



PROVIDE Conference Evaluation

Programme of Research on Violence in Diverse domestic Environments

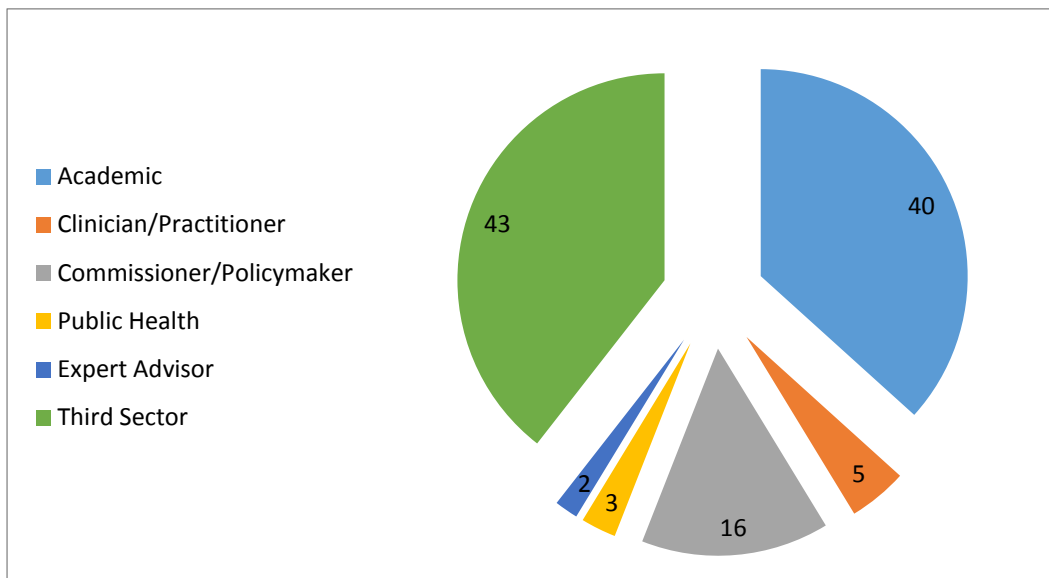
19 November 2014

1 Delegates

We had registered 127 delegates for the conference. On the day 111 attended.

Of the sixteen delegates that did not attend, four had advised us in advance. The non-attenders were from the following sectors third sector (9), Academic (4), Commissioner/Policy maker (1), Clinician Practitioner (2).

The following graph shows a breakdown of the sectors from which delegates came as classified by the PROVIDE team as part of the stakeholder mapping exercise. In categorising people by the organisation they work for we realise we are overlooking the potential for people to fit more than one category. This is particularly true for the Clinician/Practitioner category which we realise will be under-represented as a result.



1.1 Commissioners/Policy makers

We attracted delegates from four NHS commissioning organisations including the Chair and Chief Officer of one organisation – North Somerset CCG, Bristol CCG, South Glos CCG and South West Commissioning Support Unit. We also had representatives from four local authorities – North Somerset Council, Leicester City Council, Bristol City Council and City of Cardiff Council.

1.2 Third Sector

We had representation from third sector organisations in the following areas: children’s, women’s, men’s, domestic violence and abuse, drugs and alcohol, housing and homelessness, mental health and wellbeing, equality and diversity.







1.3 Academics

We had an academic presence nationally from Bristol, Leicester, London, Sunderland, York, Glasgow, Nottingham, Hull, Oxford and South Wales and internationally from Deakin University, Melbourne.

2 Evaluation




2.1 Response rate and sector

Of those that attended the conference 59 people (53%) completed an evaluation form. The question allowed for those who identify with more than one category.




Third sector:		20
Researcher:		20
Commissioner/ Policymaker:		11
Public Health:		3
Clinician/Practitioner:		8
Other (<i>please specify</i>):		4

2.2 Learning Relevance and Impact




Each delegate was asked to respond to a number of statements on a five point Likert scale.

Broadened your knowledge of the topic?			
Strongly agree:		44.1%	26
Agree:		45.8%	27
Neutral:		10.2%	6
Disagree:		0.0%	0
Strongly disagree:		0.0%	0





Those individuals expressing a neutral response were from the following sectors: Third Sector (1), Clinician/Practitioner (2), Public Health (1), Commissioner/Policymaker (1) and Other (1).

Stimulated your thinking on the topic?			
Strongly agree:		62.7%	37
Agree:		33.9%	20
Neutral:		3.4%	2
Disagree:		0.0%	0
Strongly disagree:		0.0%	0

Those individuals expressing a neutral response were from the following sectors: Third Sector (1), Clinician/Practitioner (1).

6. Is directly relevant to your work?			
Strongly agree:		66.1%	39
Agree:		32.2%	19
Neutral:		1.7%	1
Disagree:		0.0%	0
Strongly disagree:		0.0%	0

The individual expressing a neutral response was from the following sector: Clinician/Practitioner (1).

7. Will impact on your work in future?			
Strongly agree:		54.2%	32
Agree:		39.0%	23
Neutral:		5.1%	3
Disagree:		1.7%	1
Strongly disagree:		0.0%	0

The individuals expressing a neutral response were from the following sectors: Clinician/Practitioner (2), Public Health (1).

3 Impact

The following is a summary of the ways that delegates felt the research findings would impact on their future work:

3.1 Clinicians/Practitioners

Use of knowledge around research gaps, to take into future discussions with policymakers and other researchers and findings.
I am intending to review policies in my organisation around DV and hope to ensure these are appropriate and informed by up to date research.
Support our new work with men. Dual-diagnosis, Institutional Advocacy, 'who is the victim/perpetrator issue!'
I can access your data when needed.
Clarify assessment questions, screening at-risk for DV.
Better evidence base for training.

3.2 Commissioner/Policymakers

Will help me to continue to support funding for services.
Work in partnership with providers and researchers, Work in commissioning/specifications/consultation.
Will present business case for CCG/Public Health to fund commissioning of HERMES.
Will be sharing summary and signposting website to my professional contacts.
The wealth and high quality evidenced interventions outlined will be invaluable for future decision making (although sadly resources are limited)
About to enter a commissioning round for DV services.
To re-commission services based on evidence and research and user input.

3.3 Researchers

Opportunity to identify gaps and commonalities and future research possibilities, and meet people for future collaboration.
Will influence current programme of research. PATH work help policy/campaigning work.
New ideas.
I'm thinking about dual response from primary care - signposting men who may be experiencing/perpetrating DVA.
Design of study. Design of topic guides.
Range of studies on men and women's experiences of DVA.

Seeing links with own research.

The work into men accessing services is of particular use to my current research.

Knowledge of links and potential work cross over.

3.4 Public Health

Continuing to use PROVIDE research to put forward bids for funding or commission interventions. Plus informing campaigns and training.

3.5 Third Sector

So many ways! Re-PROVIDE - re-thinking help for male victims.

Will feed learning back into organisational research and training. Know better the information already out there.

Information and stats, evidence of outcomes, knowledge sharing.

Ways of engaging and identifying DVA and related issues/risk factors.

I will be taking the ideas back to CAADA as we develop our own ideas about recovery/step down.

Better knowledge to ask questions and deliver training.

Help steer my thinking in how the 'perpetrator' programmes I work on can be further developed.

Will inform changes/updates to the training programmes that I deliver (and development of new training)

I intend to look into 'Improve' and 'STIR' as this will be more directly related to my organisations' work.

Use research, stats as evidence for funding.

Really helps me think about the context around delivering services, really good to be inspired academically.

Will incorporate research in policy recommendations to decision makers in Wales and internal campaigns.

Highlighted areas for further learning.

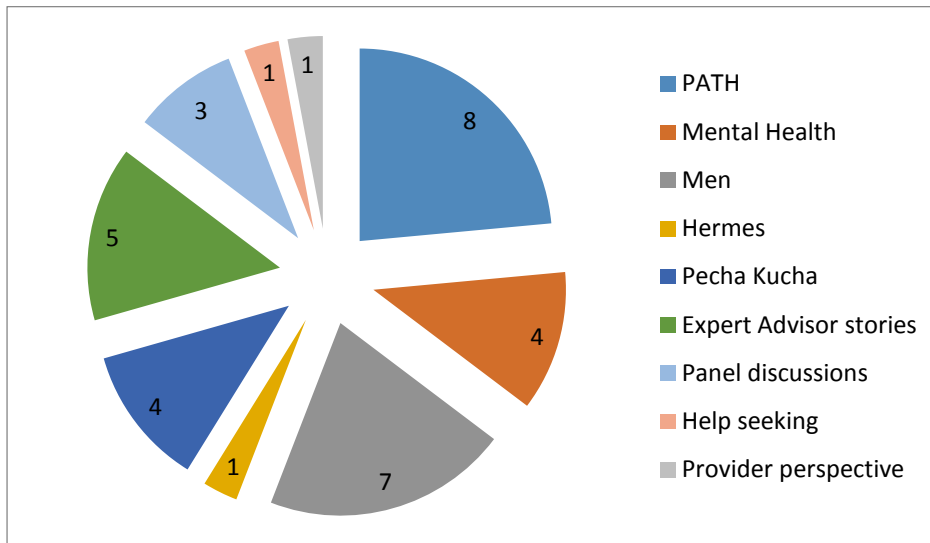
Will take today's information back to my organisation - to plan ways of better responding to DVA issues when delivering mental health services.

Greater understanding of how our work fits into existing research programmes.

Use of information from the day to update and inform the training and delivery.

3.6 What was most useful about the conference

Thirty two delegates referenced specific sessions or aspects of the conference:



Other aspects that had been found useful included:

To be brought up to date with latest research (8)	Focus on men (2)
Variety and or range of subjects covered (6)	Knowledge sharing (1)
Networking opportunity (5)	Inspiration (1)
Cross sector representation (4)	Lovely atmosphere (1)
Provision of evidence, data, information (3)	Pre-eminence of researchers presenting (1)
Multiple research perspectives presented (3)	Really nice event - loved the treats/chocs etc. (1)

3.7 What would you change for future events?

Thirty five people responded to this question. The most frequently cited comment was around the length of the event and packed agenda. A summary of responses is provided below. Six people said they would change nothing:

A lot to take in/hard to focus for so long (4)	More networking time (2)
More opportunity for discussion (4)	Smaller sessions (2)
Shorter presentations (3)	More opportunity to hear from service providers/ discuss practitioner issues (2)
Fewer presentations/less topics (3)	Less graphs/data (1)
More breaks (3)	More summary/conclusion (1)
Finish at 4:30/earlier (3)	Photos of presenters/speakers in biography (1)
Include a copy of slides (2)	

4 Future dissemination

A range of activities were suggested in response to a question regarding future research dissemination:

Seminars aimed/organised for specific organisations like CCG, local authority, third sector organisations etc. (5)

Training for staff members, focused on referral process and availability of services. (2)

E-mail newsletter. (2)

Single point of collecting resources - one place to look e.g. PROVIDE website - could also link to other relevant research and accessing academic journals always a frustration. (2)

Targeted personal invites of key academics from other institutions. (1)

More short glossy briefing notes (more for service providers). (1)

3-4 page summary with links of invitation to request further information. (1)

Role out clinician training. (1)

Publicise information about DV training available. (1)

More regular monthly summary of research to CCGs on health related research. (1)

To ensure the information reaches those that need it! Circulate around MARAC co-ordinators? (1)

How this funding will be used to influence funding to support quality services. (1)

Additional comments received:

We had an additional section for people to include any other comments about the day:

There were many comments expressing thanks for the day (13) and positive comments about the content (13) the timekeeping (3), organisation (4) and venue and atmosphere (3). Other comments received are provided below:

Really liked PechaKucha approach! Use of video clips and victim/expert advisor stories also engaging.

Can you do the event again in the East Midlands?? Thank you very much. Excellent.

Healthtalk project on DV will be good resource.

Some of the research appeared to lack clarity i.e. what factors were relevant, clarity on links and percentages wasn't fully explained and seemed confused at times.

I am glad there is more focus on thinking of men as victims as well as perpetrators, however at times I felt we were being reassured it was still seen as different and it wasn't always necessarily always taken as seriously. I feel it is important that all working in the field are clear that sometimes DV is

perpetrated by, and the responsibility of the woman. Otherwise we make it even harder for men to seek support.

A really interesting day and fantastic to have all these amazing people in one room. A great networking opportunity.

Need more local authority/commissioners/stat agencies.

Positivity great. Depth of knowledge in the sector.

Great day, thank you. Very impressed by the whole range of delegates!

Impressed by the venue, choice of refreshments. Good discussions. The PechaKucha was informative and good to hear brief and more creatively presented synopsis.