims were able to contact their support network using social media and subsequently reduce their isolation. This was especially true for younger victims/survivors who according to practitioners are more likely to feel isolated without access to a smartphone.

“We have some people working with families, young people, teenagers and quite often they are the ones who are socially restricted by not having access to a phone.”

An Idva from Safer Merthyr Tydfil

“A client had moved away from the area because of the abusive relationship and so was able to get on Facebook and meet up for coffee. It makes a massive difference, where she hadn’t done that or been allowed to do that before.”

An Idva from Safer Merthyr Tydfil

3.7.3 Access to apps

Beneficiaries were able to use the device to download apps, such as BrightSky, which gave them information and allowed them to capture evidence of their abuse. This helped to increase safety, by increasing their knowledge on domestic abuse and services available to them. It also encouraged them to leave the relationship – as seen in the case of Louisa* - by enabling them to collate incidents of abuse and understand the pattern of the relationships, rather than view the incidents in isolation.

“Service users use the phones for taking pictures of injuries, making notes in the diary.”

An Idva from the DASH charity in Slough

Image 3.7.3a: Case study of Louisa* as provided by her Idva

*Names have been changed to protect confidentiality

Louisa, 23 years old*

Louisa was experiencing abuse and was at a low [but considerable] risk of harm. She found it difficult to see her relationship as abusive and often thought she was over-reacting, saying it was “*all in her head*”. She did not have a phone and had no access to internet or email. She was given a Lifeline device and encouraged by her Idva to download the BrightSky app. It was suggested that she keep track of abusive incidents and upload screenshots of abusive conversations. This encouraged her to contemplate leaving the relationship. She wasn’t able to do that before because she didn’t have access to the internet.

²⁶ Office for nation statistics, Internet access- households and individuals, Great Britain: 2018

3.7.4 Practical use

We also found that additional functions of the smartphone device, such as the calendar, the maps, reminders were useful for the beneficiaries. Once service users engaged with support services they found they had many appointments in places they were not familiar with. The device helped them to oversee their upcoming appointments and help them to get there.

“They can report to the police, they can use the GPS tracker to find out how to get to an appointment. It is everything for them. With smartphones you can now do anything with them, they can organise their whole life just by having that phone.”

An Idva from the DASH charity in Slough

“The smartphone aspect is really important. And your calendar and diary because they’re trying to get their life back together.”

Aurora, service manager

Section 4: Conclusions & recommendations

The Lifeline 2.0 project reached many of the most vulnerable victims of domestic abuse in England and Wales over the last six months. These people were not only at high risk of violence and harm but faced additional difficulties such as severe economic deprivation, lack of access to a safe telephone and language barriers. Overall, the number of direct beneficiaries was 109 with a total of 151 wider beneficiaries including family. The volume of devices given out was lower than that made available as practitioners carefully targeted life-changing time-critical support to their most vulnerable clients. Lifeline 2.0 made 109 victims of domestic abuse safer, more connected to vital networks and support services and empowered them to have more control over their lives and the lives of their children.

4.1 Impact

Delivery of the Lifeline pilot

There were some initial logistical challenges including confusion over device orders, devices not being delivered and difficulty with log in details. Once these were resolved, the order process worked smoothly. There was positive feedback on how easy the ordering system was and the speed at which devices arrived.

Just under half of all the health practitioners contacted were able to participate. The total number of practitioners taking part in the pilot totalled 47 of the 119 practitioners contacted, even following an expansion to other practitioners within the health Idvas and AEs’ services. For future national replication, it is worth considering other domestic abuse services, such as community based Idva services, who are more prevalent, have a larger client base and thus may be more able to reach more people.

Impact of the Lifeline pilot

The impact of the Lifeline pilot was significant. It was especially beneficial for the most vulnerable victims with complex needs, those experiencing homelessness and financial hardships. Devices helped victims to overcome some of these barriers and made their lives easier to manage. Victims and survivors became

safer, more engaged with support services, had better contact with family and friends and were able to organise their lives more effectively.

The smartphone function, pre-loaded credit and pre-ordering devices were particularly valuable to the project. In today's society, access to internet is essential, from accessing support services and benefits to finding employment. This was especially true for access and management to the Universal Credit benefit, a necessity for many of the beneficiaries.

4.2 Recommendations

Depending on available budget, resourcing and availability of handsets, SafeLives recommends overleaf how Lifeline could be continued or extended across England and Wales and would be happy to support the implementation as appropriate.

1. Options for extension with community based Idva services and services supporting young people living with domestic abuse

SafeLives recommends the pilot is extended to more services supporting victims of domestic abuse. In the year 2017/18 there were 897 Idvas in England and Wales. If half of those gave out just one device, 35% gave out two devices and 15% gave out three devices, the total number of beneficiaries reached would be 1,482. Expanding the pilot to such services and beyond to outreach services would have a larger reach and a bigger impact on domestic abuse victims.

Extension to services supporting young people (aged between 13 and 25) experiencing domestic abuse is also recommended. Very few support services exist for young people in abusive relationships, so having access to a safe phone could be of real benefit. We know that young people are more likely to use social media to connect with their peers and thus be more isolated by lacking it. They are a vulnerable group who would benefit from being able to call emergency services if necessary, and keep contact with their support system of family and friends.

2. Send monthly emails to participating practitioners

We recommend that practitioners are sent monthly emails to engage them on an ongoing basis. This is a quick way of reaching all practitioners in different areas in England and Wales. The information in the update could include how many phones have been given out and success stories. It is unusual for practitioners to have a resource such as Lifeline. In our practitioner feedback survey 91% of practitioners stated that they would not have been able to offer an alternative to their clients if they did not have the Lifeline devices. Such a resource is not usually within their remit or in their toolkit when safety planning with their clients. This, coupled with some uncertainty about which clients are applicable to take part in the pilot, can lead to practitioners not giving out as many devices as they could. Content which prompts practitioners will increase the volume of devices given out and number of victims supported.

“It’s an unusual initiative for staff to have access to. So I was prompting people to give the phones out. There is something there about a need to prompt.”

Manager of Aurora New Dawn service

3. Provide practitioners with a toolkit

We recommend a toolkit is created and given to every participating practitioner. Some practitioners did not engage with the pilot because they felt they did not have the right tools to determine if someone was in need of a device. One of the main findings of the Tech v Abuse project was practitioners' lack of confidence, knowledge, funding and leadership around technology and tech-based abuse, with less than 50% of

practitioners surveyed stating they were not confident in the use of covert devices²⁷. A toolkit including a practice briefing on tech-based abuse and an assessment package should be created to make it easier for practitioners to identify service users who would benefit from the pilot.

4. Send confirmation order emails and allow practitioners to set their own password

Some practitioners were confused whether their order was processed. This could be resolved by having a confirmation email sent when an order is made.

“They were very overwhelmed with the kindness. A lot of my clients have been treated so badly in their relationship. So when someone shows that kindness, the impact has been so positive.”

An Idva from Safer Merthyr Tydfil

Given the significant overall impact of this pilot for practitioners, recipients and their families, SafeLives hopes Vodafone is able to continue this important project.

²⁷ SafeLives, Snook and Chayn, *Tech vs Abuse* (2017)

Appendix A: Practitioner feedback survey: impact of the pilot on clients

Q9 What impact did having a new handset or SIM have on your client?

Answered: 32 Skipped: 0

#	RESPONSES	DATE
1	she can now make calls safely, and has given her friends and family the new number, which is unknown to the perp	6/27/2019 11:59 AM
2	IDVA/CSC/Police/midwife/immigration solicitors where all able to communicate freely with the client and client had a means to keep professionals updated and means to call for help when needed.	6/26/2019 9:49 AM
3	It had a good impact enabling them to be able to ring police and for the IDVA to keep them updated about refuge/housing etc.	6/21/2019 4:14 PM
4	I have not had a service user who has required a mobile phone this time round.	6/14/2019 2:15 PM
5	She felt safer as she could contact her family and her worker	6/13/2019 4:39 PM
6	Clients were very happy and it raised their wellbeing and Safety and that Vodaphone and Safelives were supporting them in this way	6/13/2019 10:58 AM
7	It gave the client the ability to be contactable by the police, social services and her support worker. It also gave her the ability to feel safe and be able to contact her support network as well as the police if she needed to. Women in the refuge were particularly isolated without a phone and this allowed them to feel that they could still be contacted by family and friends.	6/11/2019 4:17 PM
8	meant they were able to communicate safely with support workers, police, family & friends	6/11/2019 4:07 PM
9	Practically, it meant that clients were able to stay in contact with ourselves, other agencies and their support networks safely. Emotionally, clients reported feeling relieved, supported and also valued.	6/11/2019 2:07 PM
10	Clients are now able to keep in contact with their support workers and in an emergency are able to call for assistance. It has also meant that it has been easier for support workers to get in contact with the clients and provide support. Pass on any information in relation to other services/support	6/11/2019 12:34 PM
11	Su is able to communicate with professionals and agencies in order to get jobs completed regarding her housing, immigration, children and benefits.	6/11/2019 12:23 PM
12	I left the project so unknown	6/11/2019 12:07 PM
13	As an agency it was useful in being able to contact the client directly. As for the client they were able to maintain contact with agencies and get back in contact with family members/friends. One victim stated that it felt like she had been given a bit of her independence back.	6/11/2019 11:46 AM
14	Some clients used the phone as a second phone that the perp did not know about. The increased both the safety of the client and their well being - knowing that they could access people and support without the perp knowing	6/11/2019 11:45 AM
15	IDVA attended A & E after receiving a call stating a woman was police after a serious incident. Whilst with the woman it was very clear that the years they had been together had been very controlling. The woman stated that she did not have any means of calling police or anyone as they only had a land line and she had never been allowed a mobile. A Lifeline pilot phone was given to her and shown how to use it. Police and DA staff have now been able to contact her in a safe way	6/11/2019 11:19 AM
16	As we have only just become part of the scheme we have not used the one we have ordered at this stage. However we are linked with the Pathway project and have been able to see how useful this was for their clients. Which has supported one to go into refuge and no longer be rough sleeping.	6/11/2019 10:23 AM
17	Client felt much safer and we were able to keep in touch to facilitate on going support and safety planning	6/11/2019 10:10 AM
18	Not yet given	6/7/2019 4:38 PM

19	Hugely helpful, Client was able to maintain contact with staff and other support agencies	6/5/2019 2:10 PM
20	Provided assurance that clients could contact police and professionals if/when required	6/4/2019 6:01 PM
21	Unfortunately I haven't been able to give out any handsets or SIMS. I have set up a new role and it is proving a challenge spreading the word. The hospital is a medium community hospital so the demand isn't as high as large City hospitals.	6/4/2019 5:44 PM
22	It meant that they could contact the outside world, not feel isolated and can speak with Professionals when required to. Helped them to feel safe, knowing they have a safe line to use and can call 999	6/4/2019 1:38 PM
23	had credit available to contact professionals able to access internet felt like people cared gave safe contact for them to give to people	6/3/2019 2:02 PM
24	kept her connected to her support network	6/3/2019 9:33 AM
25	it meant we offered practical support to people who needed that kind of intervention	5/30/2019 3:13 PM
26	Unfortunately, we have not yet given out any. We believe this is because when the pilot began it was only open to the IRIS service. Now that it has been opened out to other areas of the service such as refuge, community outreach and IDVA we are confident our clients will make use of the offer.	5/30/2019 2:37 PM
27	I was told by my patient's caseworker that the handset saved the client's life. My other patient has been able to contact and stay in touch with her DV caseworker and receive needed ongoing support and advice.	5/30/2019 1:44 PM
28	by giving them a phone it meant that they could use this as a safety measure as well as agencies being able to contact them.	5/30/2019 1:38 PM
29	fantastic, liberating, provided independence. gave a confidence boost and gave people a sense of worth	5/30/2019 12:08 PM
30	Our first handset went to a new refuge client who could contact her family to let them know she was safe. Another client on outreach reported that she could never have afforded a new phone and it helped her to combat her isolation from her support networks.	5/30/2019 12:02 PM
31	My clients were able to contact services and support agencies without the knowledge of the perpetrator. Also one client was able to use it for child contact, allowing contact with her ex to be at a minimum.	5/30/2019 12:02 PM
32	one client had never had her own phone, to give someone a new phone that is her's made all the difference to her, she was so appreciative. This lady was waiting for news from housing, she said she could now give a contact number to agencies, she was so happy	5/30/2019 11:21 AM

Appendix B: Reasons for service users being issued with a device

RESPONSES	DATE
broken their personal phone and need to have contact with Connect	6/21/2019 1:23 PM
Perpetrator smashed Clients phone during latest violent episode, Perpetrator is currently on Bail for assault re Coercive and Controlling behaviour and criminal damage by providing the phone we are able to improve her safety	6/21/2019 10:15 AM
Client is currently homeless and does not have a phone.	6/18/2019 2:40 PM
Client has just left an abusive partner of 32 year relationship. She had experienced physical, emotional and financial abuse. The perpetrator was very controlling and has broken her phone previously and she was at times allowed to use his phone, however he controlled who she can call and when. When client was referred by Hackney Recovery service keyworker she explained client had no phone. She was rough sleeping and needed a phone to be able to have an alarm and make appointments to address her housing needs, she needed phone to increase her safety (to be able call emergency or other services). It was difficult to provide support without being able to contact client directly ie PSU worker was not able to meet client once, because she got lost and could not contact the PSU worker	6/11/2019 12:13 PM
No safe contact	6/6/2019 5:45 PM
To have a safe contact for professionals and to be able to call the police if required	6/5/2019 10:39 AM
phone contract was in perpetrator's name, he had it cut off so woman is isolated.	6/5/2019 10:21 AM
Young person's phone had broken, and due to being vulnerable, need to be contacted regular	6/4/2019 9:36 AM
Their phone was not safe as it was in perpetrators name.	6/3/2019 1:56 PM
Client has had phone taken by perpetrators and SIM card taken by friend. Client needs to engage with multiple services and not able to do that without a phone	5/30/2019 12:09 PM
Perpetrator took all of clients money, needed phone in order to engage with various services and for police to contact her with updates	5/30/2019 12:07 PM
High Risk Domestic Abuse Victim and Son made homeless by Perpetrator as residing in a flat he owned also lost employment as also provided by Perpetrator additionally problems with Universal Credit Payments	5/28/2019 8:55 AM
Client seen by DVA car workers and police - suported to leave relationship/address. Staying with family member and needed access to a safe number so agencies could stay in contact (MARAC/Police/IDVA) and alleged perp can't - Had been using Nan's phone to receive calls and this was causing issues.	5/24/2019 9:49 AM
Abuser did not let them have phone, need one for emergencies and to be contactable	5/23/2019 1:18 PM
DOES NOT HAVE ACCESS TO INTERNET	5/22/2019 12:59 PM
DOES NOT HAVE MOBILE PHONE OR ACCESS TO INTERNET	5/22/2019 12:56 PM
Domestic Abuse, High Risk female who is homeless and does not have funds to maintain a phone.	5/21/2019 8:54 AM
NO PHONE- BEEN SMASHED UP IN ARGUEMENTS. HIGH RISK VICTIM AND DIFFICULT FOR SERVICES TO KEEP IN CONTACT	5/20/2019 4:02 PM
NO SAFE CONTACT- NO ACCESS TO INTERNET AND NOT ABLE TO CONTACT CLIENT AS NO -PHONE	5/20/2019 4:00 PM
The client is currently NFA and did not have a phone to either call for help or to access services	5/17/2019 11:34 AM
Old phone not working; client wanting to change the number to avoid unwanted contact from ex-partner.	5/10/2019 1:18 PM
Broken old phone; wanting to change the number to stop unwanted contact from perpetrator; no finances to purchase new phone/sim...	5/10/2019 1:16 PM
Fleeing abusive partner/risk of being tracked on the phone she owned/having a phone abuser is not aware of.	5/10/2019 1:12 PM
This client accessed refuge but was planning to return to her home in a safe way. She needed a phone as she came in with no belongings and had no means of contacting family and support networks. She will be able to use her phone when she is back at her home to assist her in remaining safe as she will be able to call for help if needed.	5/9/2019 2:43 PM

This client is fleeing honour based violence from family. Her usual mobile phone was removed by the police for evidence purposes to support a prosecution, due to the high level or risk to this client it is vital that she can be in contact with professionals at all times and be able to contact police in an emergency.	5/9/2019 10:46 AM
This client is accessing further education after fleeing domestic violence. She is on a low income and could not afford to buy a phone herself. She will use the handset to maintain contact with her family as she has had to move a long distance to remove herself from the risk area and her perpetrator.	5/9/2019 10:27 AM
This client came into refuge and did not have a mobile phone as her ex-partner had removed it from her. She was on a limited amount of funds due to having to apply for an emergency benefit payment of £50 to last her a week. She needed a phone to be in contact with the refuge and with her family to let them know she and the children were ok.	5/9/2019 9:57 AM
In order to cut communication with the perp.	5/8/2019 9:23 AM
Phone destroyed by perpetrator	5/3/2019 11:49 AM
Perpetrator pays for the phone, as contract is in his name he can check what calls have been made, himself and his family all have the number, number needed for safe contact from professionals, Police took other phone as part of investigation	5/1/2019 9:44 PM
They didn't have a phone upon entering our service	5/1/2019 2:31 PM
Husband does not allow her to have a phone, this means she is isolated from her family and cannot contact services to obtain support	5/1/2019 12:57 PM
Partner has smashed her phone and using a phone given to her by him and believed had a tracker on it. She accepted phone and sim and stated she had told her partner her sister was buying her one and was able to accept it and justify where she got it from. She also stated she can make calls to myself via new phone as he wont be able to track it.	5/1/2019 9:27 AM
SU had not money to pay for an expensive contract and ex-partner has smashed her phone and she was worried about how to call her social worker and myself	5/1/2019 9:22 AM
Wanted to keep a safe phone. Part of her safety plan was that she would keep the phone at her work place and be able to access it with her families numbers and use it at work without being monitored	5/1/2019 9:16 AM
SU had not money to pay for an expensive contract and ex-partner has smashed her phone and she was worried about how to call her social worker and myself	5/1/2019 9:22 AM
Wanted to keep a safe phone. Part of her safety plan was that she would keep the phone at her work place and be able to access it with her families numbers and use it at work without being monitored	5/1/2019 9:16 AM
Complex needs male victim of domestic abuse from his family, occasional alcohol misuse, mental health (diagnosed with depression). Mobile will allow client to make calls to other agencies, including employment agencies and private landlords as now street homeless and deemed as intentionally homeless.	4/30/2019 9:17 AM
so that service could engage with her	4/29/2019 11:16 AM
Old phone smashed, cannot replace/repair it. Does not have funds to replace. Benefits were in process and not yet started	4/26/2019 10:25 AM
Homelessness and hospitalized with fractured leg, no access to money and no support around due to Domestic abuse	4/26/2019 10:21 AM
Client had no phone as perpetrator took her phone. client had no way of contacting agencies and vice versa and for her to be able to contact her mum who lives out of the area. Client also needs the phone for safety reasons.	4/23/2019 4:44 PM
Emma is a UK British / White woman mid 20 – 30's who is street homeless, living within the Romford Road area. Emma is involved in street prostitution Emma is not claiming benefits at present due to not being able to make the claim Emma has substance use but has no support for this at present. Having a phone will mean the IDVA will be able to keep in contact with Emma and continue to work on plans of finding her a refuge, as at the minute, contact with Emma is not a permanent basis.	4/23/2019 12:36 PM
SAFE PHONE. PREVIOUS PHONE BROKEN. NOT ABLE TO CONTACT SERVICES OR MAINTAIN CORRESPONDANCE WITH SERVICES.	4/1/2019 2:19 PM
Perpetrator checks phone constantly. Client has been working in partnership with Outreach & alcohol services and a refuge place was recently found but subsequently declined. Phone issued to enable client to stay in safe contact with support without the perpetrator being able to monitor this.	4/1/2019 9:42 AM
Client experiencing ongoing harassment from perp - up to 240 calls in one night on occasion. Phone issued so client can have a new number and a break from the harassment being experienced via his current phone. Client in financial difficulty and struggling with debt.	3/29/2019 9:24 AM

High risk DA, extremely Coercive Controlling Relationship. He manages her phone so given this one to hide	3/28/2019 11:51 AM
victims phone was smashed up during incident, Victim cannot afford to buy new phone and she needed one so agencies can contact her directly and for safety reasons due to the unpredictable behaviour of the perpetrator.	3/22/2019 3:47 PM
Has no phone as perpetrator smashed theirs up during the assault and need the means to call the police or ourselves	3/22/2019 10:17 AM
Currently in relationship but looking to leave and possibly access refuge. Often unsafe to speak and cannot meet worker unless this is at a club she attends where she goes unaccompanied. Phone issued to client who will keep it at the club and can use it to speak with worker and other services in a safe way, whilst the process of leaving/safety issues are being discussed.	3/21/2019 12:23 PM
Client was High Risk Client Open to MARAC having been given a mobile phone by Police but Perpetrator smashed that phone and further assaulted Client resulting in her attending Lincoln County Hospital Perpetrator Recalled to Prison and Client provided with phone as no means of communicating with professionals supporting the client	3/15/2019 2:36 PM
Client has experienced CCB and this continues post-separation. Constant messages/texts from perp - in need of new phone & number so she can have a break from these but still capture evidence (police involved). Perp makes reference to knowing that her phone is on and being aware of what she is doing, so client is concerned that phone may be compromised in some way. The current phone contract is also in his name.	3/15/2019 10:12 AM
Does not have a mobile phone and requires this in order for emergency calls in respect of her safety	3/14/2019 2:43 PM
SU has fled domestic abuse, causing homelessness and currently living on the streets. SU suffers from complex needs and has ongoing health issues including cirrhosis of the liver and HEP C. SU fled without her phone or bank card and when the Police attended the address to collect her belongings, her phone was missing and her prescription medication has been stolen whilst accessing a homeless shelter. Due to the SU's situation, she is struggling financially and is awaiting a property, which she is due to move in within 5 working days. By the SU being given this phone, she is able to contact family and friends and to stay in contact with professionals regarding her healthcare, safety and housing. Information Supplied by Edanlincs Community IDVA Stephanie	3/13/2019 10:47 AM
Their current phone is believed to have been compromised by alleged perp.	3/13/2019 9:51 AM
husband has taken her phone does not allow her to have a phone	3/11/2019 4:53 PM
High Risk Domestic Abuse Victim - risk to life abuse. Offender does not allow client to have a phone as an intentional way to isolate her/stop her accessing safeguarding support. Client needs access to telephone in order to be able to access police and emergency services	3/8/2019 4:53 PM
Assaulted today and phone smashed by the alleged perpetrator	3/7/2019 5:47 PM
The victim is medium risk. The perpetrator has been harassing the victim via her mobile phone and using telephone child contact to victimise her. She will use the phone for ongoing child contact to reduce the possibility of the perp to harass her in this way and to allow her to block him on her number.	3/7/2019 3:25 PM
To contact police and social care as phone being used in evidence	3/7/2019 1:48 PM
UNWANTED CONTACT FROM EX PARTNER. WANTS NEW NUMBER SO NO LONGER ABLE TO HARRASSHER. EX PARTNER SMASHED PHONE UP SO HANDSET IS NOT IN FULL WORKING ORDER. RECENTLY MADE NEW CLAIM ON UNIVERSAL CREDIT SO NEEDS ACCESS TO INTERNET TO COMPLETE FORMS AND HAS LIMITED FUNDS TO BE ABLE TO CONTACT ESSENTIAL SERVICES.	3/5/2019 5:34 PM
To liaise safely with police as in homeless shelter	3/5/2019 12:31 PM
High risk forced marriage victim that is wanting to leave the relationship. New phone given so the perpetrator cannot contact them	2/28/2019 12:09 PM
To be able to safely contact agencies	2/26/2019 11:50 AM
The perpetrator smashed their phone during the incident and they are a high risk victim	2/11/2019 1:12 PM
Their phone was broken and they are a high risk DV victim.	2/8/2019 1:04 PM
For safety and to engage with agencies.	2/8/2019 10:13 AM
No mobile phone and means to safely contact agencies whilst in hospital	1/18/2019 4:50 PM
Client is in the process of leaving her abusive relationship and has no means of contact as husband monitors her mobile phone. Phone provided to the client means she can be contactable by re3fuges and our service.	1/14/2019 3:26 PM
They cannot afford credit for their own phone and are at high risk and currently a MARAC case.	1/14/2019 10:42 AM
High risk DA victim in hospital. Perpetrator had taken phone and money so unable to access support agencies	1/14/2019 7:52 AM

chaotic alcohol user, homeless phone damaged during incident	5/30/2019 12:11 PM
WANTS A NEW NUMBER SO EX PARTNER CAN NOT CONTACT HER. HE BROKE HER PHONE	5/22/2019 12:54 PM
Client has separated from her ex-partner but he has control of her phone contract. Because of this he can see her phone use and is using this against her. A new phone and sim will enable her to avoid this continuing control.	5/13/2019 1:35 PM
phone has been removed by partner, disabled aged 81	5/10/2019 11:18 AM
alleged perpetrator took her phone, and current has no finances to get a new one	4/30/2019 1:56 PM
homeless, phone has been lost/ destroyed. frequent attender at a and e alcohol and mental health issues. history and ongoing domestic abuse	4/8/2019 2:58 PM
Client 1: Refuge occupant with little spare money Client 2: Refuge occupant whose ex-p could be tracking her phone Client 3: Outreach client who has just moved and has little spare money to replace broken phone Client 4: Outreach client who has a phone which does not have signal coverage.	3/15/2019 11:03 AM
This client x 3 has experienced domestic abuse from their partner, now they are separated my clients are experiencing hardship and cannot afford to change their phone over as they are on pay as you go.	3/12/2019 12:04 PM
Please note that the ethnicities of the recipients will be from Arabic, African and Asian diaspora- but it would only let us tick one box! - We run a refuge for BME women without recourse to public funds, this means that women will rarely have phones which are vital tools to be able to support and sustain their safety, and will not have any funds to buy one. As we use charitable funding to support the women with no money to spare- these phones will be a lifeline.	3/6/2019 8:08 PM
The alleged perpetrator has the client's phone contract in his name so he control's the password, access etc. He has been tracking her movements and installed spyware in the house prior to his arrest. Whilst on bail he appears to be able to still track her movements and has contacted her friends on social media and has turned up at the supermarket where she was shopping. Her phone appears to be compromised	2/21/2019 7:01 PM
very little money, never has credit on her phone, getting ready for a planned move into her own accommadation	2/14/2019 10:32 AM
cannot afford a new phone - old one doesn't charge and unsafe to use	2/4/2019 10:27 AM
no phone	1/16/2019 11:15 AM
They are fleeing an abusive relationship and we need to stop the old phone number due to receiving unpleasant messages.	1/3/2019 11:59 AM
Domestic abuse	12/24/2018 1:47 PM
partner checks her phone and has been known to track her	12/20/2018 4:28 PM
They need a secret phone in order to receive calls from myself and other agencies, that their painter doesn't know about and an't access.	12/20/2018 12:05 PM
She has NRPF	12/19/2018 10:33 AM

Appendix C: List of participating services

1. Angelou Centre
2. Aurora New Dawn (Hampshire)
3. Birmingham and Solihull Women's Aid
4. Black County Women's Aid
5. Blackburn and Darwen District Without Abuse
6. CGL
7. Conquest Hospital
8. Countess of Chester Hospital
9. Coventry Haven Women's Aid
10. Dash Charity (Slough)
11. East Lancashire Hospitals NHS Trust
12. EDAN Lincs Domestic Abuse Service
13. Fortalice Outreach Support Centre
14. Gloucestershire Domestic Abuse Support Service
15. IDAS
16. Independent Choices
17. IRIS Safer Merthyr Tydfil
18. Macclesfield District and General Hospital
19. Manchester City Council
20. Manchester Women's Aid
21. NDADA (Devon)
22. NIA (London)
23. Northamptonshire Sunflower Centre
24. Pathway Project
25. Rhondda Cynon Taf Women's Aid
26. RISE
27. Sandwell and West Birmingham Hospitals
28. Solace Advocacy & Support Service (SASS) Southwark
29. Southside IRIS
30. Splitz Support Service
31. The Blue Door
32. The You Trust
33. Warwickshire Domestic Violence Service
34. West Suffolk Hospital
35. Wirral University Teaching Hospital

Appendix D: Team biographies

Sonal Shenai, Head of Consultancy

Sonal is the overall project lead for Lifeline. Sonal leads teams of experts in reviewing and strengthening local responses to domestic abuse across the country. Sonal's projects include the delivery of commissioning strategies on domestic abuse, the creation of domestic abuse action plans for police forces, consultations with victims and children and young people affected by domestic abuse, reviews to support the local Marac response and researching the role of technology in the lives of victims of domestic abuse and the practitioners who help them. She has supported a variety of domestic abuse partnerships from Bedfordshire to South Wales and worked with Lloyds Bank, Comic Relief and Think Social Tech to achieve better outcomes for families affected by domestic abuse. Sonal is the SafeLives lead on the £3 million Pathfinder consortium programme to improve the health response to domestic abuse in 7 sites across England. She previously managed the innovative One Front Door programme to pilot an integrated response to domestic abuse and child safeguarding in 7 local areas. Sonal was formerly a strategy consultant specialising in change management and innovation.

Monika Lesniewska, Consultancy Analyst

Monika led on the analysis and evaluation of this project. She provides research and analysis support to the consultancy team at SafeLives. Her projects include Marac reviews, needs assessments of local authorities and improvement of pathways for victims and survivors in health settings. Monika led the delivery of the pilot, supporting the practitioners throughout, and conducted the evaluation of the impact of the pilot. Before joining SafeLives, she worked as a frontline support worker at an all female hostel for homeless women with complex needs, helping service users to obtain stable housing and address their support needs. She was the domestic lead in the service, supporting her colleagues with complex cases relating to domestic abuse and responsible for Marac referrals made by the service. Monika has also completed a degree in psychology.

Joshua Imuere, Senior Consultant

Joshua has now left SafeLives but previously supported this pilot through the delivery of the pilot and seminars. He was in charge of delivering consultancy projects at SafeLives, working with a diverse range of clients to create change. Joshua has substantial experience working in the voluntary and community sector with hard to reach beneficiary groups and has now moved onto a new role at an early intervention youth charity.

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