Restart Pilot Year 1 Evaluation

Drive Partnership

Report from RedQuadrant

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1 Summary

1.1 RedQuadrant was commissioned by the Drive Partnership in January 2022 to carry out an evaluation of the Restart pilot. Restart is a partnership-led multi-agency approach to keeping families safe at home through earlier engagement and intervention with those causing harm through domestic abuse. The project operates in five London boroughs (Camden, Croydon, Havering, Sutton and Westminster) through a partnership between The Mayor's Office of Policing and Crime (MOPAC), Drive, Respect and the Domestic Abuse Housing Alliance (DAHA), with Cranstoun as the delivery partner. Funded by MOPAC and the Home Office, initially for 12 months, it was extended until March 2023 and we were commissioned to evaluate the second stage of the pilot. This report builds on the Interim Evaluation[1] which was published in December 2022.

1.2 The following table summarises the referrals made throughout the intervention until December 2022[2] as well as the numbers who have attended Safe and Together training and of Children's Services consultations held with the Safe and Together Implementation Leads.

Table 1: Intervention summary

	Referrals to Restart	Referrals to accommodation pathway	Attended Safe & Together (CORE and overview) training	Children's Services consultations
Camden	38	8	107	36
Croydon	33	4	165	41
Havering	25	5	161	44
Sutton	23	5	186	20
Westminster	21	3	135	36
Total	**140**	**25**	**754**	**177**

(Note: accommodation pathway referrals total as of November 2022; Children's Services consultations over the period Q1 to Q3 2022/23. Referrals not from the five boroughs are excluded.)

Aims and objectives

1.3 The project is an innovative attempt to achieve systemic change in the way that families experiencing domestic abuse are dealt with by local authorities. It aims to identify and respond to patterns of domestic abuse (of standard to medium risk) at an earlier stage

[1] RedQuadrant, Restart Interim Evaluation, Drive Partnership; see http://driveproject.org.uk/wp-content/uploads/2022/12/Restart_InterimEvaluation_09.2022_FINAL-2.pdf
[2] Taken from Q3 dashboard data

for families engaged with Children's Social Care, improving safety, housing and long-term outcomes for adult and child victim-survivors.

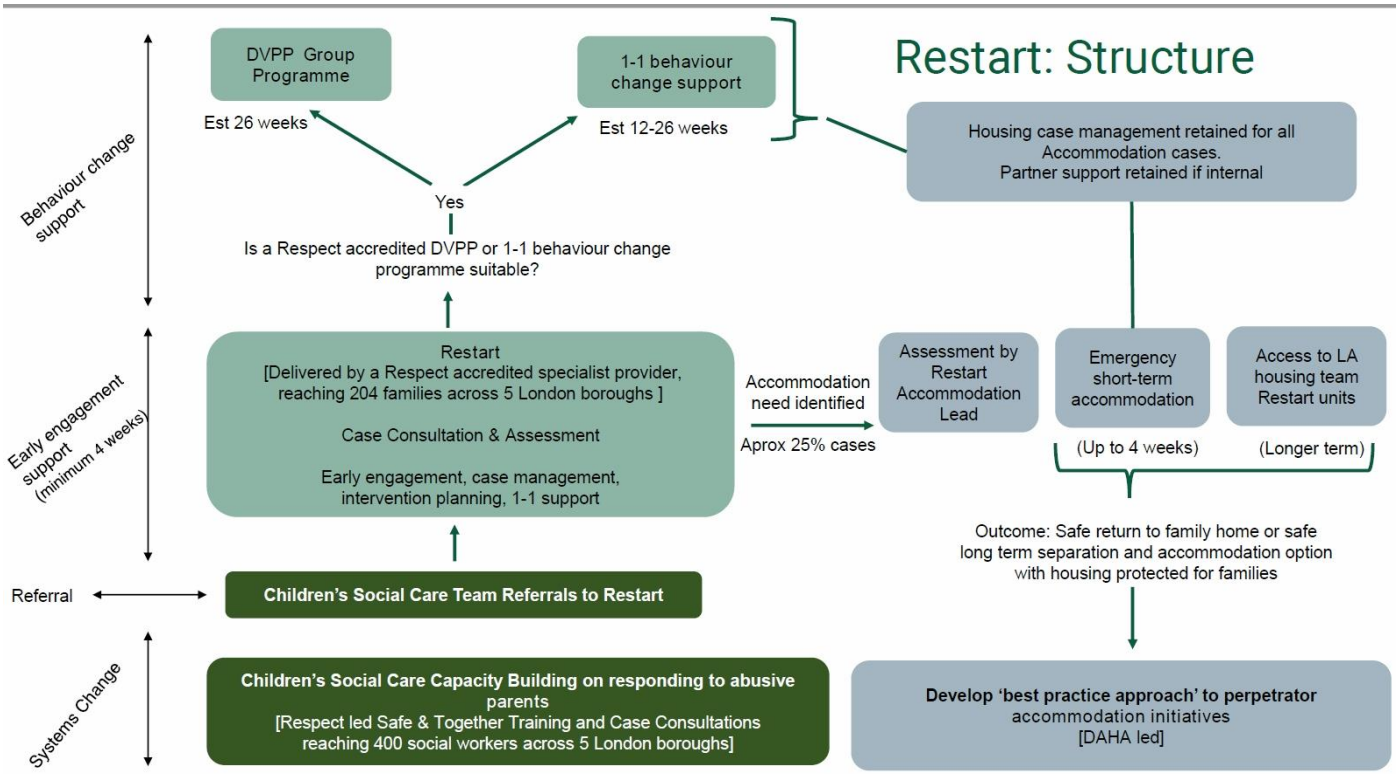
1.4 Violence Prevention Practitioners (VPPs) or Case Managers, assess those who use abuse and initiate behaviour change whilst victim-survivors are offered support through a Partner Support Worker. Safe and Together training, delivered by Respect, is an integral part of the programme, intended to improve the response of Children's Social Care (CSC) professionals to domestic abuse. This comprises a four-day 'CORE' training programme as well as other types of training, including a one-day overview training. The project delivers housing responses by offering alternative, initially short-term but possibly long-term accommodation to the person using abuse as appropriate to ensure that the family is safe and able to stay in their home should they choose to do so.

Background

1.5 The project followed an earlier trial, the Domestic Abuse Early Intervention and Accommodation Trial, set up during the Covid-19 national pandemic, when domestic abuse services were stretched due to increased demand, and victim-survivors found it difficult to seek help due to the lockdowns. At that time, hotel accommodation was readily available, and the participating councils were able to place perpetrators of domestic abuse in hotels to provide a short-term breathing space for families experiencing domestic abuse. The evaluation from the initial trial recommended that longer term housing option routes should be available; this was added to the model for Restart. The majority of the longer-term accommodation options for Restart service users has been sourced from the Private Rented Sector, although short-term options still include hostels, bed & breakfast accommodation and hotels. In setting-up Restart, several changes were made to reflect the evaluation of the earlier work.

Context

1.6 Restart changes the way in which domestic abuse is dealt with so that the person who has used abuse is held accountable for the abuse and may be offered accommodation away from the family home. The intervention is victim-led and, should the victim-survivor wish to, they and the rest of the family may remain in their home where it is safe to do so. The diagram below explains the structure of Restart and illustrates how it operates:



Methodology

1.7 The second stage of the evaluation took a mixed-method approach which comprised:

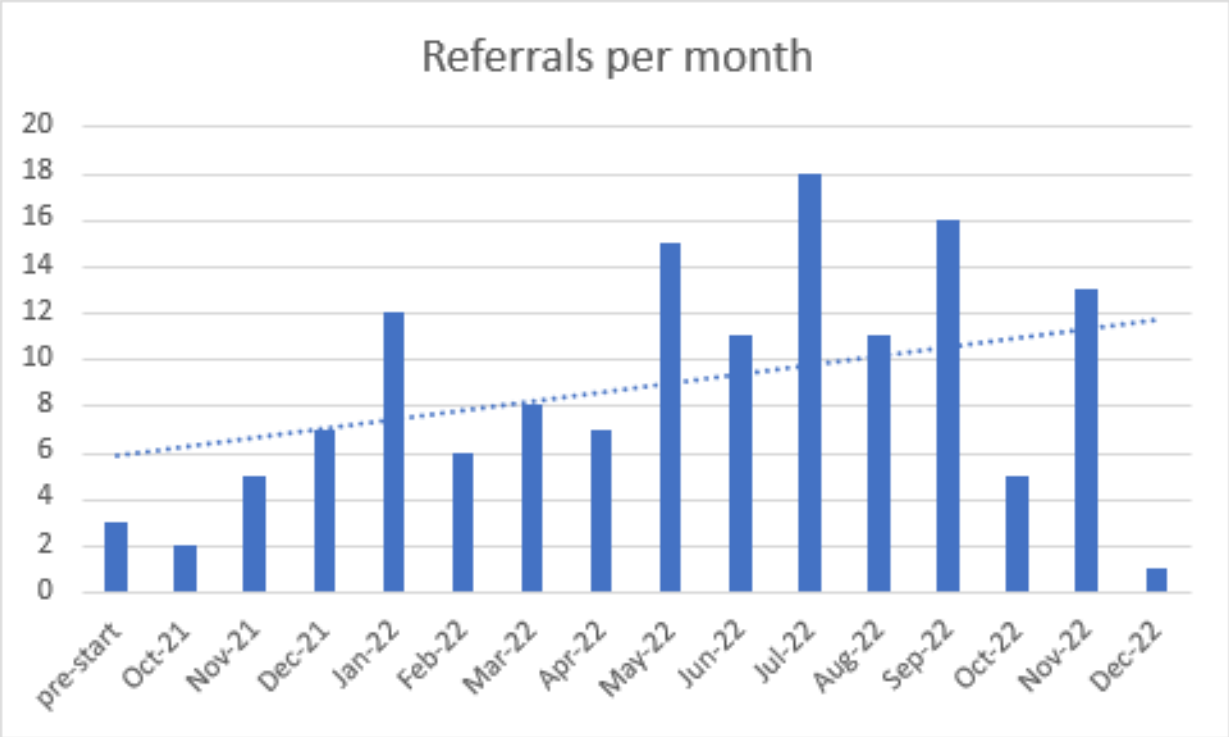
- interviews and focus groups with a total of 11 practitioners and six strategic leads;
- a workshop with staff members from Cranstoun (service delivery provider);
- a short survey completed by eight victim-survivors and four service users involved in Restart which was completed with members of the project team;
- observation of meetings;
- analysis of comments and feedback from victim-survivors and service users provided by Cranstoun, case studies from Safe and Together implementation leads;
- further quantitative analysis based on data provided by Cranstoun, SafeLives and local authorities in relation to outputs, outcomes of service users and victim-survivors and expenditure;
- collaboration with the team in Social Finance who were conducting the evaluation of the Restart accommodation pathway.

Findings since the interim report

1.8 Several changes have been made since our interim evaluation to address some of the learnings highlighted in that report and in response to some of the issues identified by participants through the governance process. For example, from our interviews with practitioners and strategic leads, we found that many of the challenges experienced initially are starting to be overcome with a greater understanding of the intervention and how it operates.

Referrals

1.9 The Restart pilot started in August 2021 and started receiving referrals in late October 2021. During the evaluation, we have reviewed data in relation to 140 referrals to the five councils received between October 2021 and December 2022, with referrals per month having a tendency to rise over time as service delivery ramped up and the pilot became established as shown below.



1.10 Cases have not been evenly distributed across the five councils, with Camden referring the most, and Westminster the least, as shown in the table below (which uses Restart Client Data).

Table 2: Number of Restart cases by local authority

	Up to 1 April 2022	April to 1 July 2022	July to 1 Oct 2022	Oct to 1 Jan 2023	Total	% of Total
Camden	18	7	10	3	**38**	27%
Croydon	4	14	11	4	**33**	24%
Havering	5	1	11	8	**25**	18%
Sutton	9	4	7	3	**23**	16%
Westminster	7	7	6	1	**21**	15%
Total	**43**	**33**	**45**	**19**	**140**	

(Source: Restart case data)

1.11 This shows that there is more than a 50% difference between the highest and lowest referring boroughs. A number of reasons were given in interviews by practitioners for the lower number of referrals in some areas. These included the lack of knowledge and understanding about the possible benefits of Restart within local authorities, the perceived complexity of making a referral, reluctance to engage with perpetrators and a lack of senior support for the programme. The importance of strong leadership, accountability and commitment in middle and senior management in promoting Restart to local authority staff and encouraging them to use the opportunities it presents emerged strongly from interviews. The overall increasing trend in referrals was a positive sign and shows that practitioners are increasingly willing to refer and that the intended systemic changes in the approach to domestic abuse are starting to happen. The high turnover of social work practitioners was raised as a challenge by many interviewees across all agencies – this sometimes contributed to delays in starting work with the family.

Partnerships and relationships

1.12 As Restart relies on multi-agency working, the effectiveness of partnerships and relationships was found to be key in setting-up the pilot as we set out in our earlier report. It continues to be of considerable importance as Restart becomes embedded across the boroughs. The relationships within local authorities, and between the central and provider agencies are critical (particularly with the Single Points of Contacts through whom much of the communication is mediated) and many of these were positive. Relationships within the local authority are pivotal to the successful delivery of Restart. Although many of these relationships were positive and had grown in strength during the course of the first year,

we found some examples of frustration between practitioners in different parts of the local authority. In some cases, this was a reflection of their different priorities and approaches (for example, between those whose focus was victim-survivors, those responsible for children, and those who were working in housing). This highlights the number of different departments in the local authority required to work together collaboratively to deliver Restart effectively and the complexity of doing so. This is further explored in chapter 5.

1.13 The way in which cases are transferred from one social work department to another and the supporting infrastructure (such as the IT systems) is important; there were examples of cases being lost or deprioritised as they were referred from one department to another (for example, from Early Help to the statutory casework departments). There were signs of some tensions between representatives of the different agencies as to the way in which the pilot is being delivered and prioritised, and how accountable boroughs were to the programme agreements. This is further explored in chapter 5. The contractual relationship between the central team and the providers is also critical to the delivery of the programme and some issues were raised in relation to this. There were, however, several positive examples from interviews of successful relationships being established and providing a firm basis from which to deliver Restart and optimism that this would continue to improve as the pilot rolled out.

Safe and Together approach

1.14 One of the aims of Restart is to '*provide training and capacity building for CSC practitioners to enable CSC to effectively hold abusive parents to account*.' We found strong support for the Safe and Together approach which is becoming embedded in the boroughs as more CSC practitioners take part in the training, and the implementation leads become more embedded within the local authority. The embedded Implementation Leads are making a major contribution to disseminating the methodology and encouraging its application, as well as helping to identify appropriate referrals to Restart where appropriate.

1.15 From case studies, observations and interviews, we found evidence that this aim has been met and is starting to change the approach taken to domestic abuse across the boroughs, with practitioners gaining confidence in holding those who use harm to account for their actions. One participant in Safe and Together training commented:

'I think a perpetrator-pattern based approach is a really effective framework for thinking, talking and writing about families as it helps to avoid language that blames the non-abusive parent, instead highlighting the perpetrator's actions.'

1.16 429 CSC practitioners registered for the four-day and e-learning modules[3] of Safe and Together CORE training, of whom 302 have passed, which is an overall completion rate of around 70%. In addition, there is a one-day Overview training on Safe & Together. 399 have attended this, and data for October 2021 to June 2022 indicates an attendance rate of around 71%.

1.17 Conducting case audits is an integral part of the Safe and Together approach, which helps to identify the effectiveness of the local authority's response to families affected by domestic abuse and the extent to which principles of the model are met. The audit results can be used to embed learning by providing feedback to frontline staff. There have, however, been delays in Implementation Leads accessing the case files needed to conduct the audits in two boroughs, and this has been attributed to the need to negotiate data sharing arrangements. This illustrates the specific challenges in sharing information with external agencies in the Voluntary and Community Sector but more generally exemplifies a lack of buy-in by some boroughs to the pilot, since the data protection issues are not insuperable and could be ironed out in advance. This has inevitably caused some frustration and has led to long delays in progressing the audits which have yet to be resolved. The role of the Safe and Together Implementation leads, and their visibility, is pivotal to embedding the approach and in encouraging referrals to Restart through the consultations on individual cases and their contribution to strategic decision-making within the boroughs they work in. Their contribution is increasingly recognised by local authorities as important and seen as impactful.

Accommodation pathway

1.18 On the basis of Initial Needs assessment data, we calculate that 22% of the cohort of service users were identified as having an accommodation need (17 cases out of 78 completed assessments).

1.19 We note that 25 cases (18% of the overall 140 cases) have been referred to the accommodation pathway. Though lower than the anticipated referral rate of 25%, it is a significant increase on the 14% proportion noted in our Interim Report (page 75), which shows that there has been a positive change in this aspect of the pilot.

[3] These are no longer part of the CORE training.

Table 3: Referrals to accommodation pathway

	Referrals to accommodation pathway	% of all referrals
Camden	8	21%
Croydon	4	12%
Havering	5	20%
Sutton	5	22%
Westminster	3	14%
Total	25	18%

1.20 The accommodation pathway was seen as a positive way to shift thinking around who should leave when there is abuse in the home. One practitioner shared that it provided '*breathing-space'* whereby '*the vast majority of women do want to stay in their own homes because of their children's schools and children's friends, you know the support network they have around them…and they want him to leave'.* (Practitioner, central agency)

1.21 Although there was support for the accommodation pathway and the opportunities it presents to families in terms of stability of housing for the victim-survivor and children and the possibility of keeping victim-survivors safer, there were difficulties in operationalising it which limit its effectiveness. Some of these are due to exogenous factors such as the severe housing crisis across London, which make it difficult for councils or service users themselves to find suitable accommodation. The legislative restrictions on providing accommodation for those with no access to public funds and for those under the age of 35 have also impacted on the options available to service users. Although the short term offer of hotel accommodation can provide a welcome breathing-space for families experiencing domestic abuse, some practitioners we interviewed shared a lack of confidence in the ability to find longer term housing. Councils were not seen as having made a great deal of progress in this area despite the best efforts of the Accommodation Support Worker (ASW) to advocate on behalf of service users. Some participants in our interviews also noted that when accommodation was made available, some service users declined to take up the offer although were appreciative of the support of the ASW in liaising with the Council to address their housing needs.

Children and young people

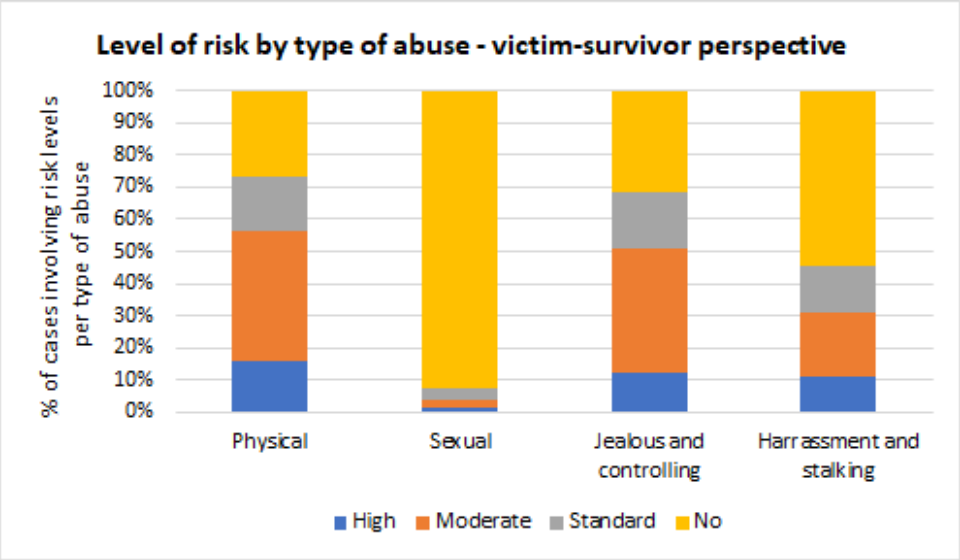
1.22 The average number of children per service user was two. Up to two thirds of the cases referred involved a child protection plan or a child in care. We were able to analyse information shared with us by victim-survivors, Restart partners and practitioners, strategic leads and data gathered by Cranstoun. Some victim-survivors spoke of their experience of the changes brought about, with positive feedback about service users' behaviour towards their children. Many practitioners reported that they had observed changes in the attitudes of service users towards their responsibility as parents. Some service users were pleased that they were able to see their children and, in some cases, their partner more without difficulties following the intervention. One victim-survivor told us:

'He's a little further ahead... he's taking a lot more responsibility of his actions than in the past, recognising a lot of things he did were not ok, and instead of going, oh I shouldn't have done that, now he knows why he shouldn't have done it, it's moved things further forward, as a knock on to that I feel a bit more comfortable with him seeing his son'.

Victim-survivors

1.23 The level of risk to victim-survivors referred to the programme is recorded by the Partner Support Worker, who completes a SOAG (Severity of Abuse Grid) and DASH-RIC using data from the referral form and information from the victim-survivor.

1.24 The most prominent types of abuse (from the perspective of the victim-survivors) were physical abuse and jealous and controlling behaviour as shown below.



1.25 Within these categories, the majority of victim-survivors were deemed to have a standard or moderate level of risk (which is as expected given that any high-risk cases would not generally be deemed suitable for Restart). The overall level of risk of abuse identified for victim-survivors (out of 82 assessments excluding 'Don't know') was 57% standard, 33% moderate, and 10% high-risk (Note: if 'don't know' responses are included the distribution is 45% standard, 26% moderate, 8% high-risk and 21% ''don't know). In addition, in relation to 18 victim-survivors, Restart has recorded outcomes which enable progress to be tracked[4]. In three quarters of cases with recorded outcomes, an increase in the victim-survivor's safety and wellbeing in one or more of the recordedoutcome areas was reported. This is positive given that one of the aims of the project is *'improving safety and long-term outcomes for child and adult victim-survivors'*. This was corroborated by the victim-survivors we spoke to who identified some behaviour changes in their partner although 3 of the 8 women we spoke to were not sure that these would be sustained. One victim-survivor felt that her ex-partner's behaviour had worsened as a result of the intervention due to his abusive behaviour in response to any statutory involvement.

1.26 A key aspect of the programme design is the Partner Support Worker (PSW), providing ongoing support for victim-survivors for the duration of their involvement in Restart. All of the victim-survivors we spoke to found the Partner Support Worker to be incredibly helpful in sharing information and supporting them to reach difficult decisions affecting themselves and their children.

1.27 In speaking with victim-survivors, one shared her experience which encapsulates what many others shared with us:

'I got to the point where I thought I'm not going to let him behave this way anymore, I [used to think] it's one thing for him to do that to me, but to my child? No, no. I've learnt since then that it wasn't ok for him to do this to either of us. [I've had] Input from lots of different agencies, gave me my confidence back… When he went, I had time and realised that if I'm not ok, then my son's not ok. Just having [the Partner Support Worker] say no that's not ok, it's not ok for him to make threats to you…it's actually really helpful. [I've accessed] therapy...and working through Restart and having someone reiterate the same kind of things the therapist was saying was really helpful. Things are feeling better than they have in a long long while, we're settled at home, we've got ourselves into a routine, [child is] more settled now, seems more settled in themselves [My ex] said something the other day, which was the first time..."yeah I did get myself into a lot of trouble" it used to be "you left me.. It was all everyone's else's fault". I think that's the first time he's taken any responsibility in his life, that's huge. It felt like a big step forward. But I'm not going to get myself excited about it, lots of times when things have seemed like they're getting

[4] Note that the assessment focusses on key outcomes rather than the full range of outcomes, so the above statistics are not able to represent a full picture of progress.

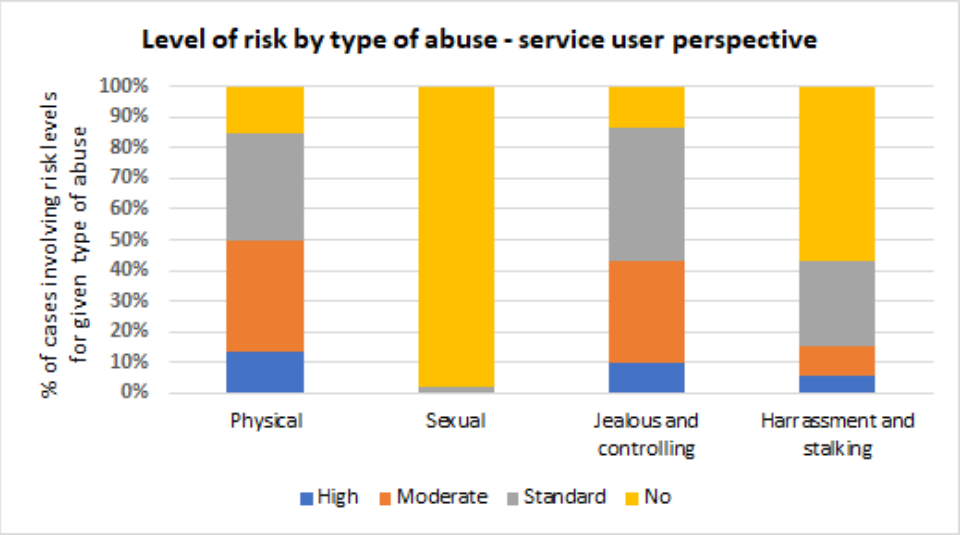
better, but then a huge dip, but it seems that he's plateaued… I've worked through the worst of it, nobody chooses to do this alone, we're doing all right…Hope the programme continues, because it's really helpful.'

1.28 Overall, the women we spoke with and Cranstoun's exit surveys point to Restart achieving the outcome of enhanced space for action for victim-survivors and an increased sense of safety.

Service users

1.29 The top three current needs identified for service users (on the basis of 78 completed assessments out of the 140 referrals) were children, families and parenting (44%), followed by mental health and psychological wellbeing (24%), and housing (22%). For the 79 service users who had completed the Restart intervention, 57 (72%) had been referred to a group-based DVPP or to an internal 12-week one-to-one behavioural change programme.

1.30 Turning to risk and type of abuse, the table below, using the same SOAG data set as for victim-survivors, shows the abuse types and behaviours demonstrated by the service user.

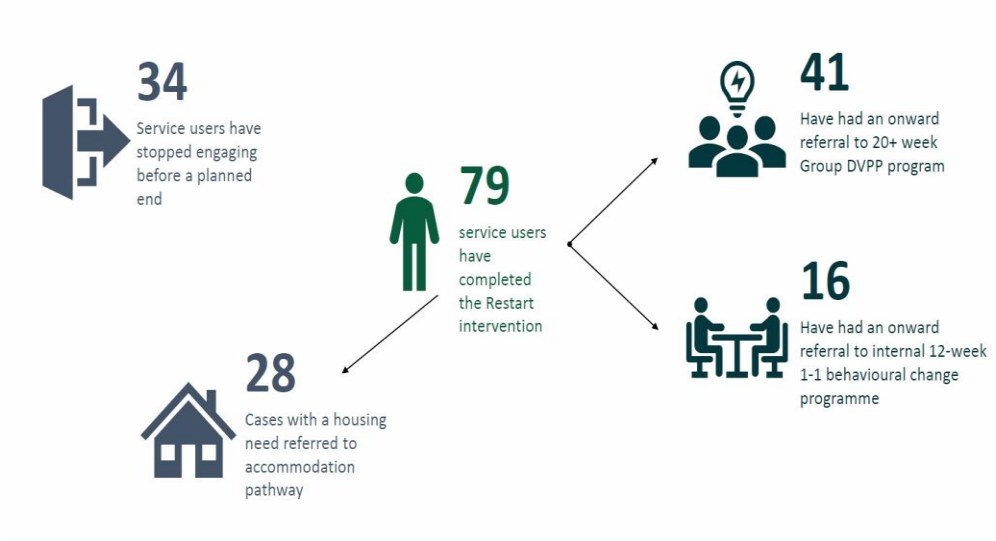


1.31 Compared to the levels of risk assessed for victim-survivors, looking at overall risk assessments, higher levels of risk were observed from assessments of service users (relating to 70 cases with completed assessments), namely 37% standard, 47% moderate, and 16% high risk (proportions exclude 'don't know' - including this the level of risk was 34% standard, 43% moderate, 14% high risk and 8% 'don't know').

1.32 Service users who complete the short-term one-to-one work with Restart are encouraged to move to one or more of the following:

- a longer-term Domestic Violence Perpetrator Programme (DVPP) (Men and Masculinities, DVIP or RISE) – 41 people to date;
- onward referrals to 12-week+ 1-1 behavioural change programme – 16 people to date;
- onward referrals to other specialist services for the service user (drug and alcohol, mental health etc) – 24 people to date.

1.33 This is illustrated in the following diagram based on the 79 service users who have completed the programme:



1.34 This shows a high degree of success in meeting one of the core aims of Restart which is to build motivation and facilitate access to behaviour change interventions for the abusive parent. Whilst we cannot comment on the effectiveness of those programmes in terms of '*reducing repeat and serial incidents of domestic abuse*' (one of the other aims of the programme), it is likely that these service users would not have received an intervention if the families had not been referred to Restart. There was also some evidence from interviews that Restart is beginning to change the way in which the behaviour of those who use harm is being addressed within CSC, with greater recognition of the need for perpetrators to take accountability. This is likely to lead to a greater focus on achieving behaviour change.

1.35 Restart collect data on outcomes collected by the VPP at the end of the intervention - after excluding all cases in which either no data was provided or which only had 'don't know' as answers, our sample size was 31 cases. For given cases, more than one assessment was made as to whether service users had an increased or reduced potential to continue perpetrating abuse – we used a scoring system of 2 for significant improvement, 1 for slight improvement, 0 for no change, -1 for slight deterioration, -2 for

significant deterioration and then took the average of these scores applicable to a given service user. We were then able to assess which of the cases had shown at least a slight improvement on average (equating to a score of 1.0 or above). We observed the following:

- 84% of the cases reported a decrease in the service user's potential to continue perpetrating abuse in one or more of the reported outcome areas;
- 81% of the cases reported an increase in the service user's well-being in one or more of the reported outcome areas;
- 81% of the cases reported an increase in the service user's ability to engage in behaviour change work in one or more of the reported outcome areas;
- 81% of the cases reported an increase in the service user's motivation to engage in behaviour change work in one or more of the reported outcome areas.

1.36 The above data relates to just over one-fifth of cases (31 cases out of 140 referrals is 22%), and so the assessment should be treated with caution, but it does give some signs that Restart is working well in meeting its intended outcomes around potential to perpetrate abuse, wellbeing, engaging in change work and motivation to change for service-users. One service-user shared:

'I have used the time out and manage to take a breath when feeling tense at home and ask if it's OK to go for a walk. This has worked'.

1.37 The four to eight-week assessment is not intended to achieve behavioural change but to assess the service user's needs, carry out safety planning and preparation for a longer-term DVPP (as well as referral to other services required and to the accommodation pathway if appropriate). Some of the practitioners felt that the need to refer service users to a group intervention at the end of the four to eight week assessment period might lead to them disengaging and they provided some examples of service users who had not turned up to the DVPP they were referred on to despite having committed to doing so. This risk is inherent in the Restart approach but it is significant that many of these service users would have been unlikely to receive any intervention at this stage had they not been referred to Restart. This is because Restart is intended to be early intervention aimed at families where there is a low to medium severity of domestic abuse in which the traditional focus would have been on the victim-survivor rather than the perpetrator. Monitoring how many of those referred to DVPPs complete them, how many drop out and the outcomes from those interventions is useful information in assessing the impact of Restart. This information is collected though the numbers who have completed so far are small given that the first referrals were only made in October 2021 – this will be kept under review.

1.38 Similarly, a small number of service users were referred to different providers for their DVPP (due to the local authority having a contract with a different service provider) and the VPPs felt that this added to the risk of them disengaging – for example, because they may have to have a further assessment and because they were unfamiliar with the practitioners and the agency concerned. Again, this is inevitable given that there are different DVPP providers in London and it may be more difficult for service users to engage with a different service however well prepared they have been. This can be addressed by the VPPs in the different agencies liaising closely once a referral is made and sharing the information gathered during the assessment process.

Value for Money

1.39 At this early stage in the delivery of the Restart model there are sample size and data limitations to robust value for money analysis. Within these limitations, we have assessed – on an indicative basis – the effects of Restart in terms of (a) reducing the need for Children's Services to undertake such interventions as Child Protection Plans; (b) reducing the trauma faced by victim-survivors and (c) child victim-survivors; and (c) lessening the risk that public services require interventions to address the problems caused by domestic abuse. By applying previous research findings, and adjusting them to current price levels, we estimate an overall benefit to wellbeing of £2,485, and an overall benefit to public sector costs of £4,580. This compares against an estimated cost per case of £3,900 at England prices (£4,600 at London prices).

1.40 It follows that our **indicative estimate** of the ratio of public sector savings compared to costs is **£1.17 for each £1 spent**. In other words, savings exceed the cost of the programme (though it should be noted that this is spread among various public sector agencies). In addition, there are wellbeing benefits of a value of £0.64 for each £1 spent. It is worth noting that there are potential additional effects in relation to housing support which are outside the remit of this report. Added together, **the benefit is £1.81 per £1.00 spent**, which represents a good return when compared against the cost of the Restart programme, while the financial break-even point for the public sector in terms of impact is 6.5%, which is relatively low.

Conclusion

1.41 In conclusion, there were many positive aspects identified about this complex, innovative and ambitious project even within these early days. The second stage of our study confirmed many of the findings set out in our interim evaluation and many of the challenges associated with the setting-up of Restart have been overcome.

1.42 We found strong support for the Safe and Together approach which underpins Restart and enthusiasm from those who have undergone the training to adopt the approach and provide better outcomes for families. Strong leadership and commitment at all levels of management are pre-requisites to the successful delivery of Restart.

1.43 The intention to offer alternative accommodation to perpetrators is laudable and is seen as one of the most innovative aspects of Restart. There are, however, difficulties in operationalising it which would impact on the ability to scale the intervention if not overcome. Some of these could be tackled by the system change element of the programme, adjustments to the model or, should resources allow, by investing in additional support for service users to meet their longer-term housing needs, others are due to external factors such as housing shortages and legislative barriers.

1.44 We conclude that Restart is positively influencing much-needed change to the services that families experiencing domestic abuse receive and in the approach of practitioners working in CSC. There is some evidence that it is starting to lead to a less adversarial, more victim-centred system and holistic approach with those who use abuse more likely to be held accountable for their behaviour and given the opportunity and support to change. There is more to be done to ensure that all five boroughs make the most of the intervention and embed the Safe and Together approach in their important work with families. In terms of value for money (which we can only assess for those aspects of Restart excluding the accommodation pathway), it seems likely that the programme provides savings that exceed the programme costs.

2 Recommendations and key learning points

Recommendation 1: Workforce development.

The Restart team should explore how to support and amplify workforce development around intersectional inequalities and dynamics of domestic abuse for housing teams in the partner local authorities around these issues.

Recommendation 2: Accommodation pathway[5].

We recommend that ways should be found to strengthen data skills, tools and infrastructure with a view to improving the evidence base and making it possible to monitor longer term outcomes. We also recommend that in order to prepare perpetrators for the long-term housing placement process, housing placements should be strengthened and investment in new capabilities made to increase the likelihood of service users being able to access long-term housing once they leave the hotel. This would help to ensure that perpetrators were better prepared for the long-term housing placement process.

Recommendation 3: Hearing the voice of children and young people:

We recommend that any future Restart programming should build on the work done so far to explore how to gather and embed children's voices in the data collected and used as a source of learning. This could be done through the existing wishes and feelings work between social workers and children and young people, or working closely with other trusted adults who may play a supportive role in children's lives to hear how Restart has impacted on their safety, happiness and general wellbeing. Any future evaluation of Restart should also find a way of hearing the voices of children and young people in participating families by building in timelines to establish relationships with CSC teams to develop tailored engagement pathways that are appropriate and effective.

Recommendation 4: Improving measurement of outcomes and benefits:

We recommend that cases that are referred on to group-based DVPPs are flagged in a standard way on all the providers' case management systems to ensure that outcomes can be measured and compared. This will help to build an evidence base on the longer-term outcomes for service users who are referred to see if they complete the programme and to measure any change in harming behaviour and the risk presented to victim-survivors and children at the end of the programme. A way of comparing outcomes with a cohort who do not receive the Restart intervention should also ideally be sought so that there is some counterfactual, for example:

[5] Social Finance, Mapping Housing Pathways under the Restart Pilot Programme, March 2023.

Type of Restart intervention/referral	Comparator cohort
Restart intervention, do not complete or do not require onward referral	LA cohort without Restart or DVPP
Restart intervention, onward referral to group-based DVPP	LA referral to DVPP
Restart 12-week + one to one intervention from VPP	LA referral to DVPP

In addition, the case files should also be flagged from referral onwards on the CSC case management system to enable progress to be monitored and any re-referrals identified. This would enable a comparison to be made between cases referred to Restart and those that are not to see whether the intervention has reduced the likelihood of further abuse. We further advise that future evaluations consider the use of quantification of benefits to the public sector, and the adult and children victim-survivors within case study material.

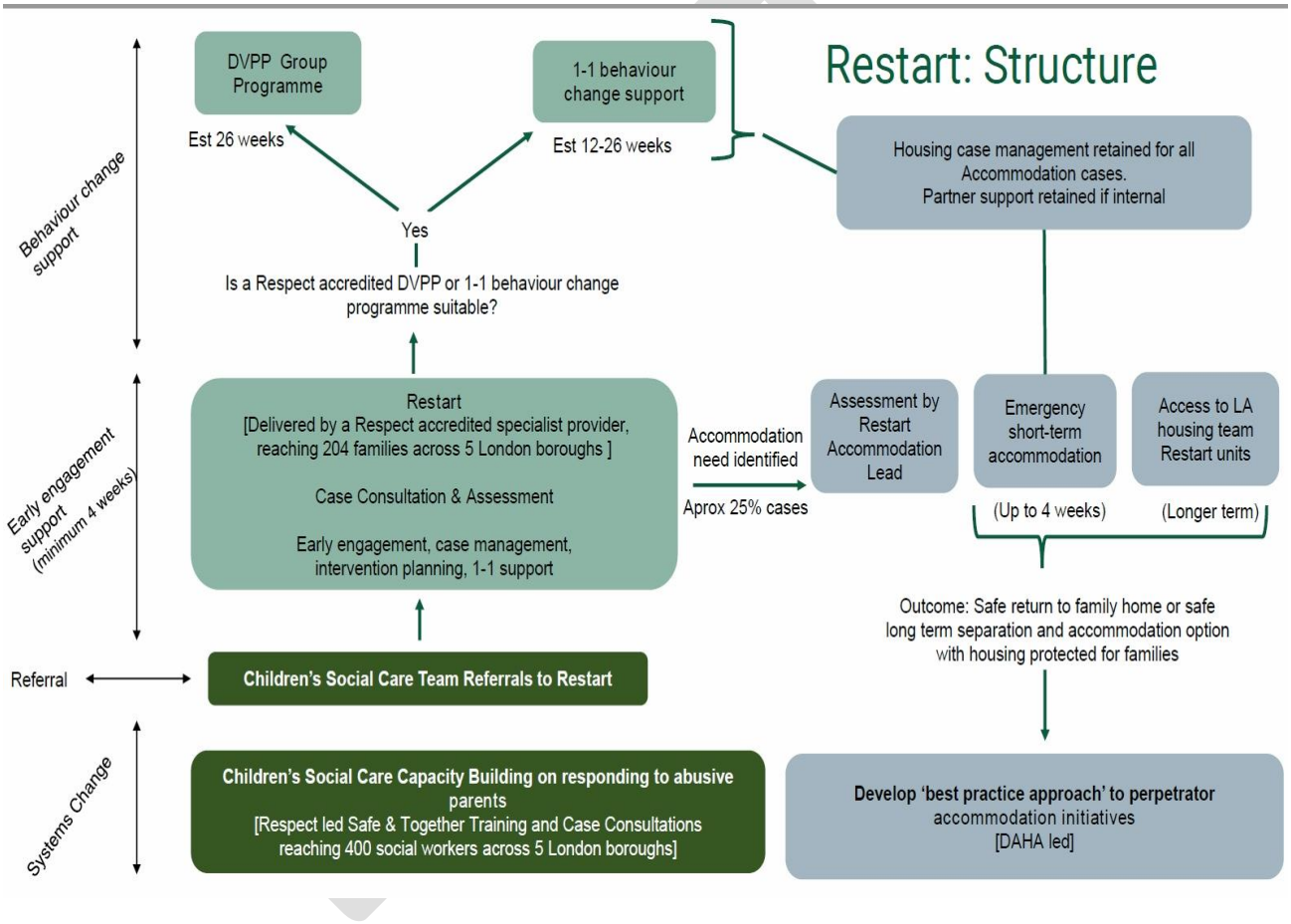
Recommendation 5: Review of meetings and processes.

We recommend that the meetings and processes currently in use to deliver Restart should be considered at the start of the next phase of the work with a view to assessing whether these could be streamlined.

3 Introduction

3.1 This report builds on the Interim Evaluation of Restart[6] dated September 2022, published in December 2022, and is intended to be read in conjunction with that report. Many of its findings continue to apply. We were commissioned to carry out a further evaluation when the project was extended to the end of March 2023, with a view to strengthening both the quantitative and the qualitative analysis and looking at the impact of the project beyond the initial year. We note that the project has now been extended until 30th June 2023.

3.2 The way in which Restart is structured and operates is shown below:



[6] RedQuadrant, Restart Interim Evaluation, Drive Partnership; see http://driveproject.org.uk/wp-content/uploads/2022/12/Restart_InterimEvaluation_09.2022_FINAL-2.pdf

4 Methodology and limitations on our work

4.1 The methodology of the first phase of our study is set out in the Restart Interim Evaluation[7]. For the second phase of our work (September 2022 to February 2023), we:

- carried out qualitative interviews with 11 practitioners based in the agencies involved in delivering Restart and six strategic leads in addition to those carried out during phase one. We completed a read through of all transcripts, with two members of the team sense checking all findings. We thereafter undertook a thematic analysis, exploring recurring themes across all interviews. A list of those interviewed is at Appendix 1;

- held a workshop with staff members from Cranstoun involved in delivering Restart to explore the evaluation tools and methods;

- developed a short survey for victim-survivors and service users to complete in order to gain their insight into the difference that Restart had made to them and their families. It was agreed that victim-survivors should be incentivised to contribute by a small monetary token. Eight surveys were completed by victim-survivors and four by service users in November 2022 in brief interviews with members of the project team and the results noted or transcribed. Of these interviews, four victim-survivors were recontacted in January 2023 to explore any changes. Thereafter, emerging themes were identified and victim-survivors' responses coded.

- to elicit the views of children and young people, we engaged with staff members from the five local authorities as well as colleagues from SafeLives around how best to collect this information, this included contacting social workers who had worked with families referred to Restart, developing thematic questions for these social workers to ask children, and exploring with strategic leads the possibility of children's focus groups, led by trusted adults known to the children;

- observed a number of meetings with practitioners and service leads; these included Community of Practice meetings, Strategic Steering Committees (SSCs), monthly borough check-in calls, Restart housing panels and Safe and Together case consultations to gain a more detailed overview of the effectiveness of Restart;

- analysed a small sample of local authority data on re-referrals from Restart cases closed over six months ago, and reviewed data on attendance and status of cases referred from Restart to DAPP;

[7] Restart interim evaluation, op cit, http://driveproject.org.uk/wp-content/uploads/2022/12/Restart_InterimEvaluation_09.2022_FINAL-2.pdf

- analysed and coded comments and feedback from victim-survivors and service users from data provided to us by Cranstoun, case studies from Safe and Together implementation leads as well as our own interviews (see above).

4.2 A major limitation to evidence gathered here was difficulty in securing the voice of the child and their experiences of Restart and limited direct engagement with service users themselves. However, we were able to identify some impacts for children and young people through analysing data provided by Cranstoun and Safe and Together implementation leads and speaking with victim-survivors about their understanding of the impact on their children.

4.3 For the quantitative analysis, we analysed the additional quantitative data available and produced an indicative assessment of value for money. Our approach has been to:

- Calculate unit costs, defined as expenditure divided by the number of clients, taking into account (a) the share of resource between training provision and work with clients, and (b) noting that [1] pre-implementation costs; and [2] some overhead costs such as research and evaluation would not be incurred in dissemination of the programme;

- Assess the current social costs in terms of wellbeing loss and cost to public services that result from a reduction in domestic abuse - [1] in relation to Children's Services, [2] in relation to other issues relating to the victim-survivor, [3] in relation to effects for the children of the victim-survivor;

- Compare the benefits of the programme against the current social costs, as a way of showing the relative improvement required for social benefits to match the cost of the programme.

4.4 It should be noted, however, that we have faced major difficulties in obtaining suitable data with which to assess value for money. In particular, since (a) the programme is relatively short term and is not about creating sustained behaviour within that period, and (b) data on cases sent to DAPP is not yet available in many instances as service users have not completed their course, data on the outcomes of service users with respect to behaviour is sparse (we used ad-hoc data requests to local authorities and have been able to draw on only a small number of cases for which attendance rates are available for onward referrals). This greatly reduces the robustness of our results.

4.5 In parallel with our study, Social Finance were appointed to carry out research into the Restart accommodation pathway and to understand Restart's housing-specific learnings and what scaling up would imply for the accommodation support elements of the Restart

pilot. We worked closely with Social Finance colleagues but avoided duplicating their enquiries; their findings are reflected in this report (see chapter 7).

Acknowledgements

4.6 We would like to thank all those who took part in the interviews and focus groups we carried out for this project and to those who provided the information needed to complete this report. We would like to particularly thank victim-survivors who spoke with much candour, openness and honesty about their experiences not only of Restart, but of their experiences of domestic abuse and parenting through abuse.

Use of language in this report

4.7 In this report, we have tried to use gender-neutral language where possible since domestic abuse can happen to anyone. Whilst perpetrators may be of any gender, we recognise the gender-based nature of domestic abuse and the fact that the majority of victim-survivors are female and the majority of those who use abuse are male. Restart provides support to all victim-survivors and service users. The terms 'service user' and 'perpetrator' are used interchangeably throughout this report. A glossary of the terms and acronyms used is set out at the end of this report.

5 Findings since the Interim Report

5.1 Many of our initial findings were borne out during the second phase of the evaluation. In particular, we found further evidence of the benefits and challenges which we described in that report from our further interviews. This chapter describes our additional findings based on the interviews including those with victim-survivors.

Changes made since interim report

5.2 We noted that a number of changes have been made to the Restart programme since our initial report with a view to improving the impact of the pilot. These are summarised in Appendix 3.

Referrals

5.3 There have been 140 referrals to Restart until December 2022 by the five councils. The following tables show the number of referrals by month and a breakdown by borough:

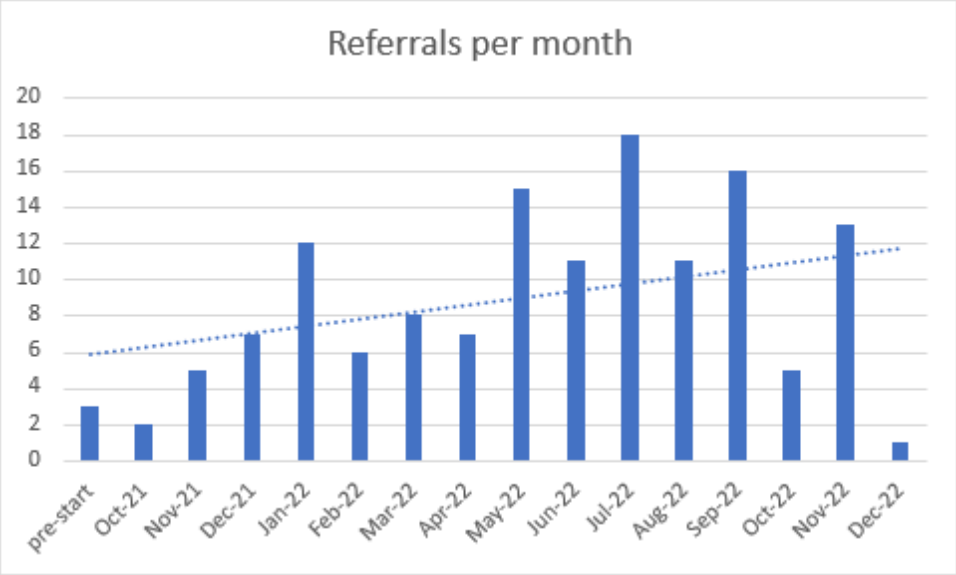


Table 4: Number of Restart cases by local authority

	Up to 1 April 2022	April to 1 July 2022	July to 1 Oct 2022	Oct to 1 Jan 2023	Total	% of Total
Camden	18	7	10	3	38	27%
Croydon	4	14	11	4	33	24%
Havering	5	1	11	8	25	18%
Sutton	9	4	7	3	23	16%
Westminster	7	7	6	1	21	15%
Total	**43**	**33**	**45**	**19**	**140**	

5.4 Our interim evaluation report was based on an analysis of 76 referrals (received before 1st July 2022); this report is based on the 140 referrals which have been made until the end of December 2022. As this table shows, referrals built up over the summer but have since reduced and were particularly low during December 2022. There is a more than 50% difference between the highest and lowest referring boroughs.

5.5 Our interim report described the complexity of setting-up, understanding and operating Restart which had presented challenges to services contributing to low referral rates in some boroughs. Our interviews revealed that there is now a better understanding of the intervention and its potential benefits for families, and how to refer to and work with the agencies involved. However, as elicited in the Safe and Together audit[8], in 90% of the cases they explored, a referral was not made to Restart even though this may have been appropriate. A more recent audit of randomly selected cases in one particular borough showed that 80% of perpetrators were not considered for referral to Restart.[9]

5.6 There may also be a reluctance to refer by some social workers for the following reasons:

- the perceived complexity of doing so – some staff found the Restart referral process cumbersome and said that practitioners do not have time to make referrals to Restart;

[8] Safe and Together audit, 19th May 2022
[9] Case audits Round 1, dated 31st January 2023

- the lack of knowledge and understanding about the possible benefits in individual cases and the process;
- reluctance to engage with the perpetrator;
- a lack of senior support for the programme;
- resistance to change from the more traditional approach;
- the lack of training in how to take a holistic approach to domestic abuse (particularly in staff who have not done the Safe and Together training).

5.7 In our interviews with partner agencies and strategic leads, we found a willingness to work together and refer cases to Restart as the programme begins to bed in and many examples of positive relationships between the partners. One lead agency told us:

'Referrals are seen to depend to some extent on the stage of the Safe and Together training which practitioners have reached, and the visibility of the Safe and Together Implementation Leads who raise the profile of the programme in the borough.'

5.8 However, we found the picture to be inconsistent, with some interviewees telling us that buy-in to the project continues to be challenging, with little accountability from some boroughs who do not follow through on their commitments to the Restart programme. Nearly all partners and strategic leads spoke of the need for accountability, commitment and leadership in order to deliver the programme. The inconsistencies in buy-in appear to have led to a lack of commitment in social work responses such as a sense that the referral process is seen as too onerous for some social work colleagues, despite multiple changes in how the process works. For example:

'They're a bit dismissive of it because they think...the reality of child protection is we just don't have time for this kind of thing'. (Practitioner, Central agency)

5.9 It should be noted that it is not just the time involved in making the actual referral which is seen as the issue, but the *perceived* additional time involved in meeting with the external agencies and following through on the referral. For those handling statutory casework (as opposed to those at the social work 'front door' in Early Help or the MASH who frequently initiate the referrals), this was seen by some to add to the pressures the social workers face on a daily basis. We were told of one social worker who had stopped referring to Restart due to the perception of the amount of work involved although this was not borne out by the reality given that the referral process is straightforward.

5.10 We also found that there continues to be a variable level of knowledge around the dynamics of domestic abuse within children's social care. One victim-survivor told us her

experience involving what she felt to be manipulation and collusion by services as well as racial discrimination:

'In the first instance they referred him, and he didn't go, and then they referred me as well, only because when he went to speak to the social worker, he manipulated her, and he said things like "she needs help, she's the one who's aggressive" and twist it to look like he's the victim, I'm the perpetrator. So when the social worker went away, I said you're biased as you didn't interview me, you interviewed him twice, and you didn't understand what emotional abuse is, so they referred me to Restart, and he kept saying - see you've been referred, you're the aggressive one. So the professionals have [failed] to understand what kind of person they're dealing with, they're falling into his narrative. I called them up to say it was discriminatory because I'm a black woman and he's a white man, and the treatment was unequal.'

5.11 After an assessment with the team at Cranstoun took place, she was then understood to be a victim of domestic abuse, rather than a perpetrator. This highlights the positive impact of Restart in correctly assessing and supporting the victim-survivor as the primary victim and points to a need for greater workforce training around the dynamics of domestic abuse, coercive control and bias.

5.12 It is important that anti-racist practice, learning and support for those experiencing racism from statutory organisations continues to be embedded within services. Although racism was raised by one victim-survivor, the lack of trauma-informed and domestic abuse aware translators across the sector and in general was highlighted by VPPs, perhaps indicating a need for general learning around intersectional inequalities in the partner local authorities around these issues. Two of the VPPs, however, felt that the interpretation service worked fairly well, particularly when delivered face-to-face and when the same interpreter was involved continuously, despite the inherent difficulties.

5.13 Some of the inconsistencies in social work practice identified were also attributed to the pressures on social work practitioners, lack of middle management support, short term contracts and high staff turnover. Staff turnover was a cause of frustration for many of the people we interviewed who expressed concerns about the impact this has on risk, knowledge, awareness and practice relating to dealing with domestic abuse in general, and Restart in particular. In many cases, this increased the difficulties in trying to start the work and to complete it in the intended timescale. We heard of examples where a family had several (up to three) different social workers during the time it took to deliver the intervention which can be frustrating for others involved in the case – not helped by difficulty in identifying the new social worker. We were told:

'There's a lot of turnover, we're often getting out of office replies that someone's left and we've then got to make contact with the new person.' (Practitioner, Central agency)

and

'We've had a lot of staff turnover... a lot of SPOCs [Single Points of Contact] within the boroughs that we've built relationships with change so often or getting moved to a different team, or their priorities change, they have work taken off them. And that can be really frustrating. (Representative of central agency)

5.14 As in our earlier study, the importance of strong middle management support was emphasised frequently by interviewees who described how this pays dividends in terms of encouraging referrals and giving practitioners the confidence to engage effectively in the pilot. The commitment of middle management is therefore regarded as an important determinant of referrals – managers reminding practitioners that Restart is an opportunity to refer complex cases involving domestic abuse and seek the advice of the Safe and Together Implementation Leads were seen to be crucial. The engagement of middle management needs to be consistent across the five boroughs if best use is to be made of Restart.

5.15 In order to facilitate the referral process, boroughs may also need to introduce some changes to their systems which requires commitment at a senior level – this needs to be done at an early stage to facilitate the referrals process. Commitment is needed at middle management level to ensure that this is prioritised.

5.16 We noted that not all cases referred to Restart are accepted, since some are considered too high risk. Some interviewees were concerned that the lack of availability of an intervention for high-risk perpetrators such as the Drive Project may lead to inappropriate referrals to Restart for want of an alternative. Examples were cited of cases where this has happened during the pilot, reflecting the lack of provision generally for those who use harm (since three of the boroughs do not have their own commissioned perpetrator programmes which can take higher risk cases):

'They don't have perpetrator programmes, so where they're supposed to go? So they try with whatever they can get.' (Focus group interviewee, practitioner, Central agency.)

5.17 We repeat our assertion in our earlier report that communications should clarify that Restart is intended to be one element of a suite of domestic abuse interventions with clarity as to how these fit into local domestic abuse strategies[10].

5.18 However, the Restart practitioners are able to advise the referrers about the suitability of those they wish to refer to the programme and do not accept referrals that would present too high a level of risk. Concern was expressed by several strategic leads that if Restart does not continue, there is a risk that there would be no provision for those

[10] See interim report page 18.

who use harm in boroughs, with no commissioned DVPP and that behaviour in perpetrators would simply escalate.

Recommendation 1 Workforce development The Restart team should explore how to support and amplify workforce development around intersectional inequalities and dynamics of domestic abuse for housing teams in the partner local authorities around these issues.

Importance of partnership and relationships

5.19 The importance of the relationships between the various agencies involved in Restart and the Single Points of Contact in the boroughs is of fundamental importance. Establishing these relationships was a key component in the setting-up of the pilot and one of the challenges. Maintaining these relationships now that the pilot is in full delivery is at least as important; for example:

'I've seen in some case notes some of those case managers have got really good relationships with social workers. And it's those social workers who are attending the training who are consistently referring who aren't being moved to different teams, those ones that are there and they are present and they are fully engaged with it is where we build up that relationship.' (Representative of central agency)

5.20 It was clear from our interviews that Restart also depends significantly on effective partnerships and communication between different parts of the local authority including:

- The Early Help team or the MASH (often referred to as the 'front door');
- The longer-term statutory (child protection or CIN) casework team to whom referrals are generally passed (though this depends on the individual LA);
- The department dealing with VAWG (for example, the IDVA service);
- Housing Department.

5.21 The relationship with the agencies involved in delivering Restart are also key to how well it works. Restart is a good example of multi-agency working, bringing together several different agencies across the statutory and voluntary and community sectors, and it is not surprising that it has taken time to bed down and overcome some of the tensions that have arisen along the way. The way in which the different departments and agencies communicate and share information, particularly in relation to individual cases, is key to ensuring that any difficulties that arise are ironed out.

5.22 Some interviewees alluded to the perhaps inevitable tensions between the different parts of the local authority, reflecting the fact that each may have different priorities – with the VAWG Team focusing on the victim-survivor, CSC primarily on the child and the

Housing Department on meeting its statutory housing duties. The handover between different social work teams was highlighted as particularly important since, however strong the commitment of those making the referral which may be done by Early Help, the impact will be reduced if there is a lack of follow-up or understanding in the longer-term casework team. The contractual relationship between the central team and the providers is also key since Restart will only succeed if all agencies are responsive and a united front is presented. We were given several examples of referrals that had been unable to progress as a result of the difficulty in identifying or contacting the appropriate social worker. These issues are being worked through as the pilot progresses but exemplify the complexity of delivery.

6 Safe and Together approach

6.1 The Safe and Together model underpins and is fundamental to Restart[11]. It aims to promote a more holistic approach to domestic abuse through training, coaching and support for practice development (provided by the three Implementation Leads, employed by Respect, and assigned to the boroughs). This is intended to meet the following aim: *'Provide training and capacity building for CSC practitioners to enable CSC to effectively hold abusive parents to account'*.

6.2 Changes have been made to the training to encourage better attendance (see Appendix 2). The CORE training is delivered face-to-face online (with no e-learning as there was when we wrote our interim report) over four days (two days in two consecutive weeks). The following shows attendance and pass rates for the CORE training broken down by borough (note that pass rates are for the second round only):

Table 5: Completion rate for the CORE Safe and Together training (attendance and pass rate for 2nd round)

	Attended			Passed	Passed as % Attended
	1st round	2nd round	Total	2nd round	2nd round
Camden	38	24	62	20	83%
Croydon	43	30	73	26	87%
Havering	33	34	67	29	85%
Sutton	58	15	73	13	87%
Westminster	49	31	80	26	84%
Total	**221**	**134**	**355**	**114**	**85%**

6.3 Data collected from the Safe and Together team found that 429 people booked the CORE training sessions with 355 people attending. Data are further available for the second-round cohort in relation to the numbers passing the end of session test. The pre-training score relating to knowledge and understanding across all five sessions of round 2 averaged 75.6%. The average post-training score across the five sessions was 87.4%, highlighting a marked change in attitudes, knowledge and understanding relating to

[11] See interim report, paragraph 6.4.

domestic abuse for those who attended. Other feedback collected included comments from attendees such as:

'I found a great deal of the S&T training really useful, especially the ideas for questions to directly ask to perpetrators of DA which I have noted to take forward in practice'.

'I think a perpetrator-pattern based approach is a really effective framework for thinking, talking and writing about families as it helps to avoid language that blames the non-abusive parent, instead highlighting the perpetrator's actions'.

'I was surprised by the impact this training has had on my thoughts around domestic violence and it has completely changed my way of thinking'.

'This was a training I felt I actually gained skills and knowledge from that I can immediately use in practice'.

'I completed finally the core training and was blown away – now I feel a proper champion and telling everyone to do the training!!'

'I think this is going to help me be more creative…the child focus is so clear'.

6.4 However, one participant of the CORE training, noted that other colleagues in the group held 'worrying views' (e.g: views that were not victim-centred), perhaps reflecting the need for more training for some, as reflected in Recommendation 1 around workforce development.

6.5 In addition to the CORE training, a one-day overview course is available which is suitable for practitioners in other parts of the local authority such as housing or in agencies including the police (whereas the CORE training is aimed primarily at CSC practitioners). 399 people attended this between Oct 2021 and December 2022. Attendance on both courses is encouraged by the Implementation Leads embedded in each borough and take-up will depend partly on the links they have established within the borough.

6.6 There has been considerable progress made since our interim report:

- Several interviewees reported that the Safe and Together Implementation Leads are now more embedded in the boroughs and it is clear that knowledge about, and support for the model has increased;

- The numbers of practitioners attending and completing the CORE training and the feedback from the training are highly positive as shown above. This was reflected by many interviewees who commented on their support for the approach;

- The changes made in the delivery of the training which is now done live rather than with online modules though still virtually have been well-received, as feedback from previous sessions highlighted the importance of face-to-face sessions.

6.7 However, finding the time to take part in the training continues to prove challenging for some, particularly for those working in delivering statutory services who may have to prioritise urgent casework and case proceedings. The changes made to the training (see above) has been welcomed but securing full attendance remains a challenge. Reasons given for withdrawing from the course include illness, pressure to attend alternative meetings, court proceedings and pressure of other work. Participation in the Overview training by practitioners in areas other than CSC or Early Help (who are more likely to attend the CORE training) is lower given that domestic abuse may be a less significant part of their role. This reflects similar findings from other areas across the UK who are embedding Safe and Together across Social Work practice.[12]

6.8 The case consultations we observed showed that the Implementation Leads (who also deliver the training) have a high level of expertise about the model which they are able to apply effectively in sometimes very complex cases, making a contribution to casework as well as advising at a more strategic level and helping to build capacity and the skills of practitioners. Their input to a case may result in a referral to Restart and is key to embedding the Safe and Together model.

6.9 We found significant evidence from our interviews that the aim to *'Provide training and capacity building for CSC practitioners to enable CSC to effectively hold abusive parents to account' as* referred to in paragraph 6.1 above has been met. For example:

'What has changed the dynamics, I think, is the Safe and Together training, certainly for front-line practitioners that has helped them focus more on the dynamics of domestic abuse, the coercive control, and how Mum manages her safety and that of her children in this space. I do notice, not a seismic change, but a step change about behaviour, a cultural change about how we think about domestic abuse and not making unrealistic demands on the survivor.' (Strategic VAWG Lead, Council.)

6.10 The case study below also highlights the impact of the Safe and Together Implementation Leads consultation support, showing a shift in practice around supporting positive mothering, understanding of the impacts of coercive control and enabling safe disclosures.

[12] https://www.improvementservice.org.uk/__data/assets/pdf_file/0022/40675/Implementing-Safe-and-Together-in-Scotland-Year-1-Learning-Report.pdf

'CSC became involved during the mother's pregnancy. Three referrals were received from the Police within three months, two of these related to 'non-crime domestics' reportedly involving the parents arguing, where neighbours had called the Police. The other involved the father's involvement in an altercation with strangers in the community. The Police were also worried that both parents appeared to be smoking cannabis and the mother was thought to be drinking alcohol during her pregnancy.

Following a pre-birth Child and Family Assessment, an Initial Child Protection Conference (ICPC) was called due to the father's alleged abusive behaviour, both parents' cannabis use, and the mother's apparent poor mental health. The baby was ultimately made the subject of a Child Protection (CP) Plan. Following the birth and throughout this early period CSC involvement, the social work team struggled to engage either parent and it was felt that the mother's volatile presentation and her reluctance to disclose domestic abuse was acting as a barrier to positive progress.

The social work team requested a Safe & Together consultation after the mother was seen to have sustained a significant facial injury. She maintained that she had banged her face accidentally, but the social worker and their manager felt that this was unlikely. Due to the seriousness of the injury, the history of domestic abuse allegations against the father, and the young age of the child, the social workers were in discussion with their legal team to plan for the possible need to initiate PLO (pre-proceedings) process.

A key focus of the consultation was on how to engage the parents in work that could avoid the need to initiate care proceedings. It was felt that the father's abusive behaviour was escalating, yet he was showing no willingness to acknowledge his abusive behaviour. The mother was also unwilling to disclose any of the abuse which the social work team felt likely was taking place. The social worker was feeling frustrated and stuck with the case.

During the consultation we were able to use the Safe and Together Model to consider the extent to which the father's day-to-day pattern of behaviour was likely impacting on the child and family functioning, including the mother's decision-making and her apparent belief that she could not safely disclose.

We discussed the need for the social worker to gain a clearer picture of this day-to-day pattern of behaviour, and to identify the full spectrum of the mother's efforts despite the father's abuse, to promote the safety and wellbeing of her child. We agreed that the social worker would prioritise meeting with the mother alone, in order to ask about the relationship history and her day-to-day experience of the father. It was agreed that the social worker would use this session to explore the full spectrum of the mother's efforts, affirming everything she has been doing already to promote the safety and wellbeing of her child. The idea was for the social worker to use this process to both gain a richer understanding of the father's behaviour and develop the mother's trust of support services.

Several weeks later, the Safe and Together Implementation lead was updated by the social work manager that there had been a significant breakthrough. The social worker had been very successful in using the approach discussed in the consultation which had led to the mother feeling able to disclose the father's use of violence and coercive control, and request help to safely exit the relationship. The social work manager explained that they had been able to support the mother and baby to move out of the home into safe alternative accommodation.'

6.11 This shows what can be achieved by taking a strengths-based approach in working with the non-abusing parent and the philosophy underpinning Safe and Together of the importance of working with the non-offending parent to support her in taking the best decisions for her child.

6.12 One interviewee told us how social work practice has been influenced by the Safe and Together model whereby:

'The whole 'separate and isolate'...forcing people apart - just pushes it underground, they are going to see each other but they're going to do it behind your back when it's not safe with children present. So let's just face that and try to support them the best way we can... a lot of the time, once that pressure is off, they're like, we don't want to be together.' (Central agency representative).

6.13 There was some evidence of practitioners gaining confidence in dealing directly with service users as a result of the Safe and Together approach and being less avoidant of this activity, for example:

*'So by starting off by validating a mother's experiences and focusing on her hopes and fears, this social worker was quickly able to elicit a clearer account of the father's domestic abuse. The social worker felt that this significant shift in the mother's openness was a direct result of using the Safe and Together approach'. (*Practitioner, Central agency).

6.14 The visibility and availability of the Safe and Together Implementation Leads was cited as important in raising awareness of the options open to practitioners and the opportunity to seek the view of an expert in the method advocated (which may result in a referral to Restart). The consultations provided by the Implementation Leads and the various ways in which they contribute to the work of the borough in handling domestic abuse cases was recognised as a positive asset.

6.15 However, one reason given for the lack of referrals to Restart in some boroughs was the fact that some practitioners were finding it difficult to participate in the training despite the fact that it is now easier to do so (see paragraph 6.5). Although the training does not centre on Restart, it could be assumed that those who have completed the training would be more likely to refer as they would appreciate the potential benefits for

the family. Low referrals were attributed by one interviewee to the fact that practitioners were at different stages of training. If this is the case, it seems likely that as more practitioners complete the training (for which feedback is highly positive), referrals will continue to increase.

6.16 The Implementation Lead at Havering Council has appointed Safe and Together champions to promote the approach within the borough. They are recruited from those who have completed the CORE training with a view to helping to embed it across the borough and to encourage people to use the resources available. This has helped to raise awareness amongst practitioners and to build capacity in the system to increase sustainability.

6.17 Conducting case audits is an integral part of the Safe and Together approach, which helps to identify the effectiveness of the local authority's response to families affected by domestic abuse and the extent to which principles of the model are met. The audit results can be used to embed learning by providing feedback to frontline staff. There have, however, been delays in Implementation Leads accessing the case files needed to conduct the audits in two boroughs, and this has been attributed to the need to negotiate data sharing arrangements. This illustrates the specific challenges in sharing information with external agencies in the Voluntary and Community Sector but more generally exemplifies a lack of buy-in by some boroughs to the pilot, since the data protection issues are not insuperable and could be ironed out in advance. This has inevitably caused some frustration and has led to long delays in progressing the audits which have yet to be resolved. To illustrate this:

'So they're not buying into the project fully. So they're picking bits of the project they want but they're not fully buying in.' (Practitioner in central agency)

6.18 The audits we saw that have been completed were helpful in illustrating the extent to which Safe and Together principles are met. These are randomly selected cases and not necessarily those of practitioners who have undergone the training. These showed that, whilst some cases exemplify good practice, there is a long way to go before casework conforms to the best practice set out in the training and full advantage is taken of Restart. One audit of 15 cases showed, for example, that 90% of these low to medium risk cases looked at which might have benefitted were not referred to Restart. There were positive findings about the language being used to describe harm to the child which avoided victim-blaming:

- *'In 80% cases the practitioners refrained from using 'failure to protect' language or mutualising language within at least one contact on file'.*[13]

6.19 The strengths-based approach of the model was also highlighted:

- *'In 93% of cases, the assessment showed the multiple ways the survivor may be providing physical and emotional safety, support healing trauma, and provide a nurturing and stable environment for their children.'*[14]

6.20 The audit identifies clear actions to improve practice such as the following:

- *'The risk assessment and analysis on case filed did not typically explore the fully spectrum of harms created as a result of abusive behaviours and its impact on a child's wellbeing and family functioning. This could be more robustly outlined.'*

This included:

- '*In 60% of cases documentation was not robust. A chronology on the file outlining all the harms explored would help*.'[15]

6.21 An audit in one of the other boroughs concluded:

'Case work is considered in Children and Families although more focus is required on how they treat the cases. It has been a very common observation, even from Case Consultations, that most professionals are treating their cases in a DV Destructive way by using victim blaming language. Documentation is key in different parts of the procedure (Assessment, Interviewing, Case Planning) and especially around how they gather information (Intersections, Intersectionalities, Background history). DA risk assessments need to be more explicit and holistic. Clearer documentation is needed to explain if interventions are not followed through with, and a multi-agency chronology would bring this information together and allow for better analysis of pattern-based behaviours that constitute domestic abuse'.

6.22 This type of feedback is used in training and supervision and reinforced in the case consultations with the Safe and Together leads with a view to improving practice and increasing appropriate referrals to Restart.

6.23 Previous work in the US found the model to have 'a growing body of evidence associated with it including recent correlations with a reduction in out-of-home

[13] Safe and Together audit.
[14] Ibid.
[15] Ibid.

placements in child welfare domestic violence cases'[16]. Whilst we were unable to measure this specifically, a review of outcomes for 31 service users found a significant reduction in risk posed by perpetrators, and a review of the number of re-referrals by local authorities for a random selection of closed cases also indicates a reduction in risk (for more details see Sections 7 and 8). The interviews were highly positive about the impact of Safe and Together and its role as a catalyst in the journey towards systemic change in dealing with domestic abuse.

[16] See https://safeandtogetherinstitute.com/wp-content/uploads/2018/04/OverviewEvalDataBriefing_A4_r3.pdf page 6.

7 Accommodation pathway

7.1 The table below shows the number of referrals to the accommodation pathway up until November 2022:

Table 6: Referrals to the accommodation pathway until December 2022

	Referrals to accommodation pathway
Camden	8
Croydon	4
Havering	5
Sutton	5
Westminster	3
Total	**25**

7.2 Five service users received new tenancies in the Private Rented Sector and three moved into temporary accommodation.[17]

7.3 The aims of the intervention include *1) to prevent escalation of CSC intervention and the risk of adult and child victim-survivors needing to move/flee to safer accommodation* and *2) to increase safety and housing stability of adult and child victim-survivors by holding perpetrators to account.*

7.4 In our interviews we found that housing teams within boroughs who were 'ready' to take on the programme were more receptive to working with the Restart partners and strengthening referral routes resulting in some correlation between the overall number of referrals and the referrals to the accommodation pathway; for example:

'One of the boroughs that's already got the DAHA accreditation... seems to be a little bit more proactive in finding properties for the Restart cases for the perpetrators, and their operational lead has a domestic abuse specialism. And it seems that there's been a bit more background work done in that borough to make sure that the pathways are available.' (Practitioner, Central agency)

[17] Social Finance, op cit, page 17.

7.5 Victim-survivors and practitioners reported positive impacts when either the housing offer was taken up or was suggested. For victim-survivors, this offer represented:

'breathing-space' whereby 'the vast majority of women do want to stay in their own homes because of their children's schools and children's friends, you know the support network they have around them…and they want him to leave'. (Practitioner, central agency)

7.6 Similarly, one partner shared that Restart succeeds as:

'[it's] allowed professionals to consider an intervention that focuses on the perpetrator as opposed to putting the onus on the survivor and forcing them to move. This is a really positive thing because often we see survivors being forced to move and nothing happens to the perpetrator. This allows some perpetrator accountability and to address the root cause of the domestic abuse.' (Practitioner, central agency)

7.7 An Accommodation Support Worker is employed by Cranstoun and is responsible for assessment of housing needs. For each case, they communicate housing needs to the service manager and local authority operational leads during weekly panel meetings so they can be appropriately met. They serve as the main point of contact specifically for accommodation needs for service users (and in exceptional cases for victims as well). This was recognised as an important role in terms of advocating on behalf of the service user to support his housing needs. The service users who had been supported spoke highly of the support that had been made available to them and the fact that they were kept informed of progress in discussions with the local authority. The Social Finance report found anecdotal evidence of the Accommodation Support Worker signposting the service user to various services and speaking to the council on behalf of a service user to support them in sustaining their tenancy[18].

7.8 For those working with service-users it was felt that removing the person using harm from the family home enabled them to do deeper, more long-term work resulting in more positive outcomes. We also reiterate our finding from our interim report that 'even where the accommodation pathway was not utilised…the fact that alternative accommodation might be available changed the nature of the conversation with families in a positive way.'[19] This was borne out in our second round of interviews – we also found support for the role of the ASW who was able to negotiate on their behalf with the borough's housing departments. However, for some service users the quality of accommodation offered was felt to be unsuitable for their needs as parents, with one living within shared accommodation sharing:

[18] Op cit, page 31.
[19] Restart interim report, op cit, paragraph 10.13.

'This place has completely isolated me from my children.'

7.9 One service user described that the hostel accommodation in which he had been placed following his short-term placement in a hotel was totally unsuitable and causing him acute distress, leading him to experience suicidal thoughts. He told us that it was not somewhere he could imagine bringing his children due to it being surrounded by people with addiction, mental health problems and having come out of prison. The use of this type of accommodation was sometimes attributed to structural legislative challenges such as the shared accommodation rate for under-35s and limited support for those with no recourse to public funds. There is a risk arising from this that perpetrators may return to the family home following their hotel stay if there is no viable alternative open to them[20]. The acute shortage of suitable housing in the Private Rented Sector (PRS) and Social Rented Sector (SRS) meant that some service users were inevitably being placed in hostels which they saw as a significant step down from living in their own home. Many of the barriers to preparing perpetrators for the long-term housing placement process set out in the Social Finance report were reflected in our own interviews[21].

7.10 However, one strategic lead reflected that;

'The issue is for those who have declined the hotel placements [is they are] just making up excuses to say this housing pathway is not satisfactory because of x,y,z. There was a case of a perpetrator saying if I go to the hotel, I won't be able to see my children but actually he would be able to. He would be able to visit his children. It's just that he wouldn't live in the family home anymore. But he was kind of using these excuses to refuse the housing pathway he was offered.' (Practitioner, central agency).

7.11 Practitioners and strategic leads consistently shared their frustration around the lack of housing stock noting that a combination of factors such as austerity, the existing housing crisis, and lack of good quality accommodation meant that:

'if [service users] currently have better, it's gonna take a lot of work for them to accept some kind of downgrading of the housing situation.' (Practitioner, central agency).

7.12 Alongside the quality and availability of accommodation, concerns were raised by practitioners working with service users around the sustainability and consistency of the offer, and the expectation that the emergency accommodation would be provided for a limited period of four weeks although this can be extended if necessary [22]. One interviewee shared that one service user had been moved to eight hotels within eight weeks (having had an extension to the four weeks which is normally offered). Most

[20] Social Finance, op cit, page 37.
[21] Ibid pages 35 to 38.
[22] Ibid, page 36.

partners also noted that even when the offer was taken up, there remained a question around what would happen after the temporary accommodation offer ended, with one sharing:

'They were going into hotels and then that's something that hasn't been thought through very well because if you go into a hotel and Well, then what? [where do they go]' (Practitioner in central team)

7.13 This was also reiterated by another partner who shared:

'And it's so frustrating. And I think because the housing situation is so dire that the minute we put them in a hotel, it's almost like not our problem. And they always get put to the bottom of the pile and then we're stuck with someone in a hotel and like, what…are we gonna do with this person?' (Practitioner in central team)

7.14 The intention to make two dedicated placements available in each borough has not materialised across the project; some local authorities have housed more service users and others none as referrals have not been appropriate. It was felt that within the context of the housing crisis in London, there were some practitioners who did not feel confident enough to offer alternative accommodation without some certainty of being able to find longer term accommodation after the hotel stay. In cases where the perpetrator had left the family home for a hotel, the practitioners were having to manage expectations when it became evident that it would take a long time to find him longer-term accommodation in the Private Rented Sector (PRS) or Social Rented Sector (SRS). One interviewee also noted there existed some cases whereby the lack of suitable accommodation resulted in service users moving back in with their own parents and the additional pressure this may place on households during the cost-of-living crisis. Some undertakings by housing departments to find housing were not met despite the best endeavours of the Accommodation Support Worker working on behalf of the service users and the Housing Officers in the boroughs. There were cases where accommodation had been sourced, however, service users declined to take up the offer.

7.15 This evaluation did not measure the precise outcomes relating to service users' housing needs – nor of the impact that perpetrators of abuse leaving the family home has in protecting the victim-survivor from harm[23]. There are difficulties with consistent data capture across local authorities around what happens next to service users who have been placed in temporary accommodation beyond the initial four-week placement. We recommend that ways should be found to strengthen data skills, tools and infrastructure with a view to improving the evidence base and making it possible to monitor longer-term

[23] Ibid page 9.

outcomes[24]. We also found further evidence of the structural and legislative barriers referred to in our interim report around securing housing after interventions have taken place.

7.16 The case study below illustrates the role that Restart has in supporting families with accommodation needs as a result of abuse including the role of emergency hotel accommodation as a bridge to finding a longer-term solution:

The case was referred to Restart by the family's social worker, who was involved due to reports made by neighbours to the Police about domestic abuse incidents within the home...The couple have three children together, the youngest had recently been diagnosed with ASD.

During the assessment of risk and need, the Case Manager noted that the service user would benefit from an intensive intervention for his domestic abuse as well as support around his housing, mental health, and psychological wellbeing. He disclosed during the housing assessment carried out with the Restart Accommodation Support Worker (ASW) that he was staying in the staff room at his workplace since his wife had asked him to leave the family home. The flat he shared with his family was a housing association property in his name only.

The ASW referred the service user to the borough's housing department, and it was reviewed by the housing panel regularly. He was moved into hotel accommodation and encouraged to engage with the borough's housing department and referred to a DVPP for further long-term intervention work following his 1:1 work around accountability. The housing department completed housing and affordability assessments and a large studio was found for him in a building for working professionals which was suitable for his children to stay each weekend. The hotel stay was extended to seven weeks pending his moving into the new property.

Support for the victim-survivor was provided by the Partner Support Worker (PSW) as well as the social worker and an IDVA. She had housing difficulties of her own since the property she was living in was in her husband's name and, despite the efforts of the social worker, it was not possible to transfer the tenancy into her name; she was unable to present as homeless, as she was told she did not have an adequate connection to the borough. The borough's offer of temporary accommodation was turned down as she would not have been able to get her children to school and this was not suitable for children with ASD. The Restart team advocated for the victim-survivor and the borough subsequently awarded her extra points to bid for housing locally.

[24] Ibid page 6.

Both parents are now living in secure accommodation and contact with the children is being agreed with the social worker. The service user is engaging in a local DVPP and the victim-survivor is engaging with the team.

7.17 The above case study highlights the positive role of the PSW, the VPP and the ASW in supporting safe disclosures and advocating on behalf of service users and victim-survivors in complex circumstances and in securing secure accommodation for both parties, enabling the children to stay within borough. It also shows that, even where the person causing harm leaves the family home, it may be difficult for the family to remain in the home despite the best endeavours of the Restart team. Victim-survivors and services clearly demonstrated that they valued the housing offer as being reflective of the fact that perpetrator behaviour was the focus of the intervention. Service users spoke highly of the support that was provided to them by the ASW and the boroughs as a result of the intervention. However, referral rates, availability of longer-term solutions, suitability, quality of housing stock and our ability to understand the full housing journey after the intervention for services users were recurring themes around the challenges of utilising the accommodation pathway.

7.18 The accommodation pathway has potential to meet its objectives though there is much to be explored through the remainder of the pilot as to how this is best accomplished. The lower number of referrals to the pathway (7% below the expected level) have made it difficult to fully assess the potential of this aspect of the programme's impact on victim-survivors or children and young people and its success in meeting the needs of those who use harm. We feel that this does not, however, invalidate the intention behind this aspect of Restart which remains a fruitful area for further work.

Recommendation 2: Accommodation pathway.

We recommend that ways should be found to strengthen data skills, tools and infrastructure with a view to improving the evidence base and making it possible to monitor longer term outcomes. We also recommend that in order to prepare perpetrators for the long-term housing placement process, housing placements should be strengthened and investment in new capabilities made to increase the likelihood of service users being able to access long-term housing once they leave the hotel. This would help to ensure that perpetrators were better prepared for the long-term housing placement process.

8 Outcomes and impact

Impact on Children and Young People experiencing domestic abuse

8.1 The table below shows an average of two children per service user, with a high proportion of cases involving a child protection plan or a child in care.

Table 7: Child protection plans in place or children in care

Borough	Average number of children per case	% cases involving Child protection plan or Child in care (includes 'Don't knows')	% cases involving Child protection plan or Child in care (excludes 'Don't knows')
Camden	2.2	34%	46%
Croydon	1.8	52%	77%
Havering	2.0	40%	63%
Sutton	1.9	43%	77%
Westminster	1.8	14%	27%
Overall	**2.0**	**38%**	**59%**

8.2 In our conversations with victim-survivors, unsurprisingly, their children and their children's wellbeing were raised by all. In our initial conversations in November 2022 with eight women, three mentioned unhelpful parenting approaches from their ex-partner, generally relating to how he parented during contact in ways they felt were unhelpful or problematic for their children. This included later nights and more TV than the victim-survivor was comfortable with, as well as one woman sharing that her children had begun to use language against her that their father had used, for example, in calling her 'stupid'.

8.3 Two women noted there had been positive parenting from their ex or current partner, with the Restart programme helping to bring the importance of safety into focus within their families. One woman shared:

'Although as parents we both love and adore our children, social services worker definitely brought the importance even more on the forefront of our minds.'

8.4 In the follow-up conversations with four women we held in January, one who had previously noted unhelpful parenting from her ex-partner noted that she had seen positive changes in how her ex-partner now parented. This was due to his taking increased

responsibility for his actions and making concrete changes to his life allowing for increased safe contact with their child. She shared:

'He's a little further ahead... he's taking a lot more responsibility of his actions than in the past, recognising a lot of things he did were not ok, and instead of going oh I shouldn't of done that, now he knows why he shouldn't have done it, it's moved things further forward, as a knock on to that I feel a bit more comfortable with him seeing his son'.

8.5 However, this woman also noted that her openness to increased contact was also due to a fear that he could push for more contact than she would be comfortable with

'Right now he's not in the position to do that, but when he's sorted himself out he could do that, so If I say no, he'll dig in his heels, and maybe take me to court, and a judge could say [child] needs to go to his for two days a week, I don't want to get that point, I don't think I'll ever get the point where I feel comfortable letting [child] spend time with him on his own.'

8.6 Co-parenting was a frequent concern raised by six of the eight women we spoke with, with a wish to ensure their children's safety and happiness. One woman shared that she felt the children were using abusive language directed towards her that replicated her ex-partner's language, and three others identified they didn't feel their partner/ex-partner was parenting appropriately when he had the children with him; however, they also identified they didn't feel able to raise this with them directly due to fearing his response. This highlights the importance of preparing service users for behaviour change work which has been shown to have the capability to improve co-parenting relationships.[25]

8.7 Within our evidence gathering, we worked with CSC strategic leads, Restart project members and the Cranstoun team to explore the best ways to hear from children and young people directly. Working with them, we created draft questions to be asked, and explored a variety of ways to engage. Attempts by CSC leads to host groups with children and young people were unfortunately not able to take place, due to the age of children involved and the lack of CSC practitioner time. As unknown researchers, we agreed it would not be appropriate for us to engage with children and young people, particularly within a 4-8 week programme. This remains a gap in our evaluation and in the data collected routinely on Restart. There may also be more of a role for the PSW and VPPs to work with service users and victim-survivors to map or diarise concrete changes to how they are interacting with their children in order to ascertain any changes that have been made. The recently-published standards for domestic abuse perpetrator interventions[26]

[25] Liz Kelly et al, DVPPs, Next steps towards change, see http://www.ignition-learn.co.uk/assets/resources/ProjectMirabalfinalreport.pdf page 14.
[26] Op cit, page 28.

recommend that 'the experiences of victim-survivors (including children) associated with perpetrator service users…should be gathered and used as a source of learning'. We would agree that 'reflecting on this information within teams' would help to ensure that the services being offered were improving outcomes for children and young people experiencing domestic abuse as well as the non-abusing parent and would provide essential feedback for practitioners. In addition, such views could usefully inform any future evaluation of Restart.

Recommendation 3 Hearing the voice of children and young people:

We recommend that any future Restart programming should build on the work done so far to explore how to explore how to gather and embed children's voices in the data collected and used as a source of learning. This could be done through the existing wishes and feelings work between social workers and children and young people, or working closely with other trusted adults who may play a supportive role in children's lives to hear how Restart has impacted on their safety, happiness and general wellbeing. Any future evaluation of Restart should also find a way of hearing the voices of children and young people in participating families by building in timelines to establish relationships with CSC teams to develop tailored engagement pathways that are appropriate and effective.

Impact on Victim-survivors

8.8 A breakdown of the level of risk identified by the PSW and the level of risk by type of abuse was shown earlier in paragraph 1.24. . This shows that (excluding the 21% classed as don't knows) 57% of victim-survivors were thought to have a standard level of risk, 33% a moderate level and 10% a high level. The most common types of abuse were recorded as mainly physical, and jealous and controlling behaviour (see para. 8.26 below on assessment of risk levels of service users). We noted with interest that 10% are seen as being at high risk in an intervention that is aimed primarily at families in which there is a low to moderate risk level. However, we recognise (and this was borne out during our interviews) that the level of risk can be difficult to assess and may well fluctuate. The DASH risk scores are also collected[27] and any cases that are high risk and thus unsuitable for the programme may not be accepted and the referrer informed. The case will then be referred

[27] This is done using DASH scores, Domestic Abuse Stalking and Honour-based Violence Risk Identification, Assessment and Management model, see https://www.dashriskchecklist.co.uk/

to MARAC if this has not already been done. (High risk is defined as 14 or above on the DASH risk assessment or by professional judgement[28].)

8.9 Restart has provided data for outcomes for victim-survivors that indicate whether progress has been made. After excluding all cases in which either no data was provided or which only had 'don't know' as answers, our sample size was 18 cases. For given cases, more than one assessment was made as to whether victim-survivors had an increased perception of safety – we used a scoring system of 2 for significant improvement, 1 for slight improvement, 0 for no change, -1 for slight deterioration, -2 for significant deterioration and then took the average of these scores applicable to a given victim-survivor. We were then able to assess which of the cases had shown at least a slight improvement on average (equating to a score of 1.0 or above). In terms of outcomes, the data collected for these cases shows that:

- 75% of the cases reported an increase in the victim-survivor's **safety** in one or more of the reported outcome areas;
- 75% of the cases reported an increase in the victim-survivor's **wellbeing** in one or more of the reported outcome areas.

8.10 This is a positive finding and shows that Restart is succeeding in meeting the aim of 'improving safety and long-term outcomes for child and adult victim-survivors' (partially since it is difficult to measure the extent to which it actually improves outcomes including safety, but this is a good proxy indicator). These findings were reiterated in our interviews and surveys with eight victim-survivors gathered via telephone or WhatsApp.

8.11 All eight of the women we surveyed spoke positively about the impact of Restart on their wellbeing; however, the picture was slightly more mixed when we asked if they felt their partner's/ex-partner's behaviour had changed. However, this is unlikely to occur within the context of a short-term programme, and as such is not an outcome metric for the time period within which Restart takes place. Two women told us that they felt safer, four said that they felt happier and three identified that their partner's behaviour had changed. These three women shared that they were not confident that the change would be sustained. Two women identified that their partner had taken responsibility for his

[28] 'You as a professional consider the victim/survivor to be high risk (at risk of serious harm or death). Professionals are asked to take into consideration the victim/survivor's own perception of risk.' See https://www.standingtogether.org.uk/marac MARAC referral form.

behaviour. The following illustrates that some victim-survivors have noticed a difference in their partner's behaviour:

'He's doing everything he's being asked to do, he's engaging with it, he must be learning from that, I've not seen anything negative from him for a long time.'

8.12 Below, one victim-survivor shares her journey with Restart, touching on many of the themes above and echoing what other women told us:

'I got to the point where I thought I'm not going to let him behave this way anymore, I [used to think] it's one thing for him to do that to me, but to my child? No, no. I've learnt since then that it wasn't ok for him to do this to either of us. [I've had] Input from lots of different agencies, gave me my confidence back… When he went, I had time and realised that if I'm not ok, then my son's not ok. Just having [the PSW] say no that's not ok, it's not ok for him to make threats to you…it's actually really helpful. [I've accessed] therapy...and working through Restart and having someone reiterate the same kind of things the therapist was saying was really helpful. Things are feeling better than they have in a long long while, we're settled at home, we've got ourselves into a routine, [child is] more settled now, seems more settled in themselves [My ex] said something the other day, which was the first time,..."yeah I did get myself into a lot of trouble" it used to be "you left me.. It was all everyone's else's fault". I think that's the first time he's taken any responsibility in his life, that's huge. It felt like a big step forward. But I'm not going to get myself excited about it, lots of times when things have seemed like they're getting better, but then a huge dip, but it seems that he's plateaued… I've worked through the worst of it, nobody chooses to do this alone, we're doing all right…Hope the programme continues, because it's really helpful.'

8.13 As above, four of the women we spoke to noted the importance of a variety of services in supporting their recovery from abuse, and the need for each service they came into contact with to have a good understanding of the dynamics of domestic abuse. This demonstrates the importance of the training received by CSC in developing the Safe and Together strengths based, victim-focused approach.

8.14 One victim-survivor shared that she felt the behaviour had got worse. She believed this to be related to her help-seeking behaviour, as she had accessed support through the PSW, and her ex-partner had not taken up the offer of engaging with a VPP. She told us:

'anything that means his name being shared and him being contacted for a course or by social services…even if it's not against him, but to get him to on board...that's an excuse for him to…feel anger towards me.'

8.15 This highlights the need for support services to have a deep understanding of what risk looks like for victim-survivors after seeking help and the potential for abuse to escalate as a result. Here then, a co-ordinated multi-agency response to manage risk is important. Whilst women who identified that the behaviour hadn't changed, or indeed had got worse, they continued to feel safer due to their own confidence in their ability to parent and survive abuse due to the support they received from the PSW and others. One told us:

'I wouldn't say safer in the knowledge that he will not be doing anything else to me, because that's not the case; unfortunately, I can only hope, but I feel safer in my heart, and my soul knowing that what I'm doing is the best for my son and for myself, and that I'm doing everything that is out there and that is possible and available for me to improve my life and that of my child.'

8.16 Many victim-survivors identified the importance of their ex-partners taking responsibility for their actions as part of their own healing, for example:

'I don't think he takes responsibility for what he's done, for the damage...What me and my son... need is for him to take some accountability, there is none. I don't think he will reflect on this. I don't think he will.'

8.17 This shows how the Restart intervention is the start of a process which is intended to prepare the service user to take accountability for his actions and to embark on behavioural change through a DVPP.

Similarly:

'The client said that her ex's behaviour had improved during his engagement with Restart and she felt safe.'

8.18 We also followed up with four of the victim-survivors two months later once they and their (ex-)partners had had further experience of Restart. One woman shared there had been more positive changes around his ability to take responsibility for his actions, and his behaviour had continued to change positively, whereby they had agreed some contact with their child in a safe place with others present. Another woman identified that she felt his behaviour had changed, but that she was concerned about how sustainable those changes would be. One woman shared that she felt he needed much more support to unpack his misogynistic and abusive attitudes.

8.19 All women shared their commitment to supporting their children, with one sharing she is focusing on 'healing the relationship' between herself and her son. Overall, the women we spoke with and Cranstoun's exit surveys point to Restart achieving the outcomes of enhanced space for action for victim-survivors and an increased sense of safety.

8.20 The focus of Restart (on the service user, rather than the victim-survivor) was found to be greatly welcomed by victim-survivors and practitioners, with one sharing;

'putting the onus of behaviour change on their ex/partners rather than feeling pressure on themselves to complete a course or action. Many have been through extensive social services interventions…and that I am not going to ask them to do anything they are often very relieved. I think this is also because they may have been made to feel at fault in the past for 'failing to protect their children from the impact of DA' and so the recognition of where the blame lies is (for them) a novel approach and so they are appreciative of this.' (Practitioner in central agency.)

Impact of Partner Support Worker:

8.21 There was evidence from interviews with stakeholders and with victim-survivors that the PSW is a vital element in successfully delivering Restart and in supporting victim-survivors adding to the existing body of evidence demonstrating that dedicated victim-survivor support must be an intrinsic part of any high-quality perpetrator intervention[29]. The PSW carries out a detailed risk assessment in each case which enables her to complete the Severity of Abuse Grid and record the risk level (see paragraph 8.9 above), advises victim-survivors on the options open to them, liaises with the VPPs (including holding an initial case management meeting) and provides support to the victim-survivors. All meetings with victim-survivors take place by telephone or online. Although her role is not as intense as that of an IDVA, she is able to provide support during the time that the VPP is working with the person using harm. The PSW's role seems to be particularly key because there is unlikely to be an IDVA providing support for the victim-survivors given that the level of risk is not generally sufficiently high. Examples were evident of the PSW helping with civil and criminal justice procedures and supporting the victim-survivor to take difficult decisions about her and her children's future.

8.22 Based on the victim-survivors surveyed and the practitioners interviewed, the intervention, including the support of the PSW, has made a significant difference to the lives of the victim-survivors Several examples of this were available from the feedback forms completed at the end of the intervention including[30]:

'The client said that she was happy with the service received and was grateful for the support given. She felt reassured that her ex was receiving help and hopes that this will make him a better father to their child.'

[29] This is in line with the recently published Standards for Domestic Abuse Perpetrator Interventions, op cit, which specifies that 'Interventions should not take place without integrated support for victim-survivors, for which there should be parity of provision.' Table 1, Standard 1, page 8.
[30] Source: Q3 dashboard slides.

8.23 All victim-survivors that we spoke to note the important role of the PSW with one sharing that the PSW had provided her with information and support to understand what was happening to her and reflected *'knowledge is power'*. All victim-survivors noted the importance of the highly skilled, supportive, non-judgemental, non-statutory role the PSW played. One shared that:

'I feel with Restart, it's like you're talking to another human being, not just a number, whereas dealing with a social worker, you feel like you're just another case that they need to finish'.

8.24 In Cranstoun's own feedback forms, one victim-survivor shared:

'I feel that I was in darkness but now I can see a light and I am now moving towards it. I am starting to understand what you ladies are trying to tell me. I also see that things that I thought were acceptable as they are part of my culture, I now realise that they are used as an excuse to abuse.'

This echoed our findings in that all the victim-survivors we spoke shared that their own understanding of abuse, particularly coercive control, had changed due to their engagement with Restart.

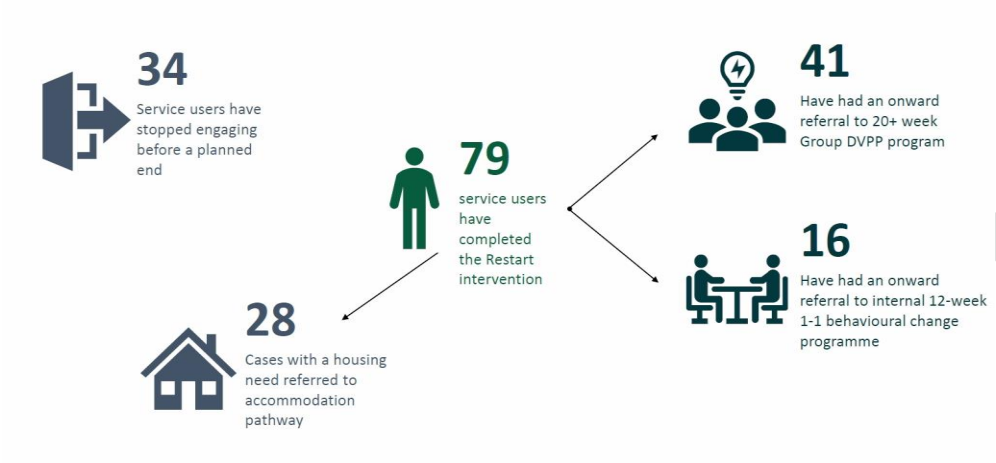
8.25 There are limitations to the support that the PSW can provide to victim-survivors. Some victim-survivors choose not to engage and may make contact at a later stage should they wish to do so. Secondly, the period of the Restart intervention is not long enough to build the type of relationship that an IDVA or other DA support workers would normally establish with a victim-survivor. Victim-survivors will be offered ongoing support from a different PSW if their partner is referred to a DVPP but, whilst valuable, inevitably results in some discontinuity in the support provided. The PSW will also refer on to other types of support depending on her assessment of what is required. The role of the PSW enables the experiences of victim-survivors to be centred in the intervention, and to support a holistic understanding around risk management.

Impact on Service Users

8.26 Data showing the demographic information recorded on each service user, the number of Adverse Childhood Experiences, their current needs and risk level is shown in Appendix 4 (demographic data was available for 140 referrals, initial needs and Adverse Childhood Experience data was available for 78 and SOAG risk data was available for 70). The demographic data shows that the majority, 46%, of service users were White British or White: Other and that 70% were aged between 25 and 45 years.

8.27 The top areas of need included: 44% children, family or parenting, 19% mental health and psychological wellbeing needs, 17% housing needs and 14% work, training or education needs. The top six Adverse Childhood Experiences recorded were: parental separation (27%), direct physical abuse (15%), domestic abuse (14%), verbal abuse (13%), mental illness (9%) and alcohol abuse (6%).

8.28 The most common types of abuse were physical and jealous and controlling behaviour which is consistent with (though not identical to) the victim-survivor perspective outlined earlier. The following shows the following result for the 79 service users who have completed the Restart intervention[31]:



8.29 This shows that a high proportion (72%) of service users who completed the Restart intervention resulted in referral, either to an internal 12-week 1:1 behavioural change programme or to another DVPP[32] whilst another 34 service users stopped engaging. This shows considerable success in meeting one of the core aims of the pilot, i.e:

- Build motivation and facilitate access to behaviour change interventions for the abusive parent.

One of the other aims is to:

- Reduce repeat and serial incidents of domestic abuse in a survivor-centred approach.

[31] Source: SSC data from Q3 dashboard.

[32] This might be either Men & Masculinities, also delivered by Cranstoun, DVIP run by the Richmond Fellowship or the Rise Mutual DVPP.

8.30 Whether this aim is met by referral to the DVPP depends to some extent on the effectiveness of the DVPP which has not been tested here, but it is likely that many of the referrals would not have been made to a DVPP without the intervention (in particular, the preparatory work carried out by the VPP). In the absence of a more rigorous basis for comparison, the referral rate to a DVPP is a good proxy for the extent to which these aims have been achieved.

8.31 The data on outcomes for 31 service users collected by Restart shows the following (it should be noted, however, that an alternative methodology has been used by SafeLives in which 'don't knows' are included):

- 84% of the cases reported a decrease in the service user's potential to continue perpetrating abuse in one or more of the reported outcome areas;
- 81% of the cases reported an increase in the service user's well-being in one or more of the reported outcome areas;
- 81% of the cases reported an increase in the service user's ability to engage in behaviour change work in one or more of the reported outcome areas;
- 81% of the cases reported an increase in the service user's motivation to engage in behaviour change work in one or more of the reported outcome areas.

8.32 Our assessment is derived from data collected by the VPP at the end of the intervention[33]. The majority of cases are assessed as having reduced potential to continue perpetrating abuse – the 81% of the cases where there is an increased motivation to engage in behaviour change work is corroborated by the percentage who have been referred as shown above (72%).

8.33 Some examples of feedback from service users around behaviour change have been provided, for example:

'I have used the time out and manage to take a breath when feeling tense at home and ask if it's OK to go for a walk. This has worked. I hold only the information that nothing gets sorted out in those moments when we are affected by what my partner says'.[34]

[33] Note that the approach uses the same methodology as for victim-survivors, though applied to assessments as to whether service-users have an increased or decreased potential for abuse – we used a scoring system of 2 for significant improvement, 1 for slight improvement, 0 for no change, -1 for slight deterioration, -2 for significant deterioration and then took the average of these scores applicable to a given service user. We were then able to assess which of the cases had shown at least a slight improvement on average - that is, a decreased potential for abuse (equating to a score of 1.0 or above).

[34] From quotes in Q3 dashboard report.

8.34 In addition, we conducted a brief survey with five service users by telephone to find out their views of the intervention in which we received positive feedback about the support they had received. They had found the staff they had dealt with helpful, and the work done with the VPPs had helped some to realise what was important to them and to improve the way that they interacted with their families. It was noted that their main motivation for change was to maintain or establish contact with children. For example, one service user told us that:

'It's helped us a lot in terms of what they've put us through in terms of how to deal with the situation and the tools we had, so it's not had a negative impact at all, it's had a positive one.'

8.35 Another told us that he is now able to see his baby and go out with his partner for lunch as well as have video calls with them both. He felt that the intervention had had a positive impact on his relationship with his partner and helped them to resolve their problems. He also felt supported by the social worker who was working with the family who had helped to arrange for him to see his child

8.36 Feedback reflecting a positive change in service users' behaviour was also obtained in some of the interviews with victim-survivors for example:

'He is trying to do everything to work with social work and get back with the family. He's pretty happy with his Restart person.'

In total, three of the eight victim-survivors we spoke with shared that they had noticed changes in their ex-partner/partners behaviour.

8.37 One VPP referred to a case which he had observed a positive impact:

'We have one guy whose partner wanted him to leave and it had been ongoing and there had never been any [physical] violence, but there had been verbal violence and verbal abuse and put downs and she described it as just a constant barrage of put downs. During lockdown, he wasn't working and he fell into depression. I offered him some encouragement to get some mental health support. He started understanding the effects on his children and their mum and she wanted him to leave the house at the time, but she didn't want him to go just before [the holidays] for the children's sake. After we did some work, she reported that he really started making an effort around the house, apologising when he put her down, and catching himself before he criticised her. He didn't stop immediately, he hasn't actually stopped completely but he's taking some responsibility within the house.' [Practitioner in central team]

8.38 The introduction of a three-way case consultation between the Case Manager (VPP), the service user and the social work practitioner has helped to establish a clearer

understanding of what the intervention will offer and shows the service user that services are working together:

'We think about how we're going to work with the family moving forward. That part of it where we sort of all work together and it sort of feels really good to have that alongside the perpetrator programme because it gives the social workers confidence and an overview of how things and are going to work and what to be looking for. (Practitioner, Central agency)

8.39 As with victim-survivors, we found that there was frequently a constellation of services around service users, with referrals made by VPPs to specialist services such as substance misuse or mental health which have impacted positively on communication between service users and victim-survivors; for example:

'Better interaction with ex-partner, I don't know what that's a result of, he's been doing stuff with drug and alcohol counselling… his worker is championing him being involved in Restart…he's been a little bit more chilled out, I can hear when we'll be talking and get on conversations that I know will rile him up…he'll say I'll take a step back and say I can't really talk about this anymore.' (Victim-survivor interview)

8.40 The importance of skilled staff with an understanding of domestic abuse working in partnership across agencies and departments can be seen in this case and was reflected in our interim report on the impact of Restart on services.

8.41 It should be noted that the short-term nature of Restart means that it is not intended to achieve significant behaviour change during the period of the intervention. The recent standards for Domestic Abuse Perpetrator Interventions published by the Home Office suggest that the minimum expectation for one-to-one work to meet behaviour change objectives is 22 weekly sessions for groupwork programmes or 16 weekly sessions for one-to-one work[35]. Rather, the aim of these sessions is to assess the service users' needs, to enable the service user to take some accountability and to start to see the impact of his own behaviour on his partner and children and to prepare them for a longer-term intervention. The VPP therefore works with the service user for a four to eight week period (though in practice, it is frequently longer than this) and carries out an assessment, safety planning and prepares him for referral to a longer term DVPP as well as to any other services required. The advantages of the approach were described by one practitioner as follows:

'I think it's important to have the option for Children's Services. It's important to have services that place the abuser at the centre of the intervention... You can raise their

[35] Home Office, Durham University, London Metropolitan University, Standards for Domestic Abuse Perpetrator Interventions, January 2023, Table 3, page 14.

awareness around the impact of what they're doing. So a lot of discussions around the impact on the children and stuff like that, you can really start a journey and then when it works well, get them on to a longer term programme.' (Practitioner, Central agency)

8.42 One issue raised in interviews is that the VPP may successfully establish rapport with the service user but that this does not necessarily mean that the service users is willing to join a group-based intervention. This was identified as a disadvantage during interviews with practitioners who pointed out that it takes effort to engage with the service users who may be disappointed to find that they are being referred to a group intervention (DVPP) particularly if this has a facilitator other than the VPP. In addition, where the DVPP is not run by the same service provider (i.e: Cranstoun's Men and Masculinities programme[36]), the new provider carries out a new assessment and may also have different referral criteria from Cranstoun. This may be daunting and time-consuming from the service user's point of view and could also lead to him not being accepted by a DVPP. One VPP told us how service users were concerned about being referred from one-to-one support to a group:

'The first question they would always ask is, will you be doing the group? Every single person - there's not one person that I have built a relationship with….and a lot of them now, we're not doing that because we've just said that's not the right thing to be doing.' (Practitioner in central team)

and:

'I think guys get lost between the individual sessions and then moving on to the programme.' (Practitioner in central team)

8.43 There were some examples of the service user disengaging completely at that point or committing to attending the DVPP and then not turning up or failing to engage; for example:

'I was working with a guy who had taken some accountability, hadn't actually spoken through the facts of what he did, what he had perpetrated. But he said, yeah, I've behaved terribly or words to that effect, so he's taking some responsibility. But when he went to the new provider…they said that he's not taking any accountability for what he did so they couldn't work with him. I couldn't imagine that when he left me – when he was starting to take accountability for his behaviour – but it may be that he just didn't feel comfortable with the new person. It had taken me four to eight weeks to get him to engage … and then he had to go and speak to someone else – and he's clammed back up again...You're inviting

[36] Generally this would be DVIP run by the Richmond Fellowship or the Rise Mutual programme. [check this]

someone to two interventions, where in the past, you're inviting someone to one.'
(Practitioner in central team)

8.44 The risk of the service user not wishing to be referred to a new VPP or to participate in group-based behavioural work can be mitigated by having a good handover from the VPP who is referring on to the new intervention or the new service. The numbers involved are small, however, since Men and Masculinities accounts for the majority of the cases referred on (around five out of the total were referred to other programmes).

8.45 For those for whom group work is inappropriate, the 12+ week internal one-to-one behavioural change programme (received by 16 of the 79 service users who had completed the programme) provides the option of continuing to build on the work started in the initial assessment. Whilst it is recommended that behaviour change interventions should use a groupwork model where possible, sometimes in combination with one-to-one work, the recently published standards do not preclude one-to-one work being used where this is the most appropriate model of intervention for the individual perpetrator[37]. The VPP's welcomed the flexibility of working on a longer-term basis with some service users.

8.46 The following case study illustrates the advantages of the twelve-week pathway as well as the complexity of the cases referred and the number of agencies involved with individual families:

Restart received a referral from CSC, the social worker involved in this case was working with the family due to concerns for the unborn child. Both parents in this case are young people already known and engaged with CSC due to the domestic abuse between their parents and siblings. Incidents of physical domestic abuse and threatening behaviour began when the couple were in school, resulting in police involvement. At the time of referral, the couple were residing with the maternal grandparents.

Initially, engagement was poor from the service user, however, the case manager persevered and built rapport, enabling a good working relationship. It was agreed with the service user that a 4-week intervention and then a referral to a longer-term behaviour change programme would not be appropriate for this case due to his young age, and so a

[37] The benefits of group-based interventions are referred to in the Standards for Domestic Abuse Perpetrator Interventions, op cit, standard 3: 'For interventions where behaviour change is the goal, groupwork is the preferred format in many standards (Austin and Dankwort, 2003), with most programme participants also endorsing this as a positive model of intervention (Morrison et al., 2019b). In the US and Canada, 97% of behaviour change programmes occur in a group format (Cannon et al., 2016)….There are many examples in the literature of motivational approaches being used as a precursor to behaviour change, either as part of assessment or shorter interventions to ready someone for behaviour change…….in practice, the UK has tended to take an eclectic approach to intervention design, drawing from a broad toolbox of approaches to best work with the perpetrators they are trying to engage.' Op cit, page 15.

plan was made to work closely with the service user and his social worker, and CAMHS worker for 12 weeks.

Around the time the planned sessions were coming to a close, the victim-survivor gave birth to their son and communicated via the social worker that the relationship had ended, and the service user was residing with various family members. Furthermore, the victim-survivor stated she did not want the service user to have contact with their child. Due to these developments, work has continued past the agreed twelve weeks. The service user and his case manager have used the time to focus on sessions such as time out and dealing with his emotions.

11 sessions have been completed with the service user so far and the case manager has noticed a change in how he reacts when he has arguments at home; he has been able to leave without becoming abusive and has been thinking more about how his negative behaviour impacts on people around him, which has been confirmed by those closest to him. The team at Cranstoun continue to work closely with multiple other agencies involved with this family. As sessions draw to a close, we will look to refer on to an appropriate service.

The service user is staying with family members currently; the social worker is looking into shared accommodation, potentially out of the current borough he is living in. The victim-survivor is working with an IDVA, the Restart PSW keeps in regular contact regarding the progress of the case for risk assessment purposes. The victim-survivor is currently looking at properties for her and their child and contact is being discussed in the family court.

8.47 In cases such as these, the VPP works longer than the usual four to eight week assessment period since the service user is unlikely to be suitable for a DVPP due to his age. This shows what can be achieved in terms of initial behavioural change and in taking a multi-agency approaching to look at the family's needs (including accommodation) holistically. This can be offered in cases where referral to the standard group based DVPP is unlikely to be effective. As shown earlier, this continuity is welcomed not only by the VPPs themselves but also appears to work well for the service user.

8.48 In order to test whether service users who participate in Restart are more likely to participate fully and have better outcomes from DVPPs as a result of the work done with the VPP, it would be helpful to compare the longer-term outcomes in this cohort with a group referred directly to DVPPs by practitioners and with those who received an intervention of 12 weeks or more week directly from the VPPs. One interviewee told us that the drop-out rates for DVPPs are generally high and that the advantage of Restart is that the intensive one-on-one work helps them to become 'programme-ready'. In some cases, it was felt that the initial period would be sufficient and that longer-term intervention would not always be required.

8.49 Although the desired outcome of the four to eight-week intervention is a commitment to behavioural change, it was pointed out that even if the service user shows no sign of being willing to do so, this may still be helpful to CSC, for example:

'The success is in having conversations with men and children's social workers, so even the evidence of a man that doesn't really engage is clear evidence.' (Practitioner, Central agency)

8.50 In addition, even where the service user does not engage initially, he may come back at a later stage and agree to join the group-based intervention. The assessment process may therefore raise awareness of the need for behaviour change. The number of service users who drop out should not therefore be regarded as a failure of the intervention but as the first step forward in the pathway towards change

Measurement of outcomes

8.51 Although there was evidence of positive outcomes for the families referred, this was derived from interviews and qualitative case studies rather than from longer term outcomes data. We attempted to track cases to find out whether cases which had been closed had resulted in any new referrals, but such data was only minimally available. Data is available, however, on the outcomes of service users who are referred on to DAPPs and this will be an important source of evidence as the numbers who complete those programmes increases. More can also be done to draw on case study approaches to assess benefits in a quantified way.

Recommendation 4: Improving measurement of outcomes and benefits: We recommend that cases that are referred on to group-based DVPPs are flagged in a standard way on all the providers' case management systems to ensure that outcomes can be measured and compared. This will help to build an evidence base on the longer-term outcomes for service users who are referred to see if they complete the programme and to measure any change in harming behaviour and the risk presented to victim-survivors and children at the end of the programme. A way of comparing outcomes with a cohort who do not receive the Restart intervention should also ideally be sought so that there is some counterfactual, for example:

Type of Restart intervention/referral	Comparator cohort
Restart intervention, do not complete or do not require onward referral	LA cohort without Restart or DVPP
Restart intervention, onward referral to group-based DVPP	LA referral to DVPP
Restart 12-week + one to one intervention from VPP	LA referral to DVPP

8.52 In addition, the case files should also be flagged from referral onwards on the CSC case management system to enable progress to be monitored and any re-referrals identified. This would enable a comparison to be made between cases referred to Restart and those that are not to see whether the intervention has reduced the likelihood of further abuse.

8.53 We further advise that future evaluations consider the use of quantification of benefits to the public sector, and the adult and children victim-survivors within case study material.

9 Value for money

9.1 At this early stage in the delivery of the Restart model there are sample size and data limitations to robust value for money analysis. The programme is relatively short term, which hampers data collection; data on cases sent to DAPP is not yet available in many instances as service users have not completed their course; and the data that is available on the outcomes of service users with respect to behaviour is sparse.

9.2 Within these limitations, we have compared our estimate of the costs of Restart against an indicative view of its benefits in terms of (a) reducing the need for Children's Services to undertake such interventions as Child Protection Plans; (b) reducing the trauma faced by victim-survivors and (c) child victim-survivors; and (c) lessening the risk that public services require interventions to address the problems caused by domestic abuse.

Costs of the programme

9.3 Our basis for assessing the costs of the programme is actual financial information for costs covering the period August 21 to December 22, and budgeted costs for January to March 2023. We have made a distinction between:

- Pre-implementation costs
- One-off costs (such as research and evaluation)
- Service delivery costs for Restart, and for Safe and Together
- Service delivery costs that represent a contribution to the effective working of the system (in particular, funding for follow-up DVPP programmes).

9.4 The table below shows expenditure for service delivery costs including overheads since the start of the programme in November 2021.

Table 8: Expenditure for service delivery costs

	Service delivery (£000s)	Delivery plus overheads (£000s)	Service delivery plus overheads + system contribution (for Restart) (£000s)
Restart	572.2	632.5	789.0
Safe and Together			
- Overview	92.6	102.3	
- CORE	329.3	364.0	

9.5 Overheads relate to Drive Partnership costs which have been allocated between Restart and Safe and Together in line with their service delivery costs since November 2021.

9.6 We obtain unit costs by dividing by the quantity of support provided. Our indicative assumption is that the unit costs for Overview training are one-quarter of the costs of CORE training as the former is a one-day course and the latter takes place over four days. We further assume (a) that in the period to March 2023 the total number of referrals is 170, and (b) that Restart if delivered in England as a whole (rather than London) would have lower costs on a scale (-16%) similar to that observed for average police officer costs compared to London police officer costs[38]. The results are shown in the table below.

Table 9: Unit costs of Restart

	Unit cost based on service delivery (£)	Unit cost based on delivery plus overheads (£)	Unit cost based on delivery, overheads and system contribution (£)
Restart (London)	3,366	3,721	4,641
Restart (England prices)			3,900
Safe and Together			
- Overview	193	214	
- CORE	773	854	

Restart

9.7 This portion of the report considers in turn (a) the scale of the social costs that are ameliorated as a result of interventions to address domestic abuse; (b) the proportional impact on such adverse outcomes; and (c) the value (that is, the reduction in social costs), that is obtained by multiplying impact against the social costs that would occur in the absence of Restart (or comparable programmes).

Addressable social costs

9.8 Programmes which aim to reduce domestic abuse, such as the Drive Project, can have a variety of effects to reduce social costs. For example, the Drive Project evaluation, Hester et al, 2020, "Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse" saw positive wellbeing effects (with adult victim-survivors being safer and more likely to be free from abuse); a reduction in the need for police call-outs, and improved safety for the children of adult victim-survivors.

[38] https://uk.indeed.com/cmp/Metropolitan-Police/salaries/Police-Officer reports (as of February 2023) that police officer salaries at the Metropolitan Police are 16% above the national average

9.9 More broadly, we draw on two main sets of information for our analysis to review the scale of the effects that could potentially be mitigated or eliminated altogether by Restart:

- The Home Office report (Oliver et al, 2017, "The economic and social costs of domestic abuse"), which provides information on the social costs associated with domestic abuse per victim-survivor. We have scaled up its estimates to 2022/23 prices using the ONS CPI index

- The NSPCC report (Conti et al, 2017, "The long-term economic consequences of child maltreatment in the UK"), which set out social costs associated with the children of the victim-survivor, including costs incurred by Children's Services (which in particular relate to Child Protection Plans [CPP] and children taken into care). We have updated its estimates to 2022/23 prices using the CPI.

9.10 We start with the (adjusted) Home Office assessment, as shown in Table 10 below.

Table 10: Cost of domestic abuse per victim-survivor

	£ per victim-survivor (2022/23 prices)
Wellbeing and employment	
Costs in anticipation	5
Physical and emotional harm	29,145
Lost output	8,690
Public sector (excluding Children's Services)	
Health services	1,440
Miscellaneous victim services	105
Housing services	335
Police costs	775
Criminal legal	205
Civil legal	85
Other	5
Total	**40,790**

9.11 The above table suggests that, per victim-survivor, the potential wellbeing effects are of the order of £38,000, while the public sector costs are of the order of £3,000. However, it is important to note that a substantial proportion of this damage may have already taken

place. A key question is what proportion of this damage is addressable through intervention, and our assumption here is that 50% is addressable[39].

9.12 We next turn to the benefits in relation to reducing the trauma for children of the victim-survivor. We note the assessment of a CAADA (2014) report on a cohort of such children that 'Two thirds (62%) of the children exposed to domestic abuse were also directly harmed, most often physically or emotionally abused, or neglected'[41]. (We therefore scale the social costs associated with domestic abuse by 62% in order to assess the potential social costs.

9.13 The results per child victim-survivor are shown in Table 11 below:

Table 11: Social costs of trauma for children

	Value (£) 2022/23	**Value (£) 2022/23**
	@ 100%	**@ 62%**
Unplanned hospital admissions for injuries	146	90
Short-term mental health needs	22,598	14,010
Short-term health-related costs	22,744	14,100
Anxiety	1,162	720
Depression	6,267	3,885
Smoking	643	400
Alcohol abuse	654	405
Long-term health-related costs	8,726	5,410
Special education costs	8,609	5,340
Reduced employment	17,097	10,600
Total	**88,646**	**54,960**
- of which wellbeing / productivity		**13,755**
- of which public sector		**41,205**

Source: Conti et al (2015) estimates updated to 2022/23 values using CPI scaled down for proportions of trauma as per CAADA (2014)

9.14 Lastly, in Table 12 below we consider cost implications for Children's Services, taken from Conti et al (2017), estimating the number of children at risk of being placed on a Child Protection Plan (CPP) by taking the number of children per case and subtracting the

[39] This represents the mid-range of two extremes – the first is that the programme comes before any harm occurs to the adult and children victim-survivors; the second is that the programme is unable to achieve any benefit because all the harm possible has already occurred. Since Restart's focus is as a preventative programme, this suggests that its effects will lie somewhere between the two.

number of children not living with the service user (this presents a cautious estimate, since it is possible that Restart creates wellbeing benefits for children not living with the service user, and consequently reduces need for public sector engagement at a later point in life. However, we lack the data to provide a quantified perspective on such benefits). We have also included an assessment of the cost of taking a child in care, with subsequent calculations of potential savings due to Restart, noting a relatively small risk of such action given that the Restart cohort is not intended to cater to high-risk families[40].

Table 12: Social costs for Children's Services

	Children at risk of CPP per case	**Potential saving**	**Potential social cost per case**
Average number of children per case with CPP	0.65	Reduced need for CPP after 6 months	4,815
Average number of children per case at risk of CPP	0.45	Reduced need for any CPP	9,185
Children in care			135,340

Impact

9.15 The above represents the costs that occur under a "status quo" approach to the issue of domestic abuse. We now turn to the issue of quantifying the impact that Restart has on reducing the social costs identified above – though as noted at the start of this section, data on outcomes is limited for a variety of reasons, and so we would emphasise that our calculations are provisional.

9.16 Our starting point for assessment is insights as to the actual risk faced by families. We have asked local authorities to review cases against re-referrals to Children's Social Care (CSC), and one council official told us that the reduction in risk in relation to nine cases was 'very good' (though the official did note that 'longer-term work and onward referrals to appropriate support and empowerment programmes is ideal in order to keep the positive momentum going'). Another local authority, in reviewing three closed cases, found no re-referrals. We see both instances as *supportive evidence for an indicative scenario of significant beneficial impact*.

[40] We used the 7.7% ratio between children taken into care versus the number assessed as Children in Need in 2022 (from DfE statistics) as an indication of the order of magnitude of the extent to which children victim-survivors who require at least CPP protection may require the further intervention of being taken into care

9.17 The specific set of data used for quantification of benefits relates to data described earlier in paragraph 8.31, which describes outcomes data for 31 service users. These data suggest that improvement was made on reducing the service users potential to continue perpetrating abuse in a majority of cases. A key question for us is *how* to quantify such an improvement on an indicative basis. We have adopted a five-point Likert index in which we adopted a scoring system of 2 for significant improvement, 1 for slight improvement, 0 for no change, -1 for slight deterioration and -2 for significant deterioration[41]. We found an average index of 1.26 across the sample. This equates to a scenario in which 74% achieved slight improvement, and 26% achieved substantial improvement[42] (in practice, some cited no change, and the proportions citing substantial improvement were higher – but for value for money modelling purposes the two scenarios are the same).

9.18 We have drawn on the outcomes data set to produce an indicative estimate of impact as follows. Our starting point is to provide an indicative view on the type of improvement that 'Slight improvement' and 'Substantial improvement' categories represent. We assign an indicative value of a 5% improvement in risk in relation to a slight improvement, and a 15% improvement in risk in relation to a substantial improvement[43]. It follows, as shown in the table below, that the **indicative estimate** for weighted average improvement is of the order of 8% in terms of reducing risk.

Table 13: Indicative estimate of impact of Restart in reducing risk

	Proportion of cases	Indicative scale of impact this type of improvement on outcomes
Slight improvement (slight reduction in potential abuse)	74%	5%
Substantial improvement (substantial reduction in potential abuse)	26%	15%
Overall		7.6%

[41] This is the original version of the Likert scale, which we have adopted as it is "one of the most fundamental and frequently used psychometric tools in educational and social sciences research" (Joshi et al, 2015, "Likert Scale: Explored and Explained", *British Journal of Applied Science & Technology*, 7(4) pp. 396-403). It should, however, be noted that the use of scores in an Ordinal way is subject to much debate.

[42] The calculation here is 74% * 1 + 26% * 2 = 1.26.

[43] Our basis for this indicative range is as follows. We note from Bloomfield and Dixon (2015) "An outcome evaluation of the Integrated Domestic Abuse Programme and the Community Domestic Violence Programme" that a difference of 10.9 percentage points was observed for domestic violence reoffending across both programmes, compared to a control group level of re-offending of 33.7%. This represents (10.9 ÷ 33.7) a proportional effect of 32%. We scale this down by 50% (since Restart is a short-length programme), and we further scale down by an optimism bias factor of 40% (in view of Restart's pilot status) to reach a base case for potential impact of 10%. Our chosen range is centred on this base case, adjusting up for an estimate of substantial reduction, and downwards for an estimate of slight improvement.

9.19 A key issue is how the choice of range (a 3 to 1 ratio in the above) affects the estimate of impact. We have, therefore, reviewed an alternative scenario for impact, which takes a smaller range around the mid-point (7.5% for slight improvement, 12.5% for a substantial improvement), and produces a corresponding impact estimate of 8.7%. This suggests that a different assumption as to the relative scale of "slight" versus "substantial" improvement does not affect the results greatly – though it is still very much the case that further work on assessing impact would be highly useful in terms of firming up analysis.

Assessment of reductions in social cost

9.20 We now draw on our estimates of addressable social cost and impact on addressable social cost in order to determine our indicative estimate of the social value of Restart.

9.21 In relation to effects for the adult victim-survivor (see Table 10), our calculation is to apply the indicative 7.6% factor for impact estimated above and scale down further by a factor of 50% (to account for many damaging effects already occurring).

9.22 In relation to reducing the social costs of trauma for children victim-survivors (see Table 11), we apply the 7.6% impact factor, the scaling factor of 50% to take into account addressable harm, and we apply a scaling factor of 2 to reflect two children per family.

9.23 In relation to reducing Children's Services costs (see Table 12), we have already taken into account the numbers of children that have moved away from the adult victim-survivor, and so we only apply the 7.6% impact factor in respect of CPP. We further scale down the impact in respect of children in care by the 7.7% ratio between Children in Need and children taken into care in England in 2022 (this is a relatively small proportion, but we believe it is a good pointer to the scale of such risks, since the Restart cohort is not intended to include high risk families).

9.24 A further consideration is the wellbeing to the service user. As noted earlier in this report, around 80% of respondents to a review of outcomes for service users noted at least a slight improvement to their wellbeing. This means that there are additional benefits to be considered in the assessment of value for money, though we have not quantified these.

9.25 Taking together the benefits of (a) Children's Services, (b) victim-survivors and (c) child victim-survivors, we estimate an overall benefit to wellbeing of £2,485, and an overall benefit to public sector costs of £4,580. Table 14 below summarises these points.

Table 14: Estimate of benefits in terms of wellbeing and public sector savings

	Wellbeing (£)	Public sector savings (£)
Children's services savings		[44]1,335
Victim-survivor	1,440	115
Children's future	1,045	3,130
Total	2,485	4,580
Ratio compared to unit costs (£3,900)[45]	64%	117%

9.26 The ratio of public sector savings compared to costs – **on the basis of the indicative modelling above -** is £1.17 for each £1 spent[46]. In other words, savings exceed the cost of the programme (though it should be noted that this is spread among various public sector agencies). In addition, there are wellbeing benefits of a value of £0.64 for each £1 spent. It is worth noting that there are potential additional effects in relation to housing support which are outside the remit of this report. Added together, the benefit is £1.81 per £1.00 spent, which represents a good return when compared against the cost of the Restart programme.

9.27 A further point of interest is the financial break-even point for the public sector. Compared to our base case scenario of impact of 7.6%, we calculate that a lower impact level of 6.5% would be the point at which the cost of Restart would be revenue neutral for the public sector. Put another way, providing that at least 1/15th of the addressable social costs of domestic abuse are prevented due to implementation of Restart, the public sector taken as a whole gains in financial terms.

9.28 It should, however, be noted that our analysis is indicative, and further research on both impact on outcomes and public sector savings and wellbeing effects would be highly beneficial. We have already identified a recommendation that outcomes data continue to be tracked, and we would add to that recommendation the advice that case studies on benefits (public sector savings and wellbeing effects) also be conducted.

Safe and Together

9.29 Turning to the training provided to social workers, we consider first the impact of the training. Information is available on the test scores before and after the CORE programme was undertaken for those taking the training in 2022. These suggest an improvement of

[44] Calculated as: 7.6% * £4,814 + 7.6% * £9,184 + 7.6% * 7.7% * £135,340

[45] We use unit costs calculated using England-level rather than London-level prices, as the benefits are calculated using England-level prices

[46] If we adopt the alternative scenario for impact (8.7%), this figure rises to 1.29 per pound spent.

the order of 16% (based on a post-test score average of 88% compared to a pre-test average of 75%).

9.30 One major source of value is the ability of social workers to identify cases of domestic abuse more readily, and so implement a course of action that is more apt at reducing the problems faced. With some 64,000 child protection plans initiated per year in England[47], of which almost 55,000 have emotional abuse or neglect cited as an initial cause, drawing on a finding from Havering that around one third of such cases centre on domestic abuse and noting that there are some 32,500 social workers[48], we note that there are likely to be around 0.5 child protection plans per social worker per year where domestic abuse is a key factor (in other words, we estimate that, on average, each social worker will face a child protection plan case where domestic abuse is a key factor every two years or so).

9.31 We assume the ability to influence these cases to better outcomes by a proportional factor of 8% (scaling down the 16% test improvement by a factor of 50% as it is indirect evidence of improvement). We further multiply this against the likely £9,200 cost of a child protection plan[49] updated to 2022/23 as before) to obtain an estimated benefit of the order of £400 per attendee. This represents a payback period of two years – with a faster timescale occurring if improvements in the reduced need to take children into care are taken into account.

Review of scaling and sustainability

9.32 The prospects for public finances are 'exceedingly challenging', according to the Institute for Fiscal Studies[50], and this means that new programmes generally have to be highly positive in either wellbeing or fiscal terms for a case for expansion to be accepted. We believe that although we have evaluated Restart as a multi-component intervention intended to lead to systems change, the different aspects of the service should each be considered on their own terms in coming to a view on scaling and sustainability:

- Safe and Together looks to be (relatively) affordable and has the potential to achieve significant system change within its budget. However, though the evidence from the USA is very positive, and the qualitative insights from attendees in this pilot are also positive, robust UK evidence on the effectiveness of the training on social worker behaviour is sparse. However, findings from Edinburgh City Council's 2017

[47] https://explore-education-statistics.service.gov.uk/data-tables/fast-track/3d89eb98-ae60-45fc-c14d-08daa787e284#subjectTabs-createTable
[48] https://explore-education-statistics.service.gov.uk/find-statistics/children-s-social-work-workforce#explore-data-and-files
[49] Conti et al (2017), page 35.
[50] https://ifs.org.uk/articles/fiscal-backdrop-spring-budget-2023

implementation report did show an 'improvement in practice'[51] and 12 local areas across Scotland have been commissioned to develop the Safe and Together approach. A recent report into the effectiveness of the roll-out outlines the barriers and enablers in supporting this work, many of which are echoed throughout this report.[52] We advocate a controlled expansion of Safe and Together as the underpinning foundation for Restart, to be undertaken in a way that enables the evidence base to be strengthened.

- Intensive preparatory work with service users and victim-survivors, has positive results from this pilot, and is aligned with Respect standards. There is an emerging evidence base around this approach. Continuing to build this knowledge not just on the efficacy of the assessment and preparatory work provided through Restart, but also on alternative approaches including direct referrals to DVPP programmes may be useful.

- **Accommodation** – There is currently a lack of longitudinal evidence due to the trial and pilot nature of Restart, with further areas to explore around service user preparedness to engage with long-term housing options and the long term impact on victim-survivors. As such we believe that substantial more piloting work is required before a robust evidence base to underpin substantial scaling can be obtained.

[51] https://safeandtogetherinstitute.com/wp-content/uploads/2018/05/Safe_and_Together_Edinburgh_Implementation_Report-2017.pdf
[52] https://www.improvementservice.org.uk/__data/assets/pdf_file/0022/40675/Implementing-Safe-and-Together-in-Scotland-Year-1-Learning-Report.pdf

10 Conclusions

10.1 The second stage of our evaluation of Restart found that evidence of many of the benefits and the challenges identified during the Interim Evaluation have continued in the second study. The benefits we previously identified were as follows:

- Holistic family approach tailored to individual needs;
- Positive culture change and practice in frontline staff;
- Improving safety and outcomes for families;
- Advantages of the accommodation approach;
- Flexibility of the intervention.

10.2 Our qualitative findings found continuing and, in some cases, increasing evidence of these). The data on outcomes such as the increase in the victim-survivor's safety and wellbeing in the reported outcome areas and the decrease in the perceived potential of the service users to continue perpetrating abuse are positive. We found evidence that Restart is starting to meet its objectives but that it is too early to quantify precisely the extent to which they have been met. It was more difficult to find robust quantitative evidence of these outcomes which reflects the difficulty in measuring the changes underway, the short-term nature of the intervention, and the difficulty in attributing longer term changes to the intervention, however this will likely change as the programme continues, enabling more data collection to take place. We identified several challenges in our last report in the following areas:

- Set-up and mobilisation;
- Culture and attitudes including training;
- Capacity of services to delivery Restart;
- Variation in the number of referrals;
- Engagement of families;
- Complexity and clarity of purpose of Restart;
- Limitations of the accommodation pathway;
- Funding uncertainty and sustainability;
- Interagency and partnership working;
- Changing systems.

10.3 A great deal of work has been done since our initial report to address or mitigate some of these. Restart has gained momentum as a result of the investment of time and the strong commitment and motivation of those supporting delivery, both in the central team and in the boroughs. Several of the challenges associated with the setting-up and mobilisation of a

complex multi-layered project involving so many partners have been overcome. As a consequence, the number of referrals has increased although there remains some variation between the five participating boroughs.

10.4 We found strong support for the Safe and Together approach including the training which underwent some changes since our earlier study and has continued to roll out effectively. The embedded Implementation Leads are making a major contribution to disseminating the methodology and encouraging its application, encouraging referrals to Restart where appropriate. The audits show, however, that it is taking some time for the approach to be reflected in everyday practice.

10.5 We found considerable support for the principle of providing accommodation for those causing harm as a way of supporting victim-survivors and enabling them and their children to stay in the family home. We were told in several interviews that having the option of providing emergency accommodation was a real benefit that helped in the initial dialogue with perpetrators, even if they did not take it up immediately. Our original report found that 15% of cases referred to Restart utilised the accommodation pathway. This has increased to 20%, though this is lower than anticipated originally. There were several reasons put forward for the slightly lower take-up of the accommodation pathway which were reiterated in this stage of our research. These include the difficulties and cost of finding suitable accommodation in London; the expectations of service users which are unlikely to be met by the accommodation offered (particularly for those aged 35 years and under); the ineligibility of those who have no recourse to public funds, and the cultural issues which make it difficult for housing officers to prioritise those who use harm. There were many problems identified in realising the ambition of securing longer-term accommodation for service users as a way of enabling victim-survivors and children to stay in the family home. Further evidence of effectiveness of the accommodation pathway would be required before Restart is rolled out more widely.

10.6 We pointed out in our interim evaluation that strong leadership was a pre-requisite to successful delivery of the intervention given the need to encourage staff to refer, to put in place the processes needed for Restart to operate smoothly and to ensure that the partners work effectively together (both within the local authority and with the partner agencies). It remains our view that leadership at every level is needed to promote Restart to busy staff and to convince them that the potential benefits and opportunities which this may bring to families make any perceived additional effort worthwhile.

10.7 As with other pilots which rely on multi-agency working and on partnership between so many different parts of the same organisation, this can be challenging and relies on effective communication between all the parties involved. Achieving systemic change in relation to a problem as complex as domestic abuse will take some time to achieve and its success will depend on the commitment of different parts of the agencies concerned. The variation in

referral rates shows that the buy-in between and within boroughs is variable and that the potential opportunities afforded by Restart, particularly in areas which until now have had little provision for those who use harm, are not being fully utilised.

10.8 Overall, we found that Restart is resulting in positive impacts for victim-survivors; particularly in relation to supporting their space for action, knowledge around domestic abuse and help-seeking behaviour. The support provided by the PSW was widely welcomed as an important element of the intervention and we found many examples of victim-survivors who had been helped directly by her intervention.

10.9 We are less able to describe the impacts on children and young people as we were unable to gather children's voices directly. However, co-parenting and parenting was raised by a number of victim-survivors and services users in the data we analysed from Cranstoun as well as in our own conversations. More support is needed for families to safely co-parent and to provide service users with practical tools to enhance their parenting.

10.10 We found evidence of positive work being carried out with those who use harm, including comprehensive assessments leading to referrals to DVPPs. It is likely that many of the 72% of cases which resulted in referral for further behavioural change work would not have received this sort of support without Restart, particularly in the boroughs which have no commissioned DVPP.

10.11 The flexibility in VPPs being able to deliver an internal 12-week+ one-to-one behavioural change programme (in 40% of those referred to a DVPP) is an important aspect of the scheme since it provides greater continuity than referral to a group-based intervention. It is not clear, however, whether the model is more or less effective than direct referrals to group based DVPPs without the initial preparatory work and assessment that Restart provides and we consider that this needs further testing to demonstrate that this enhances the success rate of the DVPP in order to strengthen the evidence base.

10.12 We noted that several interviewees in the boroughs commented on the number of meetings involved in running the pilot. We hope that this could be considered as the work proceeds to minimise any additional pressures associated with participation in the pilot.

Recommendation 5: Review of meetings and processes.

We therefore recommend that the meetings and processes currently in use to deliver Restart should be considered at the start of the next phase of the work with a view to assessing whether these could be streamlined.

10.13 Turning to assessment of value for money, our indicative estimate is that, per case, there is an overall benefit to wellbeing of £2,485, and an overall benefit to public sector costs of £4,580 (assessed at England price levels). This compares against an estimated cost per case of

£3,900 at England prices (£4,600 at London prices). It follows that our **indicative estimate** of the ratio of public sector savings compared to costs is **£1.17 for each £1 spent,** and when wellbeing effects are added the benefit is **£1.81 per £1.00 spent. There are also** potential additional effects in relation to housing support (which we have not been able to quantify as they are outside the remit of this report).

10.14 Consequently, our view is that there is at least substantial potential that the programme provides savings to the public purse that exceed the programme costs, while at the same time providing substantial wellbeing benefits to the victim-survivor and to the children.

10.15 However, such results are heavily reliant upon estimates of the impact of the programme on outcomes and, as has been noted previously in this report, these are difficult to assess robustly on the basis of the available data.

10.16 We welcome the extension of the pilot until the end of June 2023 and hope that funding will be available to extend the pilot for a further two years to allow time for some of the learnings we have flagged to be addressed and for a good return on the investment to be made.

10.17 We conclude by reflecting on how Restart is achieving compared to the planned outputs.

Table 14: Outputs achieved

Output	Achieved	Partially achieved	Still to meet	Data unclear	Narrative
Safe & Together training for 400 Children's Social Care teams across 5 boroughs (plus a further 100 staff receiving overview training).	X				429 people booked the CORE training sessions with 355 people attending. Several interviewees reported that the Safe and Together Implementation Leads are now more embedded in the boroughs and it is clear that knowledge about the model has increased.
Early engagement, case management, intervention planning, 1-1 support (4 weeks) for 204 families.		X			140 referrals were made to the Restart programme between April 2022 and January 2023
Provision of short-term emergency		X			Referral rates have increased from 15% to 20% since our last interim report. However, there continue to exist a number of

accommodation for some perpetrator service users.					challenges for service users in taking up the accommodation offer as outlined within the accommodation chapter above.
Provision of longer-term accommodation support for a small cohort of perpetrator service users (up to 2 units per borough).		X			28 referrals were made to the accommodation pathway. Five service users received new tenancies in the Private Rented Sector and three moved into temporary accommodation.
Increase availability of and referrals into longer term DVPP provision.		X			Within the lifetime of this report, 57 referrals were made to longer term DVPP provision – either externally or to an internal 12-week programme (72%).
Long-term development with Housing teams on appropriate and sustainable accommodation pathways for perpetrators.			X		Further work is needed in order to meet this objective though the pilot has made some progress.

Appendix 1: List of interviewees and focus groups

Douglas Edwards, Violence Prevention Practitioner, Cranstoun (10th January 2023)
Fozia Drysdale, Practice Manager, Family Justice Centre, London Borough of Croydon (23rd November 2022)
Helen Harding, Head of Service MASH, Early Intervention and Edge of Care, London Borough of Havering (20th January 2023)
Amy Hewitt, Practice Adviser, Respect, Drive Partnership (14th December 2022)
Martin Pratt, Deputy Chief Executive of London Borough of Camden (13th December 2022)
Philip Price, Violence Prevention Practitioner, Cranstoun (10th February 2023)
Peta-Gaye Royal, Deputy Service Manager, Assessment Team, London Borough of Westminster (5th December 2022)
Caitriona Scanlon, Violence Against Women and Girls Lead, London Borough of Camden (12th December 2022)
Sarah Strang, Community Safety Officer, VAWG Lead, London Borough of Havering (6th January 2023)
Catherine Richards, Interim Head of Social Work for Families, London Borough of Westminster (23rd November 2022)
Christina Tomprou, Safe and Together Implementation Lead, Respect (21st February 2023)
Cranstoun Focus Group, 17th November 2022: Chetana Brar-Mander, previous Service Manager Jodi Knight, Accommodation Support Worker Sharon Tucker, Partner Support Worker Phil Price, VPP Douglas Edwards, VPP
Cranstoun (2nd September 2022): Amber Styles, now Service Manager, Men & Masculinities programme, previously team leader for Partner Support Workers Sharon Tucker, Partner Support Worker (from June 2022)
Cranstoun (21st October 2022): Maria Cripps, Head of Domestic Abuse Services Chetana Brar-Mander, Service Manager
DAHA: (December 2022) Saranya Kogulathas, Whole Housing Approach Programme Manager at Standing Together Clementine Tranyard, Private Rented Sector Lead, Whole Housing Approach at Standing Together
Safe and Together Implementation Leads: Respect (21st November 2022) Rupert Bagenal, Safe and Together Implementation Lead Rachael Reynolds, Safe and Together Project Manager

Appendix 2: List of recommendations in interim report and action taken or agreed

Recommendation in Emerging Findings report	Outcome
1: Time and capacity for setting-up Restart	This is to be embedded in any future scaling up.
2: Safe and Together training	Overview training is available and being disseminated for any professionals working in the areas. S&T Leads continue to work to increase take up both within CSC and outside, this has been aided by switching from the hybrid e-learning model of CORE training to face to face.
3: Referrals to Restart	Restart team continues to encourage referrals and spread awareness of project
4: Suitability for referral	Consideration of suitability/ analysis.
5: Support for children and young people	Ongoing/discussion with SSC partners was had to consider this recommendation; it was felt CSC are integral to this intervention for this reason. Consideration is being given on how to strength and support CSC's ongoing work around this.
6: Stronger monitoring of outcomes	DAPP monitoring established and work is ongoing to continue to strengthen and improve data and monitoring processes including review of manual and CMS
7: Communications	To be actioned when planning scaling. A Theory of Change has been developed for current sites/work.
8: Sustainability	Sustainability of the programme is directly related to ability of Restart team to source and secure ongoing funding.
9: Partnership arrangements	Multiple forum for intra-borough meetings currently exist, which action areas agreed based on need.
10: Changing systems	Agree / Completed.
11: Accommodation pathway	Social Finance commissioned to do specific housing piece. Limitations clearly discussed in awareness raising sessions.
12: Conditions for scaling up Restart	These recommendations will be actioned when planning scaling up.

Appendix 3: List of changes made to Restart since interim report

- Implementing a three-way meeting between the referrer, case manager and service user before the assessment can take place. This was put in to hopefully eliminate the cases where service users claim they haven't had contact with their case manager. It also sets out the work with both the referrer and service user over the next coming weeks.

- Case manager and PSW to carry out risk and need assessment of client and victim/survivor – this can take a number of sessions, due to this we have extended the initial period of contact from four weeks, to a minimum of four weeks, to ensure a thorough assessment and initial engagement period can take place.

- Case manager and service user complete a minimum of four weeks one-to-one sessions together including continuous assessment of risk and needs and working to make clients programme-ready.

- Move-on plan is created by the case manager with input from the client and the social worker. If appropriate, SPOCs, Restart service manager and Safe & Together leads can advise. Ideal move-on plan is referral to a longer-term DAPP: RISE Mutual, DVIP or MMP (Rise Mutual also offer 12 weeks of 1:1 work in exceptional circumstances)

Appendix 4: Data on Service Users

The six main ethnic groups are shown below. 49% of service users were White, 20% Asian, 16% Black, and 10% Mixed or Other ethnic background (6% of cases did not report an ethnic background. This is slightly above the overall rate for London of 40% from an ethnic minority.

Table 16: Top 5 ethnicities of service users

	No. of service users	% of service users
White British	42	30%
White: Other (excl. British / Irish)	23	16%
Black British - Caribbean	12	9%
Asian British - Bangladeshi	8	6%
Asian British – Other (excludes Bangladeshi, Indian or Pakistani)	8	6%

The table below shows the age of service users which is collected at the point of cases being opened (excluding 5 service users who did not respond):

Table 17: Age of service users

Age range	No. of service users	% of service users
16 to 20	6	4%
20 to 25	7	5%
25 to 35	44	32%
35 to 45	52	38%
45 to 55	23	17%
55 to 60	2	1%
Over 60	2	1%

We analysed the current needs of service users which are shown below:

Table 18: Top six areas of current needs for service users

	No. Service users	% of service users
Children, family or parenting	34	44%
Mental health & psychological wellbeing	19	24%
Housing	17	22%
Work, training or education	14	18%

Substance misuse	12	15%
Finance and debts	9	12%
Social and community support	9	12%

Data on the number of Adverse Childhood Experiences is also collected as part of the individual assessments, and this is summarised below:

Table 19: Top six forms of Adverse Childhood Experience in Service Users

Type of Adverse Childhood Experience	No.	%
Parental separation	21	27%
Direct physical abuse	12	15%
Domestic abuse	11	14%
Verbal abuse	10	13%
Mental illness	9	12%
Alcohol abuse	6	8%

Glossary and list of abbreviations:

ASW	Accommodation Support Worker
CAMHS	Child and Adolescent Mental Health Services
DASH	Domestic Abuse, Stalking and Honour-Based violence risk assessment score
DAHA	Domestic Abuse Housing Alliance
Drive Project	Drive Project is an intervention aimed at high-risk high harm perpetrators of domestic abuse who pose a risk of serious harm to people they are in intimate or family relationships with. It challenges and supports perpetrators to change and works with partner agencies like the police and social services to disrupt abuse. It is run by the Drive Partnership, see http://driveproject.org.uk/stakeholders/
DVPP / DAPP	Domestic Violence / Abuse Perpetrator Programme
DVIP	Domestic Violence Intervention Project, a DAPP delivered by the Richmond Fellowship
Early Help	Also referred to as early intervention, Early Help services in local authorities refer to the services offered to support children and families when problems first emerge.
IDVA	Independent Domestic Violence Advocate (or Adviser)
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MMP	The Men & Masculinities Programme is intended to provide a safe space for men who have engaged in abusive, harmful and damaging behaviour within their relationships. Run by Cranstoun, it is a 24-week programme which focuses on behaviour, see https://cranstoun.org/help-and-advice/domestic-abuse/men-and-masculinities/
MOPAC	Mayor's Office of Policing and Crime
PRS	Private Rented Sector
PSW	Partner Support Worker
SPOC	Single Point of Contact
SRS	Social Rented Sector
S&T	Safe and Together
SU	Service User
STIM	Safe and Together Intersections Meeting
SOAG	Severity of Abuse Grid
VPP	Violence Prevention Practitioner
V/S	Victim-Survivor