The Drive IDVA model

Shanti Rao and Emma Vallis

SafeLives

2020

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Executive summary

This research project had four primary aims and objectives.

1. To explore the Drive IDVA model – i.e. Drive IDVA team structure, and the nature of Drive practitioners' (Case Managers' and IDVAs') joint work – including how this varies between sites.
2. To inform decisions on whether, and if so, how Drive Case Managers should work differently depending on whether an IDVA has achieved victim/survivor engagement.
3. To build on existing understanding and formalise learning, in order to inform practice and support model development.
4. To provide recommendations that could be implemented by existing sites and during programme roll-out in new areas.

Evidence was gathered using a qualitative approach, involving 12 one-to-one interviews with Case Managers and IDVAs from six Drive sites. The project was conducted by insider-researchers, who have also factored in knowledge of the project acquired through their wider roles as Drive Data Analysts during their analysis.

Please note, this report is intended for internal audiences who already have an in-depth understanding of the Drive project.

Key findings

The Drive IDVA model achieves positive outcomes in large part by combining Case Manager and IDVA expertise, through their exceptionally close working relationships. Professionals in multi-agency networks across the country don't usually see themselves as connected to other professionals, or as part of a wider system (Das, 2019). In contrast, Drive practitioners felt they were essentially on the same team. They were able to share responsibility for risk management and actively support one another's work. Their good working relationships are the key factor underpinning their collaborative, holistic approach, which, in turn, offers an array of benefits for adult and child victims/survivors, as well as service users. An environment that fosters and maintains these unique relationships is required.

Another key strength of Drive is its flexibility, in line with its ethos of person-centred one-to-one support and behavioural-change work with service users. Practitioners in different sites held different opinions on how vital IDVA engagement with victims/survivors was for Case Managers' work to proceed. Many of the themes discussed convey that there is no single right way of working that can be applied to all cases. What might be safe in one case could be dangerous in another. While certain practices are likely to be inappropriate in all situations, it is essential that staff are able to use their professional judgement in determining how to proceed in individual cases. Similarly, sites had different opinions on features of their team structure and approaches to joint work. These differences of opinion were intrinsically tied to local context, which is of course unique to every area. It is essential that practitioners take a case-by-case approach to their casework, and equally, the Drive Partnership must continue to tailor site set-up to each new area.

A summary of report recommendations can be found on the next page of this report.

Summary of report recommendations

The following recommendations are threaded throughout this report. Page numbers in the right-hand column of the table below refer to the **first page of the relevant sub-theme**, where further context for each recommendation can be found, including specific case examples.

Where this report mentions 'service users', this refers to Drive service users – i.e. those perpetrating abuse. 'Clients' refers to IDVA clients – i.e. victims/survivors. Where the phrase 'victims/survivors' is used instead, this should be understood to include both adults and children.

Area	Recommendations	Index
Recruitment	Staff involved in Case Manager recruitment to: • review communication within the Case Manager recruitment process around the nature of the role and all core aspects of the work; • consider whether to factor the gender balance of their team into recruitment; and • continue recruiting practitioners with a wide range of professional backgrounds, while ensuring all staff have a good foundational understanding of domestic abuse and risk management (through prior experience and/or training once in post).	p22 p26 p29 p41 p68 p71
	Inductions delivered by Case Managers, for all new IDVA staff who might hold Drive cases to cover: • an overview of the project and how the teams work together; and • positive outcomes Drive has previously achieved with IDVA services.	p18
Set-up	All IDVA teams to have a minimum of two Drive IDVAs, all of whom share the Drive caseload roughly equally. Teams within individual areas to assess the benefits and drawbacks of Drive cases being spread between more IDVAs (discussed in this report), and choose an IDVA team size that best suits their overall team size and local context. Any changes to IDVA team structure would require training on Drive vs. non-Drive cases for new Drive IDVAs.	p14
	Sites to consider whether Drive IDVAs could all act as contacts for Drive queries, rather than having one person named as a key contact.	p14
	Drive Partnership to quantify the resources required for IDVAs to support Drive work in addition to business as usual to ensure sufficient recourses are committed. This should be done by completing an evidence-based assessment of funding provision for IDVA services.	p14
	Drive Partnership to work more closely with local agencies – the IDVA service in particular – before Case Manager service providers begin operation.	p18
	Time to be allocated for Drive practitioners in new sites to develop understanding of one another's roles, especially early on, when teams are more likely to have more capacity (e.g. via shadowing one another/meeting for a team building session before they start working together).	p22 p63
	Where resources permit, for IDVAs to be predominantly based in a local IDVA service, and for Case Managers to have a separate office base.	p60

Set-up (cont.)	Drive teams to commit to working in the same location as cross-team colleagues at least one day a week, or more often if practitioners feel this doesn't introduce challenges to their work (with flexibility depending on workload/team size/office location).	p63
Multi-agency network	Commissioners to commit sufficient multi-agency resources to allow all professionals to regularly attend panel meetings.	p18
	Commissioners to consider implementing a training programme across their local authority areas to increase multi-agency understanding of data protection legislation.	p54
	Drive staff at all levels to foster stronger organisational relationships with other local agencies who are reluctant to share relevant information with Case Managers and/or IDVAs.	p56
Development of processes and practice	All decisions around/changes to Drive processes must factor in local context, including considering any unintended consequences before making adaptations. (Specifically, any changes to processes that affect the flow of Case Manager referrals, such as backdating cases, must take the size of the IDVA team into account.)	p18
	Drive teams to consider local options for basic forms of system integration, such as sharing calendars, as long as mitigations are put in place to avoid revealing unnecessary information.	p60
	Where clients decline support but are happy to have check-ins with IDVAs to verify risk has not increased, any relevant information to be consistently fed back to Case Managers and used to inform their approach.	p47
	Drive Partnership to consider advising sites to have a default stance that clients should be informed of Drive's work, with scope to withhold information where there are valid reasons to do so.	p47
	Drive Partnership to investigate whether additional workshops or toolkits could be introduced to support Case Managers in managing stalking and harassment cases (alongside continuing to offer specialist training on this topic).	p41
	Local teams to implement processes to manage cross-border cases, including: • arranging an initial face-to-face or video call between the Case Manager and IDVA assigned to the case to help establish a working relationship; and • scheduling regular catch-ups throughout the case.	p54
	For sites that are very near to one another, where cross-border cases are regularly received, to consider altering referral processes so cases are always held by practitioners within the same area.	p54
	Drive Partnership to discuss with sites the introduction of appropriate monitoring processes/step-down support for service users, including advising on what measures could be implemented, incorporating learning from pilot sites.	p24
	For IDVAs to offer clients support for a short period after Case Manager closure, where they feel this would be beneficial. (Whether this is viable will be dependent on IDVA team resources.)	p24

Learning	Frontline teams to maintain some form of connection to the Drive Partnership and other delivery sites to facilitate collation and dissemination of learning across sites.	p29
	Drive Partnership to invite IDVA teams to Case Manager all-sites away days. For this to incorporate a joint session for Case Managers and IDVAs, as well as two separate sessions split by role to allow for more focused and open discussions.	p33 p63 p68
	Drive Partnership to facilitate more cross-team, national workshops, such as all-sites away days, for practitioners to explore different approaches and strategies. For this to include reflection on: • their approach to client consultation, and how to proceed in cases where information is limited (from clients or otherwise); • the difficult decisions they face when attempting to weigh the potential impacts of service user intervention to known victims/survivors against the impacts for 'hidden' and future victims/survivors; • innovative approaches they have used that can be implemented alongside core aspects of work (including those used to achieve and maintain service user engagement, and the difficulty of balancing this against the need to challenge service users' behaviours); and • learning from cases where unsafe decisions have been made, adjusting procedures where necessary. Local service providers to also create cross-team reflective spaces within their own areas to facilitate local learning and development.	p29 p33 p51 p56 p63 p67 p68 p73 p75
Training & guidance	Drive Partnership to review Case Manager training on: • being prepared to experience some opposition to their work from wider agency professionals, and how to manage the challenges this might create; • the need to proactively seek information pertinent to risk from other agencies who do not specialise in domestic abuse, in case other professionals are unaware of what might be relevant to share; • the need to maintain professional boundaries between Drive teams; • the value of a mutually beneficial relationship between IDVAs and Case Managers, including information being shared between Drive teams in both directions; • the benefits of both Drive teams sharing responsibility for risk management; • the importance of identifying patterns of abuse, as well as responding to incidents; • the need to consider the impact of work on 'hidden' or future victims/survivors, including service users' adult family members; • the need to assess the likelihood of escalating risk through indirect work with services users, or offering them support; • the risks where a service user realises their Case Manager has been covertly working with other agencies to disrupt their behaviours; • disrupt strategies that can be implemented towards the start of a case; • the benefits of discussing disrupt-only cases, cases where there is no IDVA engagement, and cases where limited information is available with the IDVA assigned to the case; • the benefits of consulting clients on disrupt-only cases where appropriate;	p22 p26 p33 p37 p41 p47 p51 p56 p64 p65 p67 p73 p75

Training & guidance (cont.)	• challenges Case Managers might face when delivering direct work to service users; • forms of adversity often experienced by service users; • the likelihood of some service users artificially engaging in the intervention; • the likelihood of some service users attempting to manipulate their involvement with Drive to further their abuse; • the need to reflect on whether they are recognising service user attempts to manipulate Case Managers; and • general refresher training around domestic abuse and appropriate language.	
	IDVAs to be given more detail on Case Managers' direct work and what sessions with service users might involve. Drive Partnership to consider whether it would be suitable for IDVAs to attend any of the existing Case Manager training sessions alongside Case Managers.	p22 p67
	Service providers to provide Drive practitioners with training on data protection, including refresher sessions where appropriate.	p60
	Drive Partnership to review existing training for Drive practitioners on when to refer back to panel, as well as making refresher training available.	p18
	Drive Partnership to engage non-Drive agencies, particularly statutory services, in additional opportunities for training on Drive's approach. Drive Fellows to support this, ensuring the need to support Drive practitioners in risk management is covered.	p22 p33 p41
	Drive Partnership to issue guidance to teams on: • appropriate locations for Case Manager meetings with service users; • working through interpreters, incorporating learning from cases where this has been successful; • the appropriateness of/risks involved in Case Managers informing all service users of IDVA engagement with clients; • whether it is ever acceptable to proceed with an intervention if one of the professionals is concerned it will escalate risk to victims/survivors; • minimum standards around the appropriate length of time that should be left between case reviews (by Case Managers and IDVAs together); and • whether it is ever suitable for Case Managers to hold cases open until IDVAs have completed support with clients, in situations where all interventions with the service user have been completed.	p24 p29 p41 p68
Support	Service Managers/Team Leaders and Expert Advisors to provide support and oversight to ensure Drive practitioners understand all their roles and responsibilities, including safeguarding, while maintaining a flexible approach to work.	p59
	Drive Service Managers/Team Leaders and Expert Advisors to support Case Managers within case supervision meetings to: • implement disrupt strategies towards the start of cases where appropriate; • consider whether patterns of abuse are present in cases; • implement an appropriate range of approaches where information on cases is limited; and • share detailed information with IDVAs and other local agencies about what measures are put in place at case closure.	p22 p24 p41 p56

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Support (cont.)	Service Managers/Team Leaders and Drive Partnership to ensure messaging to Case Managers around pushing to meet target contact rates is conveyed alongside reminders to place the avoidance of risk escalation first.	p71
	Service Managers/Team Leaders and Expert Advisors to provide messaging to Drive practitioners around defensible decision-making alongside a reminder of the primary importance of reducing risk and increasing victim/survivor safety.	p40
	Drive Service Managers/Team Leaders and Expert Advisors to work with Case Managers to address any areas of decision-making where individuals lack confidence.	p37
	Service Managers/Team Leaders and Expert Advisors to monitor data quality, and address any issues directly with team members who fail to keep case details up to date.	p12
	Service Managers/Team Leaders to monitor and model professional boundaries within their teams.	p64
	Service Managers/Team Leaders to encourage Drive practitioners to continue challenging one another when: • conversations slip into victim blaming; or • practitioners might be failing to recognise service users' disguised compliance or manipulation.	p45 p67
	Service Managers/Team Leaders and Expert Advisors to support Case Managers in pushing back when other agencies encourage them to make contact when it is unsafe to do so.	p71
	Service Managers/Team Leaders and Expert Advisors to directly support/encourage Drive practitioners to access clinical supervision, where appropriate, around: • their own liability for what happens in cases; • maintaining a balance between believing what clients say and considering whether they might be withholding or sharing false information; • whether they necessarily know what's best for clients without consulting them; • the impact of gender on their work; • work/life boundaries, and where they are personally affected by their work; and • for Case Managers only, recognising service users' manipulative behaviour.	p26 p37 p40 p45 p47 p59 p67 p71

Introduction

Drive is an intensive intervention that works with high-harm and serial perpetrators to challenge behaviour and prevent abuse. Drive Case Managers work with perpetrators on an intensive one-to-one basis. They employ a dual support-and-challenge strategy; this means supporting people to address issues that are barriers to doing behaviour-change work while ensuring their abusive behaviours are disrupted if they continue to be violent and abusive. Victims/Survivors of Drive service users are offered support from a Drive IDVA (Independent Domestic Violence Advisor), or other caseworker, if appropriate, for the full period of the Case Manager's intervention.

The Drive Partnership is made up of Respect, SafeLives and Social Finance. Drive is a national project, with service providers delivering the intervention in local areas. The project so far has involved a three-year pilot phase from 2016–2019, and a two-year phase trialling the replication of Drive that began in 2018. At the time of this report's publication (June 2020), Drive is coming towards the end of replication testing. A third phase is due to commence in Autumn 2020, which will involve a number of new sites beginning to deliver the programme.

This investigation sought to collate the opinions and experiences of practitioners from all currently operational sites. These findings build on existing learning and are intended to inform practice and model development within current and future sites. The specific focus of this research was to explore the Drive IDVA model – i.e. IDVA team structure, and the nature of Drive practitioners' (Case Managers' and IDVAs') joint work. Recommendations are threaded throughout the report and are also collated in a summary table at start of this report.

Please note, this report is intended for internal audiences who already have an in-depth understanding of the Drive project.

Methodology

This investigation was conducted by two researchers, who carried out 12 practitioner interviews in December 2019. One Case Manager and one IDVA were interviewed from each of the operational teams: Birmingham, Cardiff, Croydon, Cwm Taff, Sandwell, and Worcester. Each researcher completed six interviews, covering three separate sites. Interviews were digitally recorded, then transcribed for analysis. A semi-structured interview schedule was developed. This ensured key topics of interest were covered, while also allowing participants to convey additional points they felt were important, which interviewers could look into further. Questions were formulated following consultation within the Drive Partnership, and review of the academic evaluation of the Drive pilot by Hester et al. (2019).

The primary researchers conducted a thematic analysis using the principles identified by Braun & Clarke (2006), taking an inductive approach. A procedure for thematic analysis involving multiple researchers was adapted from the process described by Richards & Hemphill (2017), with some stages reduced to allow for limited resources. After reviewing the interview transcriptions, researchers separately coded the same Case Manager interview using an open coding method, then compared initial codes. This process was then repeated for an IDVA interview, after which the researchers developed a shared codebook. This

codebook included agreed definitions for each code, which researchers then separately used to code a further two transcripts (one Case Manager; one IDVA). This process supported researchers to produce a second draft of the codebook, which was sent to a colleague external to the Drive project for peer review. This feedback was used by the researchers to agree upon a final version of the codebook that was applied to all 12 interviews, including recoding those used during the codebook development phase. All codes were compiled and thoroughly reviewed by both researchers, who independently developed a number of initial themes from the text. Researchers then came together to combine their thematic observations, which they reflected on independently, then reviewed again collectively to agree a final set of sub-themes and themes. Researchers revisited transcripts, codes, and reflection journals throughout all stages of theme development to ensure the content of the original interviews was still captured. Any aspects solely relating to IDVAs' work that was business as usual were excluded from the final stages of analysis and from findings.

Answers to the following research questions were sought:

1. What are practitioner opinions on the Drive IDVA model as it operates in their area?
    a. What works well?
    b. What works less well?
    c. Is there anything they would change?

2. Does IDVA engagement with victims/survivors impact Drive Case Manager work?
    a. If so, how?
    b. If so, what is the impact on risk?
    c. If so, how do practitioners think Drive should adapt according to whether there is engagement or not?

Ethical considerations

Participants were provided with information on the interview process before consenting to take part, and given the opportunity to ask questions of the researchers before and after their interviews. Researchers offered the opportunity to debrief, and participants were encouraged to access clinical supervision available to them in their professional roles, if required. During interviews participants were informed that they could stop at any time. Further, participants had the opportunity to withdraw consent within two weeks of their interview. Transcriptions were anonymised to maintain confidentiality. However, the Drive project employs a relatively small, close-knit group of practitioners. Each site is fundamentally different from the others, and participants had varied dialects, so there is a risk that some quotes could be recognised as being from particular individuals. Participants were informed of this risk, and care has been taken in writing this report to avoid including quotes that could be easily attributed to particular people. To minimise the risk of this, standard practice within qualitative research has not been followed, in that unique participant codes are not provided alongside quotes. Participant codes have instead been simplified to either 'CM' (indicating Case Manager) or 'IDVA'.

This project was conducted by insider-researchers, completed as part of their roles as Data Analysts within the Drive Partnership, employed by SafeLives. Knowledge of the project

acquired through their other work on Drive has influenced the findings and is occasionally referenced in this report. Researchers reflected on the benefits and challenges of evaluating an intervention they are professionally involved in, striving to minimise the impact of any biases they held. To support this, both noted their personal and professional reflections in a researcher journal, discussing these with each other throughout the process. Feedback was also sought from two colleagues with relevant research expertise and sector knowledge, for which the primary researchers are extremely grateful. This was obtained from one person not employed by Drive during codebook development, and from a former employee of Drive on the written report.

Drive literature traditionally identifies those perpetrating abuse as 'service users'. However, some IDVA services similarly identify victims/survivors as service users. In order to distinguish between the two groups, while respecting and humanising both as more than merely 'perpetrators' and 'victims/survivors', consistent terminology has been used throughout this report. Where this report mentions 'service users', this refers to Drive service users – i.e. those perpetrating abuse. Meanwhile, 'clients' refers to IDVA clients – i.e. victims/survivors. Quotes from interviewees have been adjusted in line with this where necessary, to minimise confusion. The terms 'perpetrator', 'those perpetrating' and 'victim/survivor' were also used occasionally, where this was deemed more appropriate. Where the phrase 'victims/survivors' was used instead, this should be understood to include both adults and children.

This research design, while appropriate for the objectives of this project, does not allow for generalisation of findings across all Drive staff. As only one person from each team was interviewed, findings are not necessarily representative of all practitioners and their individual approaches to casework. Nonetheless, issues raised by individuals are likely to be relevant to other practitioners as well. It can therefore be reasonably considered valuable for identified recommendations to be implemented across all sites.

Site context

Drive sites varied in their set-up and local context. They had different team structures, practitioners had different professional experience, and sites had been running for different lengths of time. The longest-running site launched in early 2016, and the most recent in late 2018. Most of the Case Manager and IDVA teams were hired by separate service providers – only one site had both under the same organisation. In this site, the IDVA interviewed was simultaneously employed by two separate organisations, one of which also employed the Case Managers. Four of the six sites had both a MARAC and perpetrator panel in operation, while the other two only ran MARACs.

All Case Manager teams included four practitioners, with some sites assigning additional responsibilities to one person who held a more senior Team Leader role. However, the structure of the IDVA teams varied to a greater extent between sites, as did local understanding of the definition of a 'Drive IDVA'. Mostly, the Drive IDVA role was understood to be an IDVA who covered Drive cases. However, whether they held any additional non-Drive cases, and how different their responsibilities were compared to the wider IDVA team differed between areas. In some sites, the Drive IDVA(s) held all Drive cases. In others, the cohort was shared across the wider IDVA team, with one person named as a key contact for Case Managers. Elsewhere, Drive cases were spread across the IDVA team and they all held very similar roles. No two areas' 'Drive IDVA' were exactly alike in their structure, proportion of Drive cases within their workload, and specific responsibilities, e.g. as a specific point of contact. The structure of these teams is explored in more detail in the table on the next page.

Case Managers interviewed had a range of different previous experience. Some had come from DVPPs, others from Children's Social Care. Some interviewees had worked in mental-health provision, while others came from offender management or counselling backgrounds. Half of the Case Managers interviewed had experience of being an IDVA, with one previously working as a Drive IDVA. IDVAs' experience was also varied and ranged from working in Probation and forensic psychology to refuges and DVPPs. Additionally, one of the IDVAs interviewed was currently an IDVA but was no longer working on Drive.

The researchers planned to analyse Drive case-management-system data on IDVA engagement and service user contact rates for each site. This was intended to add further context to the findings, specifically in answering research question two. However, the recorded figures contradicted anecdotal evidence – for example, one site verbally stated they had roughly a 90% IDVA engagement rate, yet the data available suggested it was only 39%. This additional analysis was therefore not completed due to concerns over validity and accuracy. This suggests not all Case Managers are keeping their Victim Background assessments up to date. Data quality should be monitored by line managers, and any issues should be addressed directly with team members who fail to keep case details up to date.

Site structure

The following table shows a breakdown of the IDVA and Case Manager team structure, alongside the site's office set-up.

	IDVA team	Case Manager team	Office set up
Site 1	1 Drive IDVA who primarily held Drive monitoring cases, while the rest of the Drive cases were spread across the wider IDVA team.	3 Case Managers, 1 Team Leader who also held cases.	Separate offices, but Case Managers worked from the IDVAs' office sometimes.
Site 2	1 lead Drive IDVA who allocated cases to team, plus 4 key Drive IDVAs who held the majority of Drive cases. Occasionally, cases were allocated to the wider team.	4 Case Managers.	Separate offices, but IDVAs work from the Case Managers' office very rarely.
Site 3	2 Drive IDVAs who held the majority of Drive cases, while the rest of the Drive cases were spread across the wider team.	4 Case Managers.	Separate offices, but IDVAs work from the Case Managers' office once a week.
Site 4	Drive cases were spread across the IDVA team. All held Drive and non-Drive cases and all served as points of contact. 1 IDVA who held slightly more Drive cases and attended panel.	4 Case Managers.	Based in the same office.
Site 5	1 Drive IDVA who held all Drive cases – unless a client was already receiving support from another IDVA, in which case the other IDVA liaised directly with the Case Manager.	3 Case Managers, 1 Team Leader who also held cases.	Separate offices, but Case Managers work from the IDVA's office sometimes.
Site 6	1 Drive IDVA who held all Drive cases – unless a client was already receiving support from another IDVA, in which case information was shared with the Case Manager via the Drive IDVA.	3 Case Managers, 1 Team Leader who also held cases.	Separate offices, but the IDVA aims to work from the Case Managers' office once a week.

Findings

This section explores the qualitative findings from the interviews. Four key themes were identified: i) What works?, ii) Approaches to casework, iii) The Case Manager-IDVA relationship, and iiii) Balancing competing priorities.

What works?

This theme explores the many important elements that support the Drive model to work well. It's essential that the first steps to establish Drive within an area are taken mindfully and assess what is right for an individual area. Drive practitioners need to understand their own roles, as well as how they fit in alongside one another's teams. Sites need time to embed and iron out processes for the intake, ongoing management, and closure of cases. They need the right number of people, with the right experience and the right training. All of these aspects come together to support them to carry out the fundamental as well as innovative approaches to casework, which enables them to achieve positive outcomes.

Site set-up and processes

The initial set-up of the Drive sites was a vital stage to get right and had an ongoing impact on how sites continued to run. In relation to this, four key elements were identified: 'Drive IDVA team structure', 'Buy-in and embedding', 'Understanding of roles and model' and 'Case closure processes', which are explored below.

Drive IDVA team structure

IDVAs are a fundamental part of the Drive model. They work closely alongside Case Managers, providing essential support to their clients while the service user is on Drive. As discussed within 'Site context', above, the Drive IDVA role varies between sites. The structure of the IDVA team, and how Drive cases are assigned within it appear to offer different benefits and drawbacks. Some of these structures were more challenging and had a greater impact on management of caseloads and individual practitioners than others. When exploring the concept of having a named Drive IDVA as a point of contact, the majority of interviewees identified key benefits regardless of their current site structure:

> *I think it worked well in that there was someone for people to go to, so not just the Case Managers, but also because it's a new project there's a lot of people who say, "What is this?" And because I working on it, obviously I knew a lot of what was going on. I could explain to people so, you know, if say it was a colleague in a different service whose case had been selected then they could call me and say, "What is this? What do I need to say to her? How do I explain it to her in a safe way?" And I could kind of liaise with them around that rather than them just trying to speak to everybody, like trying to find someone to speak to. They've got one central person to go to.* (IDVA)

Here the IDVA identifies the benefit for not only Case Managers, but also other practitioners, of having a key point of contact for queries regarding Drive, making it easier for colleagues to know who to contact, which was especially useful when the project was new to the area. The IDVA felt that being the named Drive IDVA enabled them to advocate for Drive to fellow colleagues who might be less familiar with the project. Another advantage of this set-up is consistency for the Case Managers, allowing the team to *"build that relationship"* (IDVA) which means they feel they are *"both kind of on the same page"* (IDVA). This familiarity aspect is explored in more detail later, however, it seems that having a smaller IDVA team helped these practitioners to get to know and support one another.

Case Managers felt that some IDVAs had not had the opportunity to develop an understanding of the Drive model or did not believe working with perpetrators could have benefits for victims/survivors. This uncertainty expressed by some IDVAs was particularly hard when first launching and put Case Managers on the back foot with the IDVA service. Some participants felt having a named Drive IDVA was helpful in preventing this issue, as Case Managers knew they were working alongside someone who understood their approach and the project's aims:

> *I think that's why it's vital to have a Drive IDVA, because they've got that better insight, they've got that understanding, you know, and they know we're not against the victims in any way shape or form and it's actually the complete opposite.* (CM)

Although some practitioners found it beneficial having a named Drive IDVA, they also identified a number of drawbacks. One of the most prominent concerns identified was around capacity, and bottlenecks when provision relies on a single IDVA as identified by Hester et al. (2019). Although some capacity issues were also raised during the interviews for Case Managers, concerns were much more notable for IDVAs. This is likely to be partly due to the fact that Case Managers often have a bigger team than the IDVAs who hold Drive cases, so the work is more evenly distributed.

This Case Manager felt that although there might be some useful aspects to a single Drive IDVA, this would be too much work for one person:

> *I can see how it would work well with just a dedicated IDVA, but, at the same time, I think our caseloads are all kind of about 25 now and there's five of us, so I mean, if it was me there's no chance I'd be able to remember all that kind of work and certainly not if it was kind of ongoing and engaging.* (CM)

As the Case Manager above identifies, when the number of engaging clients increases, so does the workload. The amount and type (i.e. monitoring or support) of Drive cases IDVAs hold fluctuates over time. These fluctuations have a bigger impact on smaller IDVA teams as there are fewer people to share the impact of peaks in workload, meaning the busy times are more frequent and last longer. IDVA teams should be given enough capacity to cope with the times when there is an influx of cases, and then have the space to do additional work with clients when it's quieter, rather than always running at near-full capacity and managing a relatively high caseload. SafeLives recommends an IDVA should typically hold 100 cases over the course of a year, based on the understanding that average case length is 2.4 months (SafeLives, 2019). Each Drive Case Manager team's annual target is 100 cases; however, Drive cases are kept open for 3–12 months with scope for additional extension. Where a site has a smaller IDVA team holding Drive cases, it is likely that there will be a significant

mismatch between sector guidance and the actual size of their caseload. This was a particular issue in areas where IDVAs reported that clients were engaged in support in the majority of Drive cases.

Concerns over the feasibility of a single IDVA's ability to manage a large number of cases were reflected in interviews and had a profound impact on some IDVAs in sites with this set-up, leading one IDVA to question their role:

> *So, yeah, it's very stressful, so I have looked for other jobs, because I don't want to have an incident happen, that I've missed something or something has happened I haven't been able to work on, because I just don't have the capacity to do so.* (IDVA)

Here the IDVA felt overwhelmed with the level of work and was concerned that this meant they were unable to successfully manage their caseload. Concerns over IDVAs finding it difficult to fulfil all aspects of their role due to a lack of resources were reflected in other sites, with some feeling the IDVAs were not *"able to provide that intense support that that victim may need"* (CM). Some Case Managers felt that the IDVA was still *"doing a fabulous job"* but recognised that *"some things have slipped"* with victims/survivors because, for example, *"she can't see them as often as she'd like, due to the high caseload"*. This also appeared to have an impact on how quickly IDVAs could contact the victim/survivor after referral and these delays seemed to be more prominent in sites where the IDVA team was smaller.

Issues with resources also had an impact on IDVAs' ability to regularly liaise with the Case Managers, with one interviewee identifying that *"the IDVA is struggling to even meet with her clients, let alone us"* (CM), and another feeling as if this challenge had led to potential friction between the teams:

> *I don't want to say there were conflicts with the IDVA, but it just did seem like she was very burnt out and so sometimes it felt like the information we were getting was quite limited. Or if there were some, you know, different opinions as to how to progress with a case or how to manage a situation, I think that the pressure that the IDVA was under was more apparent. And there were maybe some clashes.* (CM)

It is vital that a client's connection to the Drive project does not reduce the service they receive in any way. However, these issues have had a negative impact on IDVAs' ability to support clients. As a result of the numerous concerns illustrated above, some practitioners called for additional IDVA resources:

> *You know, we go into this job knowing that there's pressure and that there's responsibility. We're dealing with people's lives but, you know, if you're an experienced IDVA or practitioner in this field you manage those pressures and you manage those responsibilities because the workload is manageable but it becomes increasingly difficult to manage those pressures and responsibilities when your workload is so unmanageable and the only way to combat that is by getting more resources. It's as simple as that.* (IDVA)

One way in which sites dealt with capacity issues was to spread some of the work out across the team, while maintaining a named Drive IDVA. In these sites, non-Drive IDVAs work with a client for a couple of months, then the client is passed over to the lead Drive IDVA. Although this approach does free up some time for the named Drive IDVA, there are concerns that this

may not provide the best experience for the victim/survivor. Interviewees recognised that it often takes time for clients to build a relationship and feel able to confide in an IDVA:

> *It does take time for victims and just people in general to feel comfortable and feel open. Especially when they're talking about the most horrific experiences in their life. So, it would be recommended that they do stay with their IDVA.* (IDVA)

In an effort to retain some of the benefits from having a single point of contact, while also spreading the work across the wider IDVA team, some sites rely on the named Drive IDVA(s) to lead on communication with the Case Managers, even on the cases held by non-Drive IDVAs. This, however, has led to concerns over the quality of information sharing. Case Managers preferred to liaise directly with non-Drive IDVAs to facilitate effective communication:

> *If I didn't have that relationship directly with the IDVAs working on the case and I was having to go through a separate IDVA who maybe isn't as familiar with the case, or is just relying on the case notes, potentially we'd miss things or information wouldn't be flowing as freely as it needs to be.* (CM)

Other sites spread work across the team more evenly, having multiple named Drive IDVAs who held Drive cases. Participants in these sites found that this set-up was beneficial as *"each individual brings a new element"* (CM), allowing Drive work to be informed by the wide-ranging expertise of several IDVAs. This structure also *"means that there's always somebody available to talk to if it is a pressing concern"* (CM). A further key benefit felt by practitioners was that this structure meant all the IDVAs across the team were familiar with Drive:

> *They work with us on a day-to-day basis. They understand Drive, they understand how it works. They understand what we can bring, the additional safety measures that, you know, the IDVAs do not have the funding for. So, we know what we're working with. Whereas with different IDVAs, it's having the conversations on what we do, all over again.* (CM)

Here the Case Manager sees having multiple IDVAs as a positive. This enables better understanding of Drive across the IDVA service, meaning IDVAs appreciate what Drive can bring and improves buy-in across the team, which, in turn, improves joint work. In one site with multiple Drive IDVAs, there was a named IDVA who regularly attended panel meetings, but otherwise there was little difference between their role and that of others who held Drive cases. Practitioners in this site felt their current set-up worked well:

> *I think it works well here. I think it would be too much if it was one person. I think in this borough we have a lot of DV cases, a lot of very high-risk cases, so quite a lot will be referred to [panel]. That would be too much for one IDVA to do by themselves and so keep their other caseload. So, I think it's important for it to be split between all IDVAs.* (IDVA)

In contrast, a Case Manager from another site with multiple Drive IDVAs felt differently, having found working with more IDVAs a challenge as there were more people to get to know and build relationships with, meaning practitioners were less familiar. As a result, this practitioner suggested that *"there should be a specific Drive IDVA, yeah, or two, but no more than that. One or two that take on the cases. I think that would be ideal".* (CM)

As evidenced, there were mixed views on the best set-up for sites with multiple Drive IDVAs. Having the work spread across the team while maintaining some aspect of the named Drive IDVA role was favoured by some. Key benefits identified included the existence of a central contact who has a good working relationship with the Case Managers, understands Drive, and can respond to queries relating to the project. However, if all IDVAs were given the opportunity to work closely with Case Managers and learn about the model, this could be achieved without having a specific point of contact. This might even lead to improved multi-agency understanding of Drive.

Based on the concerns raised, it is recommended that sites should consider having at least two Drive IDVAs, or ideally the work spread evenly across the IDVA team, with them all holding similar responsibilities in Drive cases. This set-up would not only help to relieve some of the pressure, but also encourage wider organisational relationship development in the long term. One consideration, if sites were to move to a new structure, highlighted by Hester et al. (2019), would be the need to convey to new Drive IDVAs what differentiates working on a Drive case from a non-Drive case. Training must be put in place to address this if changes are implemented.

It is important to reflect on the fact that one site previously lost a Drive IDVA due to stress connected to capacity, and these concerns were raised at the time:

> *I sat in, you know, operational meetings and heard the cry for, "we need an additional person, we need more than one person, the workload is getting too much", and so if something could have been done when I asked for it rather than it just being "oh well she's still doing it so let's see how things go" then I may still be on the project now. Who knows? But it didn't and that's the way it's worked out and the changes have happened now, which is great, and it's great for the IDVAs moving forward, but I'd hate to think that moving to another area, another IDVA going through what I went through in the first six months of this project.* (IDVA)

Although these concerns were voiced, at least one other site is currently in a situation where an experienced IDVA may leave their role for very similar reasons. One IDVA said *"I didn't feel like my role and what I was doing was as valued as what the Case Managers were, when really the Case Managers can't do their job without me"*. IDVAs are vital to the success of Drive, however there was a sense that some felt undervalued because of the limited staffing resources and their concerns around this going unheard. It is recommended that the Drive Partnership considers further research to quantify the additional resources required for IDVAs to support Drive work. This would allow for an evidence-based review of funding provided to IDVA services, and ensure sufficient resources are committed.

Buy-in and embedding

When setting up Drive in a new area, one of the first steps is establishing trust in the project and gaining buy-in from local agencies, including the IDVA service. Practitioners acknowledged that achieving this can sometimes be challenging, especially if there are existing concerns around perpetrator work:

> *On the launch, when we did launch, we did, I think it's fair to say, we got a bit of a kicking from [IDVA service] and they weren't very happy about perpetrator work*

> *generally, so that put us on the back…well confidence was low, I think, and you know, we all felt that's a relationship we needed to be looked at and built up.* (CM)

This uncertainty seems to have had a large impact on this site, knocking Case Managers' confidence, and suggests more could have been done to build that trust before launching. IDVA services having lower levels of confidence in the Drive model at the beginning of delivery also had an impact on some of the Drive IDVAs. For example, one IDVA described needing to advocate for the project to their supervisor and felt restricted in the work they were able to do on Drive as a result.

IDVA services hold a range of cultural perceptions of perpetrator programmes, and local context will therefore be relevant to new site selection. The project may become embedded more slowly in an area where teams have less confidence in this type of work. However, these same tensions should be expected whenever Drive is introduced to a new area. Communicating the positive outcomes Drive has already achieved with IDVA services in new sites is an important part of gaining buy-in. It would also be beneficial for Drive IDVAs joining after the start of delivery to receive an induction covering this.

As well as the IDVA Service, interviewees identified a need to get buy-in from other agencies in the area to aid the work that Drive does, one example being with Probation:

> *I think it's taken a while to get Drive notice…not noticed, comfortable and embedded within those…within probation.* (CM)

As time passed, other agencies became *"a lot more aware of what Drive is"* (IDVA) and this meant both the IDVAs and Case Managers needed to spend less time explaining the model. Similarly, another Case Manager felt that as Drive had been around for a few years now, it was much more embedded, agencies knew who they were and were therefore more likely to share information with them:

> *I think because Drive has been here now for a few years, when you say 'Drive', services know what you mean, so they will share information with you because it's established, which, you know, for us, is great isn't it, you know, there's nothing worse than trying to get information and they just won't give it to you.* (IDVA)

One of the reasons for improvements in information sharing is likely to be that agencies now understand the benefit of Drive and what they can bring to the table. It is also important to note that IDVA services have generally supported wider buy-in to the project by building other agencies' understanding. Case Managers discussed finding their affiliation with the IDVA service especially useful when introducing Drive to other local professionals:

> *That's been really, really valuable because we've kind of been able to make phone calls at the beginning where people would kind of question who we are and then we'd say, "Oh we're attached to the IDVAs in [area]" and they would then listen to us a little bit more than they would have done had we just said, "We're Drive, we're a new project."* (CM)

Although trust in the project does improve over time, there is still a need to build better agency buy-in to the model before it launches in an area. This is especially important with the IDVA service, considering how vital IDVAs are to the model. Sites should be supported to establish this as quickly as possible. The Drive Partnership should work more closely with agencies –

the IDVA service in particular – before Case Manager service providers begin operation, to avoid unnecessary delays. Embedding within an area takes time, therefore laying the foundations for this trust to grow early on would be beneficial.

In sites with a perpetrator panel, this is another component of the model for which agency buy-in is vital. Some areas reported a lack of engagement from agencies and poor attendance at meetings. This left Case Managers with concerns, sometimes feeling *"like we're closing a case and it's just closed into nothing. And there isn't any other service that's still got eyes on the case"*. This participant was worried that the lack of in-depth panel discussions produced an unsafe and potentially risky case-closure process. In another area where turnout was better, other problems were identified, such as Case Managers feeling uncomfortable and that their input did not carry much weight when they first started attending. One described uncertainty from other agencies and people not knowing *"who we are or where we sit in the hierarchy of things"*.

There were questions raised around how perpetrator panels were operating, and whether they were being used consistently across the sites. It was found that some sites refer back to panel regularly to seek more information from other agencies, and to discuss escalation of risk and other concerns. However, in another site, *"[the case] doesn't really go back to [panel], unless it is for closure"* (IDVA). This quote suggests that the panel is not currently being used to its full potential in this particular area. While the ongoing MOPAC and Worcester evaluations are focusing on specific sites, it is worth considering that this may not give us a full representation of how panels are operating across all the Drive areas. In some areas, there is an outstanding need to develop agency buy-in to perpetrator panels, and likely for commitment of agency resources by commissioners to ensure they have time to attend. The Drive Partnership should also review existing training for practitioners on when to refer back to panel, as well as making refresher training available where necessary.

Once a case has been referred and accepted at panel, it is allocated to the team. A decision made to backdate these referrals in an effort to reach targets had a huge impact on one IDVA team, in particular. The site's original intention was for the whole IDVA team to pick up some of the cases where clients wanted support as they came through MARAC, and for the named Drive IDVA to predominantly hold 'monitoring' cases. Unfortunately, as many clients had already been contacted and gone through the MARAC process by the time cases were accepted by Drive, they came straight over to the Drive IDVA. As the IDVA explains below, this backdating of cases was one of the fundamental reasons the workload became so unmanageable:

> *My experience was that it just escalated so quickly that I felt like I was on a treadmill that just kept getting faster and faster and faster and faster and faster and I couldn't keep up until eventually I just fell off, and that's essentially what happened. So, it's just, for me my experience was that it felt really positive in the beginning and that very quickly changed to very negative because of those circumstances, you know. I think if it had have been a slow build and they'd have just started from February, MARACs in February, then it might not have been such a massive influx but they were trying to get their numbers in to meet their target and, you know, we just struggled to keep up.* (IDVA)

This was stressful for the IDVA, with the resulting pressure from an influx of cases being unmanageable for them. Matters seem to have improved and the IDVA subsequently felt that

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"it's better now" because cases were no longer being backdated, and additionally, the team had more resources. It is recommended that when moving into a new area, the Drive Partnership should consider the size of the IDVA team working on Drive cases and how the site plans to accept referrals before any decision is made to backdate referrals.

There are differences between sites in the time taken from receiving a referral from panel to contacting the client and service user. In some areas, both the IDVA and Case Manager approaches were in sync, as demonstrated below:

> *So, the work from the point of case allocation the IDVA generally has already met with the victim or the survivor and so as soon as the case is allocated, I will go to an IDVA.* (CM)

The fact that the IDVA has usually already contacted the client before the case is allocated to Drive helps reduce delays in work. The Case Manager can get an update on the case from the client's perspective as soon as the case has been allocated. However, in some areas, this was not the case. Case Managers felt this misalignment of workflow made it more difficult for them to contact the service user:

> *So, sometimes that's a bit annoying because I can be ready to go, but I can't because the IDVA hasn't had the contact with the victim, and it just then drags on and drags on and drags on, by which point the offence probably is getting further away. So, by the time we do get in touch with him, it's almost…you've almost missed your window of opportunity.* (CM)

The differences in coordination of processes seen here could be due to the set-up of the IDVA team. Drive is fast-paced and often requires a quick response from the IDVA, especially initially, when Case Managers are trying to complete their initial assessments. Sites where Drive cases are spread across a bigger IDVA team will find it easier to absorb an influx and prioritise Drive referrals if they need to, whereas smaller teams will find this more challenging.

One practitioner recommended that:

> *One thing I think that should be taken away is that [Drive] really need to look at the area that they're going into and really research what that area looks like for an IDVA service. For the other services in the area, what else is available for service users, what does children's services look like?* (IDVA)

Each area operates slightly differently. What may work for one, might not be the best approach for another. The Drive Partnership must consider the local context and strive to fully understand this to ensure the project adapts to fit with the local picture. Additionally, changes to procedures should not be rushed through; it is necessary to step back, reflect and consider unintended consequences before making adaptations in sites. Sites had overcome several challenges related to set-up over time, and were largely positive about the current situation:

> *I just think we need to continue with the path that we're on now. Things are definitely looking much healthier than they were a few months ago, so I think it's just going to take a little bit of time.* (CM)

Understanding of roles and model

As touched on above, agency buy-in is something that often took time to achieve. Over time, agencies gained a better understanding of Case Managers' roles and the wider Drive model. However, some agencies were still unclear on the project:

> *I think now we are viewed within the IDVA service here as being very, very important in terms of the wider picture of victim safety, but with children's services and other statutory services, an awful lot of the time, still Social Workers don't know what Drive is. So, you are explaining yourself as this project that started off last year and so their idea of the importance and the value of Drive is lower than the IDVAs'.* (CM)

Although it was felt that the IDVAs understood Drive, there appeared to still be a lack of understanding by some agencies, such as Social Services, seen above, even though the project has been running in all sites for at least 18 months. This had caused issues, including the team receiving requests for work outside of their remit:

> *I know that's been an issue for some of the Drive Case Manager[s], Social Workers have just been not fully getting what they do. Asking them to get the Non-Molestation Orders, and that's not what Drive Case Managers do. So, maybe it's having to explain things more to statutory services and having to kind of really be quite…very boundaried with them as to what Drive can do, and what an IDVA can do because they don't always understand that.* (IDVA)

This quote demonstrates how these types of misunderstanding create challenges not only for Drive practitioners, but also for the agencies, causing delays and time spent re-explaining what Drive is able to do. As the IDVA above suggests, there is a need to engage agencies, particularly statutory services, in additional opportunities for training on Drive. The planned recruitment of Drive Fellows to more agencies is likely to support this in the future.

Confusion about Drive was also reflected in some Case Managers' understanding of their own role. One interviewee gave an example where a Case Manager felt unable to work on a case until their contact strategy had been signed off:

> *So, it could be that during that month [the client] knows that someone is supposed to [be] monitoring [the service user], like looking at his behaviour and something happens and she contacts me and lets me know, and I'll go to the Case Manager and the Case Manager is "well, I'm still doing my contact strategy so there's nothing I can do" that month is probably the most important month because that's potentially when things could happen and I just think that, yeah, they might be finding a way to contact him but they can still do some disrupt work during that time. They're still holding that case that they can do work on.* (IDVA)

This example shows a lack of clarity on the part of some Case Managers, as they think they cannot do disrupt work until their contract strategy is complete. This suggests some Case Managers may not fully understand how and when they can intervene. One Case Manager explained that it had taken them *"a while to get [their] head around"* the importance of their role in information sharing and institutional advocacy within the multi-agency network. This raises the question of why the Case Manager was unclear on how fundamental these aspects of the work were. Case Managers reflected on working with perpetrators, with one admitting

that it is *"harder than I realised it would be"* and another saying they had noticed that *"perpetrators have been victims of something"*, which they didn't realise initially. These concepts appeared surprising to staff when they began working directly with service users.

Each of these examples suggests that more could be done to better equip Case Managers for the role. It is recommended that training is reviewed to ensure future practitioners are prepared for the role and these aspects are covered. They must understand the forms of adversity often experienced by service users, as these needs often influence and direct Case Managers' approaches. Training should be reviewed to ensure it is made clear that disrupt work can take place on cases prior to initial contact strategy sign-off. Service Managers, Team Leaders and Expert Advisors should use case supervision meetings as an opportunity to ensure staff are implementing disrupt strategies towards the start of case where appropriate. It is also recommended that the complex nature of the job should be explained during the recruitment process, to ensure practitioners fully understand how challenging the role can be before they work directly with service users.

IDVAs also felt that more could be done to prepare them for the Drive IDVA role, with one IDVA stating the *"boundaries and the responsibilities"* of the role were not clear. It was suggested that explanations of both the Case Manager and IDVA roles could have been more joined up to avoid conflicting expectations:

> *It was kind of drilled in how important the IDVA role is and I think that was done separately but the way that it was interpreted by the Case Managers was different to how we interpreted it and because before we started working we didn't have that time to meet.* (IDVA)

This practitioner felt as if they had to *"stumble along"* (IDVA) in building this understanding of each other, which caused confusion and led to both teams having different expectations. One reason suggested for this uncertainty was that Drive practitioners did not have time to meet before everyone started working:

> *I think that is something else that could be done differently in that rather than rushing into something that is such a big thing, such a big project, rather than rushing in and being like, "Right, we just need to get started, we need to get cases in and we'll deal with it as we go along." Just having that time where, even just meeting once and being like, "Oh hi, this is who you're going to be working with so closely for the next however many months". (IDVA)*

Another practitioner acknowledged that it must have been challenging for the IDVAs having a new team *"dumped in their office"* (CM) without having had the opportunity to build trust beforehand. In sites where Drive practitioners have spent time getting familiar with one another's roles, they found this useful:

> *At the beginning of the project sitting in on assessments that they were carrying out, and then just seeing the kind of volume of cases that they're dealing with and the kind of seriousness of cases that they're dealing with. And, at the same time, I think for the IDVAs to see kind of perpetrator work that they probably weren't… hadn't experienced or exposed to previously, I think that it's just a really healthy way of kind of understanding what we both do and appreciating it, I suppose.* (CM)

It is recommended that time be allocated for Drive practitioners to spend understanding one another's roles, especially early on, when the teams are likely to have more capacity to do this. This could be done through shadowing or another appropriate means. Practitioners clearly want to learn more about one another's ways of working, and many demonstrated this during the interviews. One practitioner felt that if they knew *"exactly what it is [the IDVAs are] looking for, then we can just have that information readily available for them"* (CM). They thought they might currently hold information that they did not realise could be important to their colleagues, and suggested that if they were more aware, they could *"make sure we're sharing the right things, at the right times"* (CM).

One IDVA expressed wanting to have a sense of what it's like to work with perpetrators and to better understand the associated challenges. Another said it would be helpful for Case Managers to *"talk us through a typical session"*, as having that understanding would improve the IDVA's ability to inform and support the Case Managers. As a participant explains here, this is currently a gap and having this understanding would also be beneficial for IDVAs when explaining Drive to their clients:

> *I would really like that, just to give more of a sense of understanding of it, and then you're able to explain to victims more, rather than just say, you know, it's a perpetrator programme and they look at behaviour change or something, you've got that understanding of actually what does that mean, what does it look like. So I think there's a gap of the IDVAs having that knowledge of Drive.* (IDVA)

Another issue highlighted was that the wider IDVA team were often less clear on the model than named Drive IDVAs, probably because they spend less time working alongside the Case Managers. One Case Manager suggested Drive could combat this through Case Managers delivering a presentation to new IDVA service staff as part of their induction process, in part to overcome the compounding impact of this where teams have high staff turnover. It is recommended that this be adopted in all sites, so new IDVAs can understand from the outset what Drive is, what the Case Managers do, and that they are all working towards the same thing.

Case Managers and Drive IDVAs demonstrated that they were unclear on elements of their own roles, as well as one another's. They identified benefits from spending time understanding and appreciating what one another did, and there was an appetite to learn more. One IDVA said that they *"get a sense of how [the Case Managers] work with people, but I have never had any formal training"*. It is recommended that more detailed training should be offered to IDVAs to address this. Delivering some aspects of this training together should be considered, where appropriate, considering how interlinked the Drive practitioners' roles are.

Case closure processes

IDVAs spoke of being *"led by the Drive Case Manager"* when it came to closing their client's case. Their cases remained open until Case Managers were ready to close. Sometimes, IDVAs kept the case open after it was closed to Drive, *"just to make sure that once Drive step back, there's no ongoing issues, and that everything is okay"* (IDVA). However, elsewhere, some IDVAs seemed to feel they had to close a case once work ended with the service user.

This was despite sometimes feeling uncomfortable doing so. This raised concerns that cases might be closed where clients would have benefitted from continued support. One IDVA explained that these clients might go on to receive support from domestic abuse workers who hold lower-risk cases, but it was unclear whether this happened in all sites. Staggering case closure gives IDVAs an opportunity to maintain a level of oversight once Drive steps away, therefore this report recommends cases should close first to Drive, then IDVAs, where practitioners feel it would be beneficial to do so. At the same time, it is recognised that IDVA capacity will determine whether this is viable, underlining the need for the lack of resources to be addressed in some sites.

Approaches to case closure were inconsistent across sites. As expected, IDVAs' cases remained open while the case was open to Drive. However, in one area, Case Managers kept cases open until the IDVA had completed their work:

> *I think when I've done all my work then they can shut, but they do that anyway. They tend to wait for a substantial amount of time. Not huge amounts of time, but they do wait until I've finished, or tried to finish. (IDVA)*

Although IDVAs must keep a case open while the Drive intervention continues, there is no requirement for a Case Manager to hold a case open while the IDVA supports a client. Although interviewees did not state this, this may be a strategy to help limit caseloads where IDVAs are struggling with capacity. Regardless of the reasons this is happening, Case Manager resources are likely not to be used effectively if they are holding cases for longer than necessary.

Additionally, there appears to be a lack of clarity around what happens after a case is closed, with IDVAs expressing concerns about a lack of planning around this. Some Case Managers stated this was well documented, however, it seemed this message does not always reach the IDVA:

> *Just to say it's deselected. What does that mean? Yeah, non-engagement, but what are the next steps? (IDVA)*

Some IDVAs were left feeling concerned about case closure. It would therefore be beneficial for IDVAs to receive more detail at closure, as these steps could then be communicated to the victim/survivor. Practitioners thought additional measures should be established, such as a step-down programme for service users, or at least monitoring of a case once it had closed. Some Case Managers explained that measures were being implemented before closure, such as referrals for service users to external agencies. However, many believed that step-down procedures were lacking. This meant there were concerns about letting *"[service users] go completely"* (CM) and a suggestion that there *"should be some kind of support or service, that the service users can access"* (CM). Although unclear from the interviews, there appears to be a lack of step-down actions put in place by Case Managers, or at least information shared about this with IDVAs. They believed a step-down process would help manage risk, while giving service users the continued opportunity to take responsibility for and reflect on their behaviour and *"have somewhere to go if [their behaviours] do start coming back"* (CM):

> *They're used to this support and opening up about their feelings and some of the darkest periods of their lives and, you know, opening up to you and getting upset and going through all these emotions, to then having to keep them in to themselves again, I think it's going to be a massive struggle. And that's where we may see the domestic*

> *violence starting again. Whereas I think if there was something in place, like a step down, or a programme or just something, then at least they can still air their concerns and just have a chat and have a conversation.* (CM)

It is recommended that the Drive Partnership issues guidance on case closures, covering whether cases need to be held open by Case Managers for IDVAs to work on them, and vice versa. Further guidance should also be provided around appropriate step-down processes, incorporating learning from pilot sites on effective methods. A need for local agencies to have greater clarity around what step-down processes are in place in their area was previously identified by Hester et al. (2019) and appears to still be an area for improvement. Case Managers should be encouraged to share more information with IDVAs and other local agencies about what measures are put in place at case closure, so this can inform their work with clients.

The right person for the role

Alongside the right training, it is important that the right people are hired for Drive roles. Previous experience was a key element, with staff bringing a range of useful skills gained from different backgrounds. One practitioner who had previous experience as a Social Worker demonstrated a focus on children in their work, and an understanding around appropriate points to include within a child protection plan. They recognised that for some families, it may be better to include than exclude the service user:

> *A child protection plan can't just be getting him out of the picture, you need to include him because he's going to keep coming back to the house so we need to work with him, sort of thing. And from a child's perspective that's far more beneficial to just discarding this person, who might have been a very good father to you in many ways and who you still want in your life.* (CM)

Case Managers with previous experience as an IDVA found this useful, stating that it *"opens up a whole different angle"*. They felt this meant they were better equipped to work with perpetrators, while understanding the *"barriers and complex issues that the victims and the family have faced"*. Having previous IDVA experience was also helpful for relating to the Drive IDVA, as they could understand the challenges and issues of the role, and make efforts to accommodate and work alongside these.

Some interviewees felt that those without certain types of relevant experience showed room for improvement in some areas of work. One suggested that those in the team with more experience working with offenders *"maybe assess risk differently"* (CM) and be more cautious than their other colleagues. They also thought Case Managers who had less experience of collaborative, multi-agency work could be more likely to be *"blindly optimistic in terms of what outcomes they might achieve"* (CM). This participant was also concerned that some took a more structured approach because of their previous experience, and they considered this an unsafe way to work on Drive. They felt that *"some people get risk and some people don't"*. As a result of these concerns, this Case Manager proposed that sites should consider a more formal approach; *"a flow chart or something that prompts people to consider the possible outcomes of what might happen"*. However, this suggestion is at odds with the flexible, adaptive way Drive practitioners usually prefer to work. It is also interesting

to note that the same interviewee felt those who took a more structured approach worked less safely, as mentioned above. These contrasting ideas underline the extent of this participant's concerns around some of their colleagues' ability to responsively manage risk. It seems there is a balance to be struck here with managing risk and maintaining a safe flexible approach.

Some IDVAs had previous experience that they found particularly useful for the Drive IDVA role, such as *"tactics work"* (IDVA) and experience working in prisons. Having the right person for this role was thought by some interviewees to be important, to ensure IDVAs had faith in the work. One person described how this had an impact on Drive practitioners' joint work:

> *One IDVA may be less supportive with perpetrator work than another, so that might impact on how much they want to share with you.* (CM)

The gender of practitioners was another factor that occasionally influenced work. Some service users may be less likely to engage with a female support worker, as seen here:

> *[The client] said that he didn't like to be challenged by females ever, which I knew was going to be a problem, 'cause he'd been assigned a female Drive case manager, and he didn't see anything wrong with his behaviour.* (IDVA)

If sites are likely to get referrals where the service user might respond badly to being challenged by a woman, it is worth considering trying to get a gender balance within the Case Manager team. This recommendation is controversial and raises the question of whether sites should be pandering to service users' sexist ideologies. However, if the lack of a male Case Manager means work with some individuals would not be feasible due to their refusal to engage with women, it may be better to assign male workers to these cases to allow intervention to take place. Male workers would hopefully be able to challenge service users' sexist views through the course of their work with these service users, which otherwise may continue to go unchallenged.

Gender appeared to be on one practitioner's mind, in particular. They referred several times during their interview to their own gender, and those of other practitioners. At one point they suggested it was more appropriate for female practitioners to comment on what IDVA clients might be saying than it was for male professionals, as there would be less chance of this being interpreted as victim blaming. Practitioners' gender influences their work, due to the views of both service users and some practitioners. This demonstrates the value of spaces where staff can feel comfortable reflecting on and exploring topics such as this. Open discussions on sensitive subjects should be encouraged by clinical supervisors.

A few other additional traits and skills were viewed as important for individual Drive staff to have. Many of these traits were described by participants as characteristics people either had or did not have, as opposed to an area that could be developed via training. This was sometimes connected to simply having a certain type of personality. Having the ability to confidently challenge other practitioners was seen as essential, with one IDVA stating that *"you have to be a certain type of person to be able to do it"*.

Finally, Drive needs the right people for the role in terms of their individual use of language. Some phrases used during the interviews signified a training need, ranging from calling service users *"chaotic"* (CM), to describing some clients as *"needier than others"* (IDVA).

These examples suggest practitioners may benefit from a general refresher around domestic abuse and appropriate language.

It is important that Drive gets the right people, with the right experience and gives them the right training. Drive already looks to recruit practitioners from varied professional backgrounds with a wide range of skills, and this should continue. Having the right experience means practitioners don't need to spend time learning these skills, and can instead come into post prepared, already with a good understanding of the fundamental aspects of the role.

Positive outcomes

What are the positive outcomes?

When considering the potential positive outcomes of Drive, certain key primary outcomes come to mind, such as increased safety for victims/survivors. Interviewees discussed this, but also felt that Drive offered something *"never had before"* (CM) and meant that clients felt *"they're actually being heard, for probably the first time"* (CM). Practitioners also believed that Drive was able to successfully support perpetrators to reflect on and address their abusive behaviours. They said behavioural change was reported by some clients, with one telling their IDVA, *"he listens to me now; he doesn't shout at me"* (IDVA). It was recognised that as well as seeing some service users taking a level of responsibility, knowing that someone had oversight of the perpetrator might be comforting for some victims/survivors:

> *There're guys who've said, "I've wanted this help, I've wanted this support for years and it was never offered to me," so I think from a victim and a child's perspective the fact that, the person who was once your partner, still is your partner, who you could still love dearly, is getting the support that they need must be a comfort in some ways.* (CM)

Successfully disrupting service users to reduce risk was also identified as a good outcome. In one example, information sharing between the IDVA and Case Manager led to Drive funding CCTV installation at the client's home, meaning *"[the service user] hasn't attended the property, so just massively disrupting behaviour"* (IDVA).

Each of the areas mentioned above is often recognised as a primary outcome that Drive workers strive to achieve. Yet there are knock-on effects of their work that lead to additional, secondary outcomes. One important example of this was providing support for victims/survivors. IDVAs talked about the benefits of simply having longer-term support with Drive clients due to the need to keep the case open while interventions took place. Another way Drive contributed to supporting clients was via the Spot Purchase Fund. As one Case Manager said, *"even though we're not necessarily working with the victims, we're able to provide support and services to the victims in being able to, you know, recover from the trauma"* (CM). This pot of money has been used to pay for support such as counselling and transport for both adult and child victims/survivors. One IDVA describes this additional money as *"absolutely amazing"* (IDVA) and went on to describe the impact this funding had:

> *I've referred several new children in to one-to-one, parents, a mother and child where they've had a broken relationship, because of the impact domestic abuse has had on*

> *the children. But they're having one-to-one counselling, support, absolutely beneficial for the mom, because she's like, "Oh my god, my child's back."* (IDVA)

Through working closely with multiple agencies, participants had seen shifts in attitudes and the ways that some services worked. One practitioner explained a case where a Children's Social Worker started liaising with the IDVA after Drive *"facilitated that connection"* (CM), suggesting this wouldn't have happened otherwise. Another explained that through Drive's work, agencies were able to better understand risk:

> *I've got a couple of cases where Children's Services and Probation are involved and they haven't really recognised the risk, and then through the kind of joint working with myself and the IDVA we've been able to help those agencies realise quite how high the risk is but also the need to address the risk through working with him.* (CM)

Alongside reducing risk and increasing accountability, Drive practitioners are able to support clients by providing funding, but also by facilitating opportunities for agencies to better recognise risk and therefore provide a better service to victims/survivors.

How are positive outcomes achieved?

Multiple factors must come together for practitioners to achieve positive outcomes. Interviewees felt that *"nothing is going to change unless he does"* (CM). They believed the best way of achieving that change was to be led by the service user, where appropriate, encouraging them to set goals for themselves. Sessions are *"tailored to them as an individual"* (CM) and by being individualised, practitioners feel *"you can just see things just clicking"* (CM) for service users. Client feedback was used as a measure of good outcomes, but also as essential for achieving them. Clients were seen as the people with the best insight into the perpetrator's mindset and how best to broach topics with them. This was viewed as especially important when there was still contact between the service user and client:

> *They can really tell us about what the intricacies of the abuse, and exactly what he's doing and what's triggering him, and you know, it gives us the information to be able to safely challenge the service user as well. When they're being really dismissive of any concerns around substance use, but we know that they're still using because the survivor has seen him using. We can sort of start having the conversations around their use in a very gentle way that's not going to implicate the survivor, but just sort of try and unpick what's really going on and it just helps me to structure my sessions as well.* (CM)

Practitioners did not always agree on whether it was possible to achieve good outcomes in certain situations, with one example being cases where an interpreter supports direct work. Concerns were raised about the effectiveness of behaviour change via an interpreter, with one Case Manager suggesting it was *"virtually impossible"* as *"so much gets lost in translation"*. However, another practitioner described a case where an interpreter was used in which they achieved positive engagement from the service user. In this case, family members reported a change in the service user's behaviour for the better. Guidance should be provided to Drive practitioners on working through interpreters, incorporating learning from cases where this has been successful.

Drive practitioners approached work collaboratively, suggesting they could get *"better results where you've got both sides"* (IDVA). They also worked together to influence and challenge other agencies. In one example, a Case Manager explained how they found it helpful to have the IDVA to go to when they heard victim blaming from a Social Worker, asking the IDVA to *"push them in the right direction"* (CM). Additionally, some Drive practitioners will jointly discuss an approach, and then present their ideas together, seeing this as important for increasing confidence in Drive and influencing agencies:

> *I think if we didn't have that conversation before and we were completely off the record, I think everybody will say, "Well, how are you, how are you even managing the risk? You're clearly not managing the risk if you're not even on the same page."* (IDVA)

Although there seems to be a joined-up approach in this site already, there was a desire to approach work even more collaboratively in order to better influence other agencies. One Case Manager suggested IDVAs jointly attending more multi-agency meetings with them could help them give *"a more holistic view, rather than maybe a singular view"* (CM). Together, Drive practitioners shared a wealth of information on service users, as well as clients. This helped to reduce focus on what clients were or 'should' have been doing, as discussed previously by Hester et al. (2019).

Good information sharing was seen as essential. The information Drive practitioners share with one another shapes their joint and independent work. This Case Manager highlighted the scale of the potential impact were this communication not to take place:

> *It might change the course of the future for that person. It sounds a bit dramatic, but I think it's so important. So, for me all the time sort of IDVAs having them there and being able to just call and say what's going on here, it's really good.* (CM)

The depth and regularity of information shared was important to practitioners, although some indicated that improvements could be made in those areas, with one Case Manager stating that conversations *"need to be more in-depth and more frequent than they are"* (CM). Additionally, the speed and ease of information sharing was viewed as key in responding to and managing risk. Although practitioners' capacity meant this was sometimes challenging, it was felt that being able to have quick conversations would lead to *"big outcomes"* (CM). Hester et al. (2019) found that this would be one benefit of being co-located, allowing for the opportunity for prompt, informal discussions. Some sites suggested being co-located occasionally would allow for easier information sharing and dynamic risk management, which might mean, for example, being *"able to engage the perpetrator quicker"* (CM). With that being said, other sites felt that co-location wasn't essential for easy communication and if they wanted information, *"you've only got to pick up the phone or you know, email somebody"* (CM). The suggestion of co-location is explored further in 'The connection between teams'.

Good information sharing and collaborative working are core elements of Drive and were referred to as doing *"the basics"* (CM). When asked to describe their joint work when it was working well, all interviewees mentioned *"lots of information sharing, lots of just normal conversations about what's going on."* (CM). This demonstrates that the central elements of the Drive model play a major part in producing positive outcomes. However, another practitioner said the following when asked for an example of their good work:

> *Then just the basics so when we're having direct contact with a client and obviously sharing any information from that that's relevant to the survivors' risk and safety with the IDVA… So I don't think there are any gaps really in terms of the work that we're doing with the IDVAs.* (CM)

Here, it appears the Case Manager feels that because they are doing 'the basics' well, i.e. sharing information, there are no gaps in their work. However, this implies there may sometimes be an oversight of the importance of other lines of work. Completing the core elements of Drive work, even if to a high standard, does not necessarily mean there is no further work that could be carried out. It appeared that some Case Managers defaulted to approaching casework as 'business as usual' without seeking creative ways of achieving better outcomes.

When asked for a good example of joint work, one participant spoke of a case where the service user was contacted even though the client had said this was unsafe. This resulted in increased risk for both the client and the Case Manager involved. This was seen as positive because the Drive practitioners *"had to do quite a lot of joint working"* (IDVA). The perception that doing the basic or core elements of Drive work well indicates a 'good' example of joint work is taken to the extreme in some cases – as seen here, where despite the initial breakdown in communication increasing risk, this was perceived to be a positive example of collaborative work. It must be recognised that purely doing the core elements of the job, although extremely important, is not all that is required and does not automatically mean good outcomes are achieved. Increasing the availability of reflective group spaces for Drive practitioners that encourage them to consider what could be implemented in addition to these key aspects would be beneficial.

Of course, the fundamental elements of work should be delivered to a high standard, but it is also important for Drive practitioners to look to be innovative where safe to do so. This emphasis on the value of a creative approach was raised during interviews, with interviewees explaining that they try to think outside the box:

> *So, it is being creative. So it's not just the fact that they're case managing theirs, I'm doing mine, and we're just leaving it at that. No, we're thinking about further ideas.* (IDVA)

Practitioners felt it was important to implement several different approaches to casework in order to achieve the best outcomes. This often included novel approaches using the Spot Purchase budget, ranging from installing CCTV at a client's property to paying for specialist counselling for service users. Another innovative approach that many sites seemed to be adopting was four-way meetings between a Case Manager, service user, IDVA and client. This approach was sometimes offered when a case involved mutual couple violence. Participants felt this gave Drive the opportunity to work with couples together, rather than approaching each individual in isolation:

> *We decided that it might be beneficial, and again thinking outside the box, that we maybe did a four-way meeting with both myself, him, victim and the IDVA, and we did and it worked really well and we did one piece of work with them around what a healthy relationship looked like and what they both kind of wanted in that, and the IDVA led that actually, and it was really good.* (CM)

Again, this shows an emphasis on thinking creatively. However, there are many important considerations when carrying out this type of work. When discussing this example of four-way meetings, practitioners flagged that they needed to remember they were *"not marriage guidance counsellors"* (CM) and some recognised that *"maybe the Drive model isn't the right model"* (CM) for this particular approach. It was generally understood that this should be looked at on a case-by-case basis, and wouldn't be appropriate in all situations, such as the example given below:

> *You know, because of the abuse and so the victim is very measured and often fearful about speaking in front of the perpetrator. So obviously we have to be mindful of that.* (CM)

However, one Case Manager expressed concerns that they could be tempted to adopt this approach too often in future. This type of work must be managed carefully. A desire to innovate and achieve good outcomes is broadly encouraged, but it is important that this balance is not tipped in favour of creativity over careful risk management. This again highlights the need for practitioners to have an in-depth understanding of risk, and the reasons it is so important to have the right people for the role, with the right training.

On the whole, there was an environment in which innovative approaches to work were encouraged and adopted. Adaptation, development, and innovation are fundamental aspects of the project that are generally nurtured. Encouraging innovative approaches means Drive will continue to improve, but this simultaneously widens the opportunity for errors to be made. It's important that these lines are not crossed. This highlights that teams should maintain some form of connection to the Drive Partnership and other delivery sites, to allow them to share and embed learning. This applies to the evolution of innovative methods to direct casework, as well as broader model development at a national scale that can be disseminated to individual sites.

How are positive outcomes verified?

Some IDVAs raised concerns about Drive's ability to measure long-term outcomes. They were unclear on how this was assessed, with one wondering, once a case was closed and signposted to another agency, *"what is the outcome of that?"*. Most agreed they knew they were achieving good outcomes by hearing the client's account of how things had improved. In some areas, the client was not informed of Drive's intervention in disrupt-only cases, which meant the ability to measure outcomes for disrupt work was questioned. Practitioners doubted whether it was possible to successfully identify change in service users without feedback from the victim/survivor:

> *If we're just going off the fact of what the perpetrator's saying, and the fact there's been no recorded, say, police incidents to assess behavioural change. You can't judge it effectively at all, it's got to come from the victim.* (IDVA)

Here, the IDVA felt that without the flow of information from clients, it was harder to judge whether the service user was being truthful with their Case Manager. Additionally, they flagged that fewer police incidents were not necessarily a reliable indication of a reduction in abuse. In contrast with this, another interviewee stated that in some of their cases *"PPNs have reduced drastically […] so obviously it is working"* (IDVA). These differences mirrored

sites' viewpoints on whether client engagement was essential for service user contact, explored further in 'Victim/survivor-focused approach'. Although there were some inconsistencies in how practitioners measured outcomes, they typically viewed feedback from clients as the most accurate way to do this, and valued victim/survivor input. As described by one interviewee, it supports Case Managers to feel as if they are *"doing a good job"*:

> *It's a good way to measure outcomes. It's a tricky job and it's not always easy to feel like it's a rewarding job as well, so when you do get that positive feedback from the IDVA, and they're saying she's doing well, she's progressing, it's definitely nice to hear that because it makes you feel like you're doing a good job as well in terms of the work that you're doing with the service user.* (CM)

Both Case Managers and IDVAs believed in the project's ability to get good outcomes. However, they recognised this was not a linear process, and that service users were likely to cycle between the stages of change. It ultimately takes significant time and effort for people to permanently change their behaviours. Even if professionals offer the best intervention they can, and a range of additional safety measures are put in place, good outcomes will not always be achievable due to the numerous factors at play:

> *Unfortunately, like they say, you can give [a service user] as much information as they want, doesn't necessarily mean they're going to be able to take that information and do anything with it.* (IDVA)

Drive practitioners work incredibly hard to achieve positive outcomes. Through their joint work, they are able to hold perpetrators accountable and reduce risk. They challenge agencies to recognise the important role they have in tackling domestic abuse and they help support victims/survivors. One of the key elements that has allowed the project to work effectively so far is effective cross-team and wider multi-agency working, which this report discusses next.

Approaches to casework

This theme explores Drive practitioners' approaches to casework and the ways they often rely on one another in decision-making and risk management, though this shared aspect of their approach can occasionally feel a little unbalanced. Additionally, they rely on multiple other agencies, with each individual bringing a different perspective that helps them manage risk and maintain a victim/survivor-focused approach. However, multi-agency work can involve challenges, with difficulties around information sharing having a substantial impact on work. Drive practitioners try to work in a holistic, client-centred way while responding to risk appropriately, but the fact that they must manage so many complicated dynamics at once means other factors occasionally seem to take priority. Sites have different approaches to assessing the risk posed by their intervention. Although they all aim to be led by client consultation, some participants view using professional judgement as a safe alternative method of assessment where limited information is available.

Importance of multi-practitioner involvement – *"The whole project is a bit like a jigsaw"*

Agency involvement and understanding of Drive was described as one piece of the jigsaw and as key to the intervention's success. Practitioners sought the support of other agencies as a statutory lever or other *"way in"* (CM) with service users to increase the chances of them engaging with Case Managers. This was explored in more detail by Hester et al. (2019). Linking Drive to statutory involvement was seen as helpful in engaging those service users who posed the highest risk to others. It was also thought to reduce the likelihood of them blaming victims/survivors for their referral to Drive, instead associating it with their licence agreement. These factors, combined with concerns over levels of risk, led some practitioners to think that the Case Manager team should be incorporated into a statutory body:

> *Looking at the level of risk we have in this area, and how it compares to other areas, sometimes I do feel like we should be connected or like part of a statutory agency.* (CM)

Others argued a benefit of being part of a statutory body would be improved communication and information sharing:

> *I think there would be an argument for having Drive as police staff. It's been really strange where we position ourselves. Yes, we're based in police stations, but you know again, if any organisation has got a stringent hierarchy it's the police, and just because you've got a yellow lanyard on, people won't talk to me, you know, um, and others are great. It's weird and I think it's a really tangible thing.* (CM)

However, other practitioners identified a statutory connection as a barrier to meaningful engagement if people had previously formed negative associations with particular services. Some attempted to distance themselves from these agencies, with one interviewee explaining that Case Managers *"don't want [service users] to think that they're essentially police officers"* (IDVA). This recognition that an association with statutory agencies may be off-putting and therefore a barrier for some was also highlighted for victims/survivors. There appeared to be very different views across the sites. It is interesting to note that the sites where practitioners thought it would be useful for Drive to become part of a statutory body also faced significant challenges in multi-agency work around IDVA capacity, local buy-in and information sharing. These issues place several restrictions on Drive's work and appeared to compound disappointment around being unable to intervene when people refuse to engage voluntarily.

Practitioners clearly valued agency involvement and viewed this input as essential to Drive's effective operation within an area. However, Drive practitioners' work can be restricted, and work hindered as a result of agencies' misguided actions or their lack of understanding. In one example given, a Social Worker encouraged a Case Manager to start working with a service user, but did not share all information available on the case. Once the Case Manager eventually received a more detailed picture of the case, they realised that it would have been risky to directly intervene with that service user. Where agency colleagues lack an in-depth understanding of risk as it relates to domestic abuse, they may fail to realise certain information is pertinent, potentially leading to dangerous practice. Case Managers should be made aware of this risk via initial training, and all must make conscious efforts to proactively build a full picture of cases to overcome this challenge.

Another interviewee gave an example where they felt the service user was manipulating their Probation Officer, which they believed then led to friction between services:

> *In my opinion, I watched [the service user] groom the Probation Officer and manipulate the contact. I sort of raised that with the Probation Officer and then the Probation Officer wanted Drive's support ended.* (CM)

Being able to work effectively alongside other agencies that may be involved with a service user is vital to ensure a cohesive, joined-up approach. This is especially important considering the high number of NPS and CRC cases Drive are currently holding. Barriers such as the above are likely to stunt and pose challenges to the project's work and reduce its effectiveness. Drive tries to combat these issues by offering workforce development training and getting buy-in with local agencies. However, it appears some agencies have misunderstood this information and inadvertently miscommunicated it to victims/survivors:

> *Where Drive have sort of introduced themselves to the Social Worker, they've made it really clear that it's not the Social Worker's role to introduce the service to the survivor, but they have. And then the IDVA comes on board maybe a few weeks later and they're feeling like they're having to repair a lot of issues that the Social Worker has caused.* (CM)

A similar example was found in another site where Probation introduced the concept of Drive to a service user before receiving confirmation it was safe to do so. This could potentially increase risk and demonstrates confusion about how the model is intended to operate, and who is responsible for the introduction of Drive to clients and service users.

Although Drive tries to influence and educate agencies, problems such as this are difficult to permanently resolve. It is recommended that training for local agencies and ongoing support sessions continue to be regularly offered to account for factors such as wider agency staff turnover. The Drive Partnership should support local agencies to jointly discuss challenges, as well as sharing learning from other sites on how these challenges have been addressed elsewhere. Drive Fellows play a major role in this, and the newly introduced posts within additional agencies are expected to help improve some of these challenges. It is suggested that the areas covered here be among those targeted when they are recruited.

As well as valuing input from non-Drive agencies, Drive practitioners highly value one another, with IDVAs described as an *"essential cog in the machine"* (CM) and Case Managers as *"absolutely amazing"* (IDVA). There is evidence that Drive practitioners try to keep one another in check; many said they appreciated and valued being challenged by one another, which gave them the opportunity to improve their casework:

> *I think our Drive IDVA is great with that and she will challenge and she will say, "No, I don't think this is right", and that is exactly what we need, yeah, I think that's important.* (CM)

This challenge is seen as important and they *"don't take any offence by being challenged"* (IDVA) by one another, instead listening and learning. This often helps them see a case in a new light:

> *[The IDVA is] very, very knowledgeable actually and some of the things she said to me did make me think around the drug issue and the alcohol issue and the inhibitions*

and that kind of thing she spoke about, and the promiscuity and all of that which I hadn't really thought of in the context that she said it. So, that was a bit of a learning curve for me actually. (CM)

This illustrates how Drive practitioners recognise that both parties often have something different to bring to the table and see the advantage of this. They also respect that they may have differing perspectives that are equally valid. As one IDVA explained, they will point agencies in the direction of the Case Manager if they are asking for an update on the service user, *"because their professional judgement will be completely different"* (IDVA). They actively seek out one another's input, and Case Managers especially rely on IDVAs early on in a case:

Then at the start, in the initial stages, we will rely quite heavily on the IDVAs for information in terms of putting together our contact strategy and also some for the early risk assessments as well. (CM)

This input helps them to look at a case *"as a whole"* (IDVA) and see the wider picture. There was an emphasis on working collaboratively with one another, as well as with other professionals. As one Case Manager explained, working alongside both an IDVA and Children's Social Worker meant they were able to focus on *"safety and awareness with the victim, as well as the children"*. Some practitioners believed the ideal situation involved all agencies coming together, each bringing their own specialist expertise, informing one another's work:

So I think when we're working together and bringing other agencies on board and then making sure that everyone's doing their bit and doing what they should be doing, I think that's when it works best. (CM)

There was evidence that some non-Drive practitioners looked to Drive staff to inform their work and understanding of risk, suggesting this value flowed both ways. By working together, professionals were able to catch areas that may have been overlooked otherwise and support one another, sharing some of this responsibility. Interviewees generally felt that being able to have the space to talk and share solutions was important, both between and within teams, and that working in isolation should be avoided. This gave the practitioners the opportunity to *"bounce ideas off each other"* (IDVA) and *"pick the slack up for someone who's maybe struggling"* (IDVA). They mentioned that others may think of *"something you haven't thought of"* (IDVA) and believed utilising this range of experience was valuable:

I think it's really important to have that different approach and that different understanding and just different skills. So you're both upskilling, you're both not missing anything and you're managing that risk. (CM)

The quote above additionally shows that professionals are able to build one another's skillsets. This opportunity to learn from one another and share skills was something others felt could be done in more ways, with one IDVA suggesting Drive IDVAs from separate sites should come together:

I thought it'd be just nice to see how they're coping, or what they're finding barriers are, or if they get on with their case man…You know, just to see what's happening there. Just like an event where you all get to meet other people and see, "Okay, maybe

> *I can do this a different way. Oh, you've got that barrier. Can I…? How shall I do that?" Again, bounce each other's ideas or something.* (IDVA)

The Drive Partnership already organises all-sites away days for Case Managers and it is recommended that IDVAs have an opportunity to be included in these. This opportunity for cross-site learning is currently missing for IDVAs. IDVAs and Case Managers should be given the opportunity within these days to share learning together, as well as in two separate groups split by role to allow for more focused and open discussions. There is an appetite to learn and it seems practitioners want to do this together.

Degree of responsibility held

Weight in decision-making

As discussed, Drive practitioners work very closely with one another. They address issues collaboratively and work *"together to support victims and manage the offender's risk"* (IDVA). Having someone to share and manage risk with was valued, and something that IDVAs did not have in the same way before Drive:

> *From an IDVA's perspective historically it would have been them managing that risk all by themselves with the focus… the concern being the perpetrator but the focus being on the victim, whereas by working on it together we've been able to say, "Look, I'll take care of this stuff for him and do all that sort of stuff, so that you can just focus on the safety of your client." […] So, it shares the workload and it shares the risk which is massive as well, because it's very, very stressful holding all that risk by yourself.* (CM)

Without the Case Managers, IDVAs felt they wouldn't have anyone to share this risk with, as other professionals were often limited by statutory thresholds for action or seen as having *"different agendas"* (IDVA) to Drive practitioners. Participants spoke about their shared focus on risk management as unique within the multi-agency network. Interviewees demonstrated that they were happy to share this responsibility because they trusted one another to action work, believing it was in safe hands:

> *Having that one person you can go to that you can pass that information on and think "okay, someone else is holding that information now who can actually do something with it".* (IDVA)

They suggested a need to share decision-making, as *"you can't hold all of that yourself"* (CM). Having another person managing some of the risk posed by those perpetrating abuse was identified as freeing up capacity for IDVAs to prioritise supporting their clients:

> *So, sharing that management of risk meant that I could focus on stuff that was going to move her forward in her life.* (IDVA)

There was a sense that IDVAs and Case Managers were in it together, holding joint responsibility in decision-making by regularly meeting to discuss cases and share ideas on how to move forward. They often shared information that influenced one another's work, for example, enabling a Case Manager to tailor their approach to direct work with a service user, or an IDVA to prioritise areas of work with a client if the service user was due for early release

from prison. Drive practitioners weighed up risk together through *"constant sharing"* (CM) of information, which meant they could both *"balance the risk and probability"* (CM) within a case. Doing this together not only helped relieve some of the pressure that comes with this responsibility, but also enabled them to achieve better outcomes as discussed under 'Positive outcomes'. However, this was not always the case. IDVAs' opinions often held more weight, and final sign off usually sat with them. In principle, this is an essential and positive thing; Case Managers should routinely seek out an IDVA's opinion to guide their work. However, it sometimes appeared the scales were tipped too far to one side, meaning these responsibilities were not shared as equally as they could be.

Before contacting a service user, Case Managers are expected to consult the IDVA assigned to the case about whether they believe it is safe to proceed. All practitioners conveyed they felt the IDVA would be the *"expert on the risk to the victim"* (CM), and that any decision to contact the service user should therefore be led by them. One participant stated that this *"hinges on the IDVA's say so"* (CM) and until Case Managers received confirmation the IDVA has agreed that risk to clients would not be increase as a result of a planned intervention, Case Managers would not be expected to progress that line of work. Even where a Case Manager might disagree, they were unlikely to proceed until this had been agreed by the IDVA. Although there was evidence Case Managers influenced IDVAs work as well, when it came to decision-making, IDVAs seemed to hold far more authority. Although often appropriate, this in turn meant the associated responsibility was often passed over to them at times.

This unbalance negated some of the benefits of shared risk management and became a substantial responsibility to manage individually. One Case Manager said they tended to *"always sort of believe and accept"* what an IDVA said, while another stated an IDVA's decision was something *"you can't really argue with"*. This was at odds with the usually collaborative nature of their work and may diminish the benefits they gain from challenging one another with different perspectives, as discussed previously. One interviewee felt that *"if it's coming from an IDVA, you can't question it, really can you?"* (CM). This statement is interesting as this practitioner used to be an IDVA, yet still appeared to see their own professional judgement as insufficient. IDVAs – like Case Managers, and any professional – will occasionally benefit from constructive exploration of their approaches to casework, so it is important that all practitioners regularly reflect and input on joint decisions.

At times, Case Managers effectively deferred responsibility for their own approach to IDVAs, leaving it up to them to make final decisions. It appeared that IDVAs held oversight for some Case Managers' work, with an interviewee explaining that *"any kind of move that we make, it has to be signed off by the IDVA"* (CM). One Case Manager explained that if an IDVA felt a service user shouldn't be contacted, *"I just leave it and I'll just wait for the IDVA to tell us if anything changes"*. Another explicitly acknowledged this imbalance of responsibility:

> *Again, I would ask [the IDVA]. It sounds as if I'm putting the ball in her court all the time, but I do say, "Do you think it's safe for me to carry on" and normally she's got a really good idea whether it is or not.* (CM)

IDVAs are fundamental to the project and Drive would not be able to operate without them. It is essential that the IDVA, and therefore the victim/survivor drives the work to ensure this is risk-led and victim/survivor-informed. However, this does appear to feed into the imbalance sometimes seen. One interviewee felt that IDVAs *"don't say anything […] that's*

unreasonable" (IDVA). This view feeds into a culture where one practitioner's decisions are superior, creating a further divide where the IDVAs are seen as key and Case Managers secondary. Within this culture, IDVAs also adopted this role themselves:

> *Interviewer: And so, have you ever disagreed with the Case Manager about the best course of action to take?*
>
> *Respondent: Kind of, but it's always gone my way, because obviously I'm the one who's working with the victim and I get the final say.* (IDVA)

IDVAs should be informing risk, however it is important for the Case Managers to be feeding into this assessment, too. This unbalance in dynamic was further strengthened by the way the two teams were typically viewed within the multi-agency network, particularly when Drive first began delivery within an area:

> *I think the role of the IDVAs are… they're being sent these cases so they're almost these superheroes who step in and they manage the risk and they get people out of homes and things like that, so I think there was a feeling maybe the work that we were doing was secondary to that, it wasn't viewed as important.* (CM)

There is considerable disparity between the perception of these two roles here. On one side you have the IDVAs as *"superheroes"*, and on the other you have the *"secondary"* Case Managers. This sense is likely to have had a big impact on how the two teams understood how their roles fitted together. It also appeared that elements of this message had been internalised by Case Managers, who sometimes felt they were seen as an add-on to the IDVA service, while the IDVA service was more established, and at the heart of the multi-agency network:

> *When I started going to MARACs, I thought, "I know [the IDVA], I'll go and sit over there…oh no, I'm not supposed to. I've got my place around the table, so I sit with probation and alcohol services". I don't know who got these ideas. But that was all a bit weird, you know. So, yes, I think she has, or their agency has more authority, more, I don't know what the word is, you know, carry a bit more weight than we do.* (CM)

Perhaps this imbalance seen in the levels of responsibility originated in professionals feeling that IDVAs were better equipped to manage risk, and that they had more authority to do so. It is important to create an environment where both Drive teams value their input and expertise equally, and come together to decide on the best approach, recognising the usefulness of their mutual relationship. All previous recommendations around reducing the time taken for professionals to buy in to the Drive model and develop trust in Case Managers will hopefully help achieve a healthier dynamic in this area.

Case Managers who excessively deferred responsibility for decision-making to IDVAs were arguably doing a disservice to themselves as professionals, perhaps due to a lack of confidence in their own expertise. The fact that they don't have a more similar weight in this element of work risks deskilling Case Managers and unfairly leaving IDVAs to hold the majority of responsibility for risk management. This appeared to have negative impacts on IDVAs, ranging from basic elements, such as having an increased workload due to a high number of requests from Case Managers, to experiencing higher levels of stress. One IDVA conveyed that *"having one sole person responsible puts a lot of pressure on that person"* (IDVA).

It is recommended that Case Managers' training should convey the above benefits of shared risk management, and the need for them to use their own professional judgement where appropriate. Alongside this, Drive Service Managers, Team Leaders and Expert Advisors should work with Case Managers to address any areas around decision-making where individuals may lack confidence.

Practitioners' concerns around liability

This imbalance appeared connected to practitioners sometimes being reluctant to hold responsibility. Occasionally, they seemed more focused on being able to justify and record decisions than on the best approach to casework. Some Case Managers who said they would always follow IDVA guidance indicated that they were comfortable deferring decision-making when they disagreed on the best course of action, as long as any conflicting views they held were documented. It is possible that this justification was seen as a safety net in case decisions were called into question. One practitioner stated:

> *As long as it can be justified why you haven't met with [the service user] then you just have to sit back and unfortunately just got to see what happens.* (CM)

This suggests an emphasis on practitioners justifying their decisions, even if they feel another approach might have been better. Defensible decision-making and keeping a record of professional discussions are vital, but it is noteworthy that participants highlighted these as a priority in this way.

In one of the sites where the IDVA interviewed felt they always had *"the final say"*, the Case Manager interviewed described a case where an IDVA was reluctant to *"sign off"* on service user intervention as they were concerned about being liable for anything that happened as a result. Consequences for the IDVA were highlighted as a concern here, but not for the Case Manager, despite the potential escalation in risk being due to direct work with the service user:

> *I think the concern was because this particular case was extremely high risk, there was concern of the implications if anything was signed off. You know, on the victim, on the IDVA for signing it off.* (CM)

Case Managers also discussed concerns around holding onto cases where their work was limited, as explained here:

> *I guess we could maybe mitigate that by just making sure the status is on hold, setting it to on hold, explain the reasoning why, but then there's that anxiety, what if something happens and the case is still open to me.* (CM)

This Case Manager was concerned about agreeing case closure at a panel meeting with poor turnout. They recognised that a solution to this could be to hold onto the case until they could discuss the case with more agencies. However, the concern they then identified was holding responsibility for the case, rather than ensuring that the case was closed with proper oversight, or even that the service user might cause significant harm to someone. In another example, a practitioner explained that *"if the case is just sitting there and there's a DHR, I'm the last person that case is open to"* (IDVA). Again, the worry specified was being responsible for the case, rather than potential risk to clients. In both these examples, there was a desire

to close the case quickly to avoid culpability. Some practitioners appeared so concerned about being held responsible if there was a serious incident, that they were sometimes more focused on this than on doing what might be best for families. As one interviewee said, *"it's probably covering arses in a way"* (CM).

It is recommended that Drive practitioners use clinical supervision to discuss these aspects of their work. Although Drive practitioners demonstrated that they care about the safety of families, this motivation and message seemed to be given lower priority at times due to the concerns described here. It is also recommended that training and messaging around defensible decision-making given to practitioners be given alongside reminders of the necessary focus on reducing risk and increasing victim/survivor safety.

Understanding and responding to risk

On the whole, Drive practitioners demonstrated a good understanding of risk. Interviewees stated that they were *"always mindful of increasing risk to people"* (IDVA). They weighed up different approaches while being conscious that their work could *"do more damage and increase risk"* (CM), and therefore made efforts to avoid this. This focus on risk extended past the victims/survivors:

> *Well, it's always about reducing risk to the victim and the children, that's the focus of our work. It's also about risk to the [service user] themselves, risk to us.* (CM)

However, some responses suggested that occasionally practitioners did not fully grasp the levels of risk within their cases, and at times suggested areas of practice that could be improved. Although one participant explained that they *"can't just assume that because it's quiet, that there isn't anything happening"* (CM), concerns were raised by another that some Case Managers had a tendency to think *"this is a safe case"* (CM). Viewing some cases as 'safe' suggests that practitioners may be less alert to risks posed by particular service users. Additionally, there was evidence that practitioners within teams assessed risk differently, with some feeling that their colleagues meeting service users in *"McDonalds or Costa, just isn't appropriate or safe for this sort of work"* (CM). Other Case Managers regularly meet service users in informal public locations, following an assessment of risk. This suggests a need for the Drive Partnership to clarify guidance around appropriate meeting spaces.

Another difference in approach that became evident during the interviews was whether the service user was informed of the IDVA's work with the client. One practitioner explained that:

> *The perpetrator's always told that somebody will be in contact with the victim whilst you're engaging.* (IDVA)

This introduces the possibility of this information being used by the perpetrator against the client, or of them responding negatively to knowing the client is engaged with a service. In other sites, interviewees felt that you *"wouldn't tell the perpetrator, 'Oh the victim is engaging with someone'"* (IDVA). By always providing this information to service users, this could escalate risk to the client, and may create barriers for Drive's work. This is illustrated here, where a practitioner in the site where this was viewed as standard practice conveyed issues around this, while discussing the option of ceasing contact with a service user when IDVA engagement drops off:

> *'Cause with us being really honest with both parties about…they'll have a support worker to both of them, I feel that if the perpetrator wants to access the support, and they find out that the victim's not engaging, then that stops them being able to access support, it's just more, kind of, ammunition almost really to start the abuse against the victim again, like blaming them for them...well, you're saying you want me to change, but then 'cause you're not engaging with [the IDVA], then I'm not able to access the support.* (IDVA)

This problem is avoidable as it is created by service users being informed about the support clients are offered, and the fact victims/survivors influence service user support. This means work with the service user is continued, regardless of engagement from the client, which raises concerns that are covered in more depth under 'Victim/Survivor-focused approach'. Further to this, there was evidence that a service user had misused this information to encourage the IDVA to stop engaging with a client. Although in some cases there could be an argument for openness, it seems unlikely that this will always be appropriate due to the chance of increasing risk to clients. Guidance should be provided by the Drive Partnership around sharing information about clients with service users to ensure this is approached safely.

In another case where the balance appeared to be off, it was thought that a service user might have stopped engaging because they became aware of information being shared about them by the Case Manager with other agencies. Shortly after this, the client also disengaged. It appears the balance here was not quite right. Although information needs to be shared, in this example, it may have come at the cost of both the service user's and client's engagement, leaving professionals with limited oversight of the couple. Perhaps this would have happened anyway, but it highlights the importance of practitioners being vigilant in their approach to sharing information and considering whether the service user might deduce this.

Some perpetrators' behaviour was seen as unexpected, and one IDVA explained how a particular service user twisted their work with the Case Manager to further abuse a client, and that *"this wasn't really anticipated by anybody"* (IDVA). In this case, the service user used their contact with a Case Manager as a way of harassing the client. This type of manipulation has been seen before on Drive and therefore it was unclear why this form of manipulation was unanticipated. It is recommended that training be revised to explore this risk further, potentially using real case examples, so Drive practitioners can put mitigations in where possible, and are prepared to react appropriately when this happens.

When managing risk, Drive practitioners work flexibly, adapting to the person and recognising that *"every case has a different risk"* (IDVA):

> *You might find that one works better than the other, so it's managing that individual, assessing their risk and what works for that individual, and it depends on each case.* (IDVA)

Decisions on approach are made based on what will work for that particular case and its unique circumstances. Teams recognise that it may be necessary to respond more urgently in certain situations, especially on cases they consider to be more 'complex' or high-risk. Prioritisation of cases is necessary, but can also introduce challenges. In one area, a decision was made to prioritise cases to discuss during case reviews:

> *So what we are trying to do now, so the IDVAs have time to prepare, is that we will be emailing a list of about five or six cases that we would like to discuss. […] I think at the start, case managers were just going in expecting to work through all of their cases, and we only have like an hour, so that isn't appropriate at all if you really want to look in depth at a case.* (CM)

Although this method allows Drive practitioners to go into more depth, it also risks cases being neglected in another way, where it becomes likely that 'quieter' cases will fall by the wayside. Although prioritisation is important, it was felt that practitioners were at *"risk of neglecting"* (CM) cases they viewed as not having any immediate risks or concerns. One way to combat this is through regular face-to-face communication, although there were different opinions on what constituted 'regular'. Intervals between case reviews ranged from weekly to 6-weekly. Although all sites keep in regular contact, there is a wide disparity here, which raises the question of whether 6-weekly gaps are reasonable, given that others are meeting much more frequently. It is recommended that this be reviewed, and that guidance be provided by the Drive Partnership on minimum standards around the appropriate length of time between case reviews.

There was acknowledgement that risk can quickly change, and that responsive, ad hoc communication was key to dynamic risk management. The importance of getting the fundamentals right, such as good communication, to achieve positive outcomes is important. However, some sites suggested that communication between Drive practitioners could be improved, as the information they currently held hindered their ability to make informed decisions and respond to risk. There were examples where IDVAs felt that they didn't know what was happening on certain cases because they were never discussed:

> *So, in terms of the disrupt work I'm not going to lie, I don't really know what they're doing, because we never talk about those cases. We only talk about the ones where there's the behaviour change work* (IDVA)

This suggests that less information is shared on certain cases, which further increases the risk that some of them will be neglected. Case Managers must prioritise in order to work responsively and keep on top of their workload, but all cases should be discussed with multi-agency networks, and no case should be left unreviewed for a substantial amount of time. Case Managers should be encouraged to discuss disrupt-only cases with the Drive IDVA to ensure they are kept up to date on circumstances and can offer their expertise to inform Case Managers' work.

Where a service user and client were still in a relationship, interviewees felt there were different risks to consider, and therefore varying approaches to take. One Case Manager avoided delivering behaviour-change work on a Friday, as they felt this could stir something up for the service user over the weekend, when they might not have anybody to contact. Another spoke of trying to end sessions on a positive. Both of these approaches show an attempt to minimise the risk of the session triggering the service user into choosing to be abusive. Participants highlighted additional considerations where children were involved. Practitioners recognised that although a couple's relationship might have ended, appropriate measures need to be put in place to support families if there is still contact between the children and service user. There was a focus on what was best for the children involved, and acknowledgement that *"the risk doesn't go down if [the service user is] just cut out of the picture"* (CM). Drive practitioners described becoming *"more of a unit"* (IDVA) and taking a

more combined approach where contact between a service user and client was ongoing, as described below:

> *We are both kind of aware that the likelihood is they will find their way back to each other. And a restraining order hasn't worked the last few times, the prohibited steps order hasn't worked the last few times, so there has to be a different way of working sometimes, even with housing as well, in terms of, you know, the best way around this might be to find them housing together and that is, in some way, supported rather than placing them – two people who have been drug users historically and both in separate hostels and expecting them to keep their distance.* (CM)

Here, the Case Manager felt that it was important to recognise that professionals cannot necessarily keep two people separate, and that it was better to address that safely, than to try to force them apart when this was likely to be an unrealistic expectation. Four-way meetings, as previously explored under 'Positive outcomes', were sometimes used for the same reason. Below, one interviewee explains the concerns the service user might have if they didn't do this:

> *I think it, like I said, it would be like in their mind, playing mind games – we're feeding something else to the victim, he's getting fed something else and then you've got that possessive, that controlling, you've got completely different mindset and outlook, what these professionals are supporting us for.* (IDVA)

Here, it was felt that the service user might question the motives of the professionals involved and what they were saying to the client if they were not included in the meeting. This need to have joint meetings for transparency was seen elsewhere, with one practitioner feeling that it was helpful to jointly explain to both parties what their sessions would involve, to encourage service users to engage. These examples suggested that Drive practitioners may be providing service users with more information than necessary in a way that condones their controlling behaviours. There are important considerations to bear in mind here. A four-way meeting may be useful in some cases; however, this must be done for the right reasons. Practitioners must ensure the client's voice is not lost within this, and that their safety and wellbeing is at the centre of any decision to progress with this approach. There was evidence to suggest that four-way meetings are usually used appropriately, but Drive practitioners must make sure they are balancing their desire to engage families with not colluding with service users' controlling behaviour.

Some practitioners spoke of continually evaluating risk throughout their work. Risk was seen as being fluid and constantly changing, and therefore as needing to be reassessed regularly. Interviewees also felt it was important to be responsive, and to act whenever a situation changed:

> *You're constantly monitoring them dynamics as well because you're looking for them changes, and then you're adapting your approach to them changes all the time.* (CM)

However, at times this appeared to be taken too far, contributing to a focus on individual incidents when assessing risk. This is unlikely to give practitioners a full understanding of the abuse or risk levels within a case, and could therefore limit their ability to respond appropriately. Some interviewees mentioned waiting for an incident to happen, and then reacting, rather than trying to avoid this happening at all. Some argued there was a need for Case Managers to do more to establish *"whether there's a pattern"* (CM) of abuse, and also

to be proactive rather than reactive in addressing abusive behaviours. Responding to incidents is important, however, being able to recognise patterns of abuse is essential in being able to accurately judge risk. It is therefore recommended that current training for Case Managers is reviewed to ensure it conveys the importance of this effectively. It is also advised that line managers and Expert Advisors prompt Case Managers to consider this possibility in case supervision meetings.

Some participants explained challenges they faced where Police disagreed on whether disrupt work was appropriate to action:

> *I think we've all struggled with that, we know we can do it, but the theory doesn't always match the practice. And I think what we're told on paper we can do, in practice, the police are saying, "Don't be silly we can't do that". So, in some respects, yes I'm just a conduit of that information back to [the IDVA] and back to the victim.* (CM)

Here, the Case Manager was unable to deliver certain interventions. Because of this, their role became more passive, and they leant towards simply supporting the IDVA's work. Drive Fellows play a valuable role in addressing issues such as this. It is important that people recruited to these positions have the capacity to respond effectively. Additionally, as recommended previously, achieving buy-in from local agencies could help reduce this issue in future sites.

Police understanding around domestic abuse was also flagged as a concern, with one interviewee feeling that stalking was not always properly identified, as *"the police are terrible for calling things harassment"* (CM). This means the correct referrals were not in place, which hindered Drive's work and increased risk to a victim/survivor. Because of a lack of adequate assessment of stalking cases, and *"the propensity for things to escalate really quickly"* (CM), some interviewees had concerns about Drive working on these cases. They recommended that Drive practitioners should be liaising with specialist stalking services before any action was taken. Although this may not always be possible depending on local context, practitioners have historically expressed experiencing difficulties working with stalking cases, and it seems that this remains an outstanding area of concern. In addition to the specialist training received by Case Managers, the Drive Partnership should consider whether additional workshops or toolkits could be introduced to support teams to feel more confident in managing these cases.

Victim/Survivor-focused approach

A holistic view

In their interviews, Drive practitioners evidenced placing safety at the centre of their joint work. They considered potential impacts on victims/survivors, particularly when making decisions about how to intervene with service users. Not only IDVAs, but also Case Managers identified their roles as ultimately being *"about keeping [clients] safe and the children safe"* (CM). One of the many benefits of the teams working together was that IDVAs helped Case Managers develop and maintain a victim/survivor-focused approach:

> *I mean, I try be as victim-focused and child-focused as possible, but I suppose if you're strictly doing the perpetrator focus stuff you can kind of, in some ways, lose sight of that, I think […] So it's been seeing a whole different side of the work I suppose in the field, which I think after experiencing, over a year I've been a case manager, I think it's ingrained in my mind now even when I'm kind of working on other projects that I work on – that kind of IDVA focus and the voice of the victim is certainly in the back of my mind an awful lot more than it was when I started the role.* (CM)

Here, the Case Manager suggests that without working so closely with the IDVA, they would risk losing this focus. Many interviewees discussed the importance of coming together to form a holistic view of the case, mirroring the findings of Hester et al. (2019). Some highlighted that this can also be useful for IDVAs:

> *You can also support the victim more then, because you've got that empathy as well. I think if you go in and you're quite negative about the perpetrator, that victim is going to close up because they can see you haven't got that understanding for how they feel about that person. So you definitely need to be open to that.* (IDVA)

IDVAs shared their clients' perspectives with Case Managers, and this had a strong influence on support-and-disrupt work with service users. One reason clients' insight was viewed as valuable was its role in informing approaches to service user behavioural change (as discussed in 'Positive outcomes'). Additionally, Drive practitioners believed information from clients was usually more reliable than that from service users. Their feedback therefore allowed Case Managers to verify information from service users in cases where, for example, they had minimised their abusive behaviours. However, there were also situations in which they thought it was important to query what clients were saying, in order to better understand levels of risk:

> *It is bearing that in mind that they could still be in a relationship. Even when, in some of the cases, he's adamant he's not in a relationship, she's telling me they're not in a relationship, but children's services are involved and they don't want them to be in a relationship. So, it's being mindful that they're telling us that they're not but, you know, they could still be in a relationship.* (CM)

Occasionally, participants mentioned specific clients whose reports they believed should be questioned for other reasons, stating that *"some of the victim's behaviours are not helpful"* (CM). On the other hand, some IDVAs felt they had to remind Case Managers not to take service user claims at face value:

> *Just trying to get the Drive Case Managers to realise that sometimes they can be sounding like they're blaming the victim a little bit, and I'm trying to say "Well if she's being controlling it might be 'cause she's feeling really anxious about something. So, kind of, let me explore that with her, rather than just taking his account for it".* (IDVA)

There are many difficult calls in situations like this that require professional judgement. To use this quote as an example, perhaps this case involves mutual couple violence. However, this emphasis on seeing the whole picture and understanding the service user's perspective does appear to sometimes slip into victim blaming:

> *You know, if…you can't lie literally about everything. There must be some element of what he's saying that's happening, and if that is happening, she's increasing her risk.* (CM)

> *And then obviously, [the Case Manager] tells me as well that sometimes the mum doesn't listen, or she focusses too much on the children and doesn't give enough, sort of romantic behaviours towards the perp, so then it's like discussing that with her as well, obviously if she wants to resume the relationship.* (IDVA)

Drive practitioners should be supported by Service Managers, Team Leaders and Clinical Supervisors to maintain a balance between believing what clients say and considering whether they may be withholding or sharing false information. Understanding a situation from the service user's perspective (in addition to the client's) has benefits for Drive practitioners, as previously discussed, but they must continue to challenge one another where this slips too far into victim blaming. This need for institutional advocacy and challenge is a recurring topic within this report, and is discussed further in 'The Case Manager-IDVA relationship'.

Client consultation

Sites had a wide range of viewpoints on seeking victim/survivor input before intervening with service users. There were certain key aspects they all agreed on, but approaches varied significantly between areas, and some individuals acknowledged that there might be more than one safe way of working. Some factors IDVAs consider when deciding whether it is appropriate to introduce the Drive project to clients were identified by Hester et al. (2019), but several additional considerations were raised in these more recent interviews.

All IDVAs interviewed aimed to establish a direct line of communication with clients before Case Managers intervened with service users, using a variety of methods if they were unable to easily reach a particular client:

> *So, we're using [panel] as not just where we're getting referrals from, we're using [panel] as, "Okay, I can't get hold of the victim. I've tried every resource now, and, [the Case Manager] can get hold of the offender, however he can't make contact because there's no other way in. So, we'll take it to [panel] to see if anyone else has got any other ideas, any other information, to try and offer support for the victim."* (IDVA)

Interviewees gave several reasons they thought this was important, including those discussed earlier in this report: to know if there was a reduction in abuse; to reassure clients that someone was monitoring and addressing the service user's behaviour; and to help Case Managers tailor their approach to direct work. Another key reason was that clients were regarded by Drive practitioners as experts in assessing risk to themselves. Some participants felt that risk couldn't be properly assessed without consulting clients, and that they should be made aware that the level of risk to them might change as a result of Drive's intervention:

> *I need to sit down and say to the client "this is what's going to happen, are you happy with this?" because how else can I look at risk with a client if they don't know, they need to know that he's being worked on. They need to understand that, otherwise what's the point. I need to know what's going on, what's his behaviour like, what's*

> *happening. So, I can't think you can do it with the client not knowing, I don't think that's fair on the client.* (IDVA)

> *I still think that they should be given the option, especially if the perpetrator's gonna be challenged about their past behaviour, it could escalate the risk for the victim. And to not make the victim aware that this work might be happening with the perpetrator, that just doesn't sit comfortably with me. So, yeah, I don't...yeah, again I can't see why you wouldn't put in that call and let them know about it.* (IDVA)

Some participants appeared to feel clients had a right to know about Drive's work. IDVAs also said they wanted to be as open and honest with clients as possible, in order to build a trusting relationship with them, so they felt more able to confide:

> *I think they need to know what's going on as well, because again, it's that tru…If I don't have that open relationship with my victim, they're not gonna open up to me. They're not gonna tell me, and I think it works with any professional. If you hold that little bit of information, they're not gonna trust you. They've been so let down by other professionals before. I don't ever want to make them feel like I'm hiding anything*. (IDVA)

For all the above reasons, Case Managers overall were unlikely to initiate contact with service users if there was no link in with identified victims/survivors. Participants spoke about the importance of gaining a client's informed consent for Drive to proceed with interventions. The way the project is introduced to clients appeared to be an important factor in their being comfortable with Drive's involvement:

> *There were definitely some cases at the beginning with the IDVAs and the way that they explained the work that Drive would be doing in the project really got the victims and the survivors on board and that was also really helpful, because I can imagine that if it's said in a certain way then people are less likely to encourage that support for the perpetrator. So those cases I guess where the IDVAs have really, really understood the work that we're trying to do.* (CM)

This Case Manager discussed the benefits of explaining to clients that Drive's intensive support for service users has the underlying aim of challenging their behaviours and, above all else, reducing harm. They also mentioned the IDVA sometimes needing to reassure clients that a service user couldn't use Drive engagement as a way of gaining rights to child contact, before consent was given. However, some Drive practitioners suggested it was better for information about Drive to be withheld from clients in certain situations. Several interviewees indicated that they felt clients choosing to end relationships with service users was a positive thing, and this seemed to play into the way they introduce the concept of Drive:

> *I will always say, this support is not for him to make a new man, this support is for him to understand his behaviour – and that's what I'll always feed back. Because I don't want my victims to say, "Actually he's having support, so he'll get better and we can resume the relationship." No, what we're saying is he's being managed. So, what I'll usually tend to explain is that he's being managed by the police and a pilot project, and I says, "And that's all it is, is to manage his risk."* (IDVA)

Here, the IDVA withheld information from their client because they did not want them to develop unrealistic expectations about the impact of the intervention, and then resume their

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relationship with the service user. This raises a question over whether fully informed consent is always obtained from clients. If they believe the project only involves management of risk, they may not consider what might happen if the service user's behaviours were directly challenged in one-to-one sessions. It is possible that if clients knew this, they might feel Drive's involvement posed more of a risk to them.

Clients were sometimes not told anything about Drive if it had already been decided not to directly intervene with service users, and it was felt that there was no risk of escalation through the Case Manager's work. One IDVA discussing their approach in disrupt cases said, *"it's gone to Drive, they're not going to work with him, they're just going to check out what he's doing"* (IDVA). On the other hand, it should be noted that one Case Manager flagged the need to consider whether disrupt work might still lead to an escalation in abusive behaviour, highlighting that a *"service user might attribute Police contact with something the survivor's shared"* (CM). It may therefore still be worth asking clients for their opinion on planned work in disrupt cases, to ensure the risks are understood. Practitioner training should convey the need to assess the likelihood of indirect work escalating risk where clients cannot be contacted.

Another rationale given by some practitioners for withholding information from clients centred around risk management, generally when clients and service users were currently in a relationship. Concerns were raised that information might be passed between them, in turn, leading to risk escalation. While this often appeared to be a reasonable concern, care must be taken to ensure this doesn't veer into disempowering clients by removing their agency. Some interviews suggested there was a risk of this occurring:

> *And sometimes we can misuse that power and it can get us… it can put us in risky situations and especially when you've already got a high risk, you know, survivor of domestic abuse they've probably got a lot of coping mechanisms already in place to protect themselves and it's just going to be another, you know, kind of weapon in their armour against him essentially but that's not always safe for her.* (IDVA)

Interviewees did not report information being withheld from clients without reason – consideration had always been given to whether sharing was appropriate. From these interviews, it appears the rationales behind these decisions are typically well considered, but Drive practitioners should be supported via line management and clinical supervision to reflect on whether they occasionally feel they know what's best for clients without consulting them. Given the numerous benefits identified by participants of gaining victim/survivor input, the Drive Partnership should consider issuing guidance that states the default stance should be to let clients know, with scope to withhold where there are valid reasons to do so:

> *I think, it depends case-by-case, every case is case-by-case. And I think as long as there is, you know rationale behind why the IDVA doesn't feel it's appropriate to share, then, you know, it'd have to be looked at individually.* (CM)

Where clients were engaged by an IDVA and receiving support, IDVAs ensured they kept in regular contact to make sure Drive's intervention was not increasing the risk of harm. Practitioners also felt that *"sometimes sporadic engagement where it's up and down is enough"* (IDVA), acknowledging that clients may need to dip in and out of engagement. Despite the high importance placed on obtaining client feedback and insight, there was also a recognition amongst the teams that some people may prefer not to engage. Interviewees

flagged that some victims/survivors may need time or space before they feel able to have conversations about their perpetrators, recognising that they might risk opening *"a whole can of worms for her […] and she might be in her head just processing and managing that"* (IDVA). Alternatively, it may be that the victim/survivor feels they want to move on with their life and not be reminded of the service user:

> *She's got a new job, she's moved away, she's doing great, she's accessing counselling for the issues she had during the relationship, which is obviously something we can't do for her, but it was her decision to say, "No, I don't want updates about how he's doing. If he's engaging with Drive, I don't want to know. He needs to access the support, I want him to, but I don't want to know if he is, or if suddenly he disengages, 'cause that will just worry me."* (IDVA)

There were concerns over whether it was acceptable for Drive to contact a service user when a client had already disengaged from support. Some remained undecided on whether this could be safe in certain situations, with one participant rhetorically asking, *"Can they still work with the perp if we're not working with the client? I don't know"* (IDVA). In the above examples, there is a clear emphasis on what is right for the individual victim/survivor. When a client would prefer not to be in regular contact with an IDVA for reasons like this, IDVAs may have asked whether they were happy to just have occasional check-ins instead. In these 'monitoring' cases, the IDVA would have very brief conversations with the client at two-weekly, one-monthly, or two-monthly intervals to check they were not at increased risk. The length of time seen as appropriate between catch-ups varied significantly and was connected to the specific circumstances of a case – for example, if a client had not heard from the service user in a long time, it might be seen as sufficient to have infrequent catch-ups.

Most interviewees said these client updates were shared with Case Managers, which supported them to review their approach throughout the intervention. Drive practitioners who used this method felt it offered enough feedback for Case Manager interventions to continue. However, one Case Manager reported not seeking continued client feedback via IDVAs:

> *Like I said before, regardless of whether…I mean, we might get a victim who gives consent to us to contacting him saying that actually risk isn't going to be increased, that's okay, but she might not really want to work with the IDVA on a regular basis, but the IDVA will probably say to her, I'll give you a call in a month or two if that's okay just to check things are okay whilst Drive working with him. But I'll just carry on as normal. Once I know it's not going to increase her risk at that point, then my approach wouldn't be any different I don't think.* (CM)

This interviewee appeared to see initial client sign-off to contact a service user as sufficient to assess risk levels throughout a case. However, this does not allow for clients to inform future assessment of risk levels. Sites where Case Managers do not regularly link in with IDVAs following check-ins on 'monitoring' cases may run a higher risk of continuing service user interventions that increase harm to clients. For that reason, all sites should be encouraged by the Drive Partnership to implement this 'monitoring' model when clients are happy to do so, including any relevant information being consistently fed back to Case Managers. The regularity of catch-ups should continue to be agreed between the IDVA and client on a case-by-case basis, which will, in turn, determine the frequency of information sharing.

Clients IDVAs are unable to reach

Even with the 'monitoring' model in place, there will always be a proportion of clients IDVAs are unable to engage in any form of regular communication. Drive practitioners looked for alternative ways of seeking client feedback where IDVA engagement was not possible. This meant that other agency professionals occasionally served a similar role to an IDVA, in that they spoke to a victim/survivor about their safety and Drive's intervention, while liaising with the Case Manager. This approach was generally used when another agency had an existing relationship with a victim/survivor, with practitioners acknowledging that *"it doesn't have to be the IDVA if [clients] don't want to engage with the IDVA. Looking for somebody they trust"* (IDVA). Some Drive practitioners referred cases back to panel in order to see if any other agencies could play this role. However, there was a general consensus that this was less beneficial than IDVA engagement – partly because the Case Manager doesn't have such a close working relationship with any other agency:

> *Whereas with the IDVA, you can call and ask them to check in and ask them to feed back to you, which is yeah, something you wouldn't get with anyone else.* (CM)

Examples of professionals who had held this role included a Domestic Abuse Risk Officer, Young Person's Worker, Early Help Worker, Social Worker, and Housing Officer. However, the fact that professionals from certain agencies may lack specific domestic abuse knowledge was flagged by some as a concern. This led one Case Manager to change to a more stringent approach over time, though not all of their team had adopted the same policy:

> *In the past, possibly if we had another service that had a really good oversight, but the longer I'm in the role, I personally don't think that another service would ever really have that level of oversight around that specific risk as an IDVA would. I think Social Workers often say that they do, but then when you dig down, they don't, so I'd rather just not have any direct contact unless the IDVA and survivor have both given me the thumbs up to do so, otherwise I just leave it.* (CM)

Even with this alternative route of communication, there will still be a number of clients who professionals are unable to reach at all. Some practitioners ultimately said they *"can't imagine not having that ability"* (CM) to ask for victim/survivor feedback on service users' behaviour after sessions, and would never deem it safe to make contact without consulting clients:

> *I think that's a really risky way to work. And from my understanding, Drive is all about behavioural change, so we're just going off the fact of what the perpetrator's saying, and the fact there's been no recorded, say, police incidents to assess behavioural change. You can't judge it effectively at all, it's got to come from the victim and their account of how things are doing.* (IDVA)

With client engagement, Case Managers felt better able to challenge service users, as clients were able to feed back before difficult, potentially risk-elevating topics were explored. Some felt uncomfortable doing this without knowing the IDVA could check in with the client. If there is no line of communication with a client, Drive practitioners may feel their work is limited and consider closing the case altogether:

> *He was still in the relationship with this young woman when he was allocated to me and as soon as we talked about relationships he got very uncomfortable and very*

defensive […] after the next session I didn't talk to him about relationships until I made sure that the IDVA had re-established contact with her to make sure it was okay for me to talk about this, that and the other. And that was vital because otherwise I would have probably had to close the case, because of the limited scope of work that could be done with them. (CM)

Cases where they weren't engaging with me were usually the ones that went back to [panel] and were deselected because they couldn't work with him without her being involved. (IDVA)

Yet within these sites, there had been a very small number of cases where the Case Manager had pursued work with a service user despite an IDVA being uncomfortable with this happening. These examples understandably created tension between the teams, and are explored in more detail later in this report.

Conversely, interviewees from other areas reported proceeding with work cautiously without any form of contact with clients, via IDVAs or any other professionals. Although practitioners thought it was better if the IDVA could speak with a client, they suggested direct work could be approached in alternative ways if this was not possible. In these cases, they emphasised minimising the chances of the service user connecting Drive's intervention to a victim's/survivor's actions:

I do think it's better, it's more ideal if the victim is engaging with the IDVA. But you know, unfortunately that isn't always the case, you have to work with what you've got and you have to then I think work on your skills on building that rapport with that service user, in order for him to make those disclosures. (CM)

If it's through probation, yeah, that's fine because it's like [service users] have to work with them, but again, we'd be looking about how we discuss it with them, so it's been mainly about, "Okay, you've been convicted of this", not anything to do with previous things that they haven't been convicted of. It'll be to do with that particular incident. (IDVA)

An IDVA from one of these areas described being unable to maintain contact with clients as more *"scary"* when a Case Manager is meeting with a service user. They were uncomfortable having *"no idea"* what was happening in those cases, though they ultimately felt it was reasonable to intervene with service users without speaking to victims/survivors. This person explained they would still want some amount of information about victims/survivors in order to agree it was safe to proceed, and again highlighted the need to make decisions based on cases' specific circumstances:

Interviewer: But ultimately it's a case-by-case thing?

Respondent: Oh, yeah, yeah, massively. If I have no information at all, then I won't do it. If I've got a bit of information, enough to make sure that my client would be safe, then I would look at ways of doing it. (IDVA)

The risk of escalation via Drive's intervention is something Drive practitioners were acutely aware of, regardless of their thoughts on whether client engagement is crucial to Case Managers' direct work. In addition, they recognised that situations and risk levels changed throughout the course of a case. Sometimes their ability to review these fluctuations became

more challenging when client engagement dropped off after they had already started meeting a service user. They then had to decide whether to change their approach, which they said generally depended on the context of disengagement understood by the IDVA. They mentioned considering how long it had been since the service user had been known to be abusive, and the last conversation an IDVA had with the client, among other aspects:

> *I think it depends on the reasons why they have disengaged from the IDVA. I have got lots of cases where, by the time I was able to establish kind of a working relationship with him, the victim had moved borough, or the relationship was completely over. And that was verified by people, so then the work can just continue in the same way.* (CM)

This Case Manager went on to suggest certain factors associated with disengagement might lead to concerns that risk had escalated, and that this made multi-agency work and information sharing even more vital. Others made a more cautious suggestion that this should be a matter of course, and that any cases where service user contact was happening without client engagement should be discussed at panel once a month. One participant thought liaison with the IDVA should be closer even if the possibility of disengagement arose:

> *I think we should probably be having or striving to have more contact with the IDVA, just to make sure that we're really on the ball in terms of sharing that information. If there are any slightest signs of the survivor not engaging or engagement's slipping, then we should be acting on that quickly in terms of consulting with other professionals and reassessing the work that we're doing.* (CM)

The next section of this report describes other ways Case Managers might adapt their approach when they have a limited amount of information for any reason, including a lack of victim/survivor engagement.

It was unclear from the interviews how sites began with such different policies on whether client engagement is essential, how to proceed where this is not achieved, and what level of information is sufficient for Case Manager interventions to take place. One Case Manager flagged that even within their own team, staff had different ideas about what constituted safe practice. The project's overall ethos includes a strong desire to reflect and develop, and one person had changed their individual approach over time. Yet it seemed that most teams had decided on an approach early on and not reviewed it since:

> *So, I'm just going on what I know, what I've always done since the start of doing this.* (CM)

New sites are therefore likely to benefit from guidance on how vital it is to have client input, as well as how/under what types of circumstances it is acceptable to proceed without speaking to victims/survivors. Sites should be supported by the Drive Partnership to review their methods, particularly where service user contact is maintained for extended periods without feedback from victims/survivors. As the situation within every case is so different, this may be better delivered as a workshop to support practitioners to explore the issue together, rather than set rules in written form. As advised by interviewees, Case Managers should liaise closely with IDVAs in cases with ongoing service user contact, even where there is no client engagement. This will allow IDVAs' valuable expertise to inform Case Manager work, and minimise the risk of potentially unsafe work continuing.

Dealing with the unknown

Struggling to obtain information

Drive practitioners found dealing with unknown information a significant challenge. They worried about the safety and wellbeing of victims/survivors if no one was in contact with them, regardless of whether there was any intervention with the service user. This was partly because they felt unable to respond well in cases with lots of unknown information. Case Managers sometimes felt they weren't always getting the information they needed to properly assess risk. One highlighted the knock-on impact this had on their multi-agency work:

> *If I've got that knowledge about what the risks are and then I go and have a conversation with the Probation Officer, I think I'd be far better informed. This is what we're doing, this is what we're concerned about. There's a danger of x, y and z happening, we've seen a pattern. This is what has happened, but this is where it's going, this is why this chap needs an intervention. So we're selling it better, because NPS and CRC particularly are reluctant. They'll not always support our engagement, some are, it's a personal thing. Um, we'd give more gravitas, I think, to the service. We'd sound more professional, you know, "We've done all this work, and this is where we are now". And sometimes it's too woolly*. (CM)

This sense of restricted ability to do their work was connected to concerns about holding on to cases where work is limited, as mentioned earlier in this report. One IDVA voiced concerns both they and Case Managers held about *"sitting on this open case"* and *"not getting anywhere"* when limited information was available.

Specific challenges around information sharing were reported on cross-borders cases, where the assigned IDVA covered one area and the Case Manager was based in another. One IDVA expressed concerns around the quality of information sharing in these cases, stating that they *"kind of get left"*. This interviewee believed communication was less effective due to the lack of established working relationships across sites. Two Drive sites located near to each other changed their referral process so future cases would be held by practitioners from the same area. Other sites could consider this as an option, particularly those close to one another, where this is more likely to occur. However, teams may still accept the occasional cross-border case, and will then need to overcome these challenges. Practitioners working in this context should arrange regularly scheduled catch-ups to improve information sharing. They could also consider arranging a video call, or face-to-face meeting, if convenient, as a way of addressing the issue identified by the above interviewee around working relationships.

Information could often not be gathered due to challenges practitioners expect to face in the domestic abuse sector, such as the IDVA being unable to reach the victim/survivor. Drive practitioners accepted this as *"just the nature of domestic abuse work"* (CM). However, key systemic factors were also identified, which unnecessarily increased the amount of unknown information Case Managers had to deal with. Timely information sharing was sometimes hindered by a lack of resources, as discussed within 'Site set-up and processes'. Teams also faced ongoing problems with inconsistent information sharing, such as Case Managers not receiving 'core updates' from the Police, or other information from other agencies:

> *It varies sometimes as well. Sometimes we get the [report]. Somebody will send me the [report] which is brilliant because it's full of information on the perpetrator. Some probations won't send it. So, I think there's a little bit of uncertainty within that agency as to what should and shouldn't be given.* (CM)

One IDVA talked about feeling restricted in the information she was able to share with Case Managers from PPNs because *"it's not my information to share"*. A Case Manager from another area explained, despite conversations between Service Managers, that their local IDVA service was not comfortable sharing copies of DASH assessments with Case Managers. In certain sites, agencies or MARAC Chairs refused to share relevant information with Case Managers, even though their team attended the meetings. The following quote illustrates the impact not receiving MARAC minutes had on the identification of appropriate onward referrals to the perpetrator panel:

> *So Drive are hearing it for the first time at MARAC, and we don't even talk about the incidents that happened in great detail, or any details from the referral, so they can't truly assess it because they haven't got all the information to make that decision – "Oh yes, we'll list it for [panel]". Which is why sometimes I think at [panel], cases keep on being brought back that are listed for next month, because we're waiting for something else […] they haven't been screened properly.* (IDVA)

The examples above illustrate that agency networks sometimes lacked a solid understanding of data-protection legislation, with the specific problem here of being unaware of situations in which data may be lawfully shared with other professionals. This Case Manager acknowledged the understandable concerns agencies held around information sharing:

> *I know the confidentiality thing and GDPR is just like, woah! You're scared of breaking it every second of the day.* (CM)

This is part of a larger and widely recognised issue around misunderstanding of GDPR that exists across the country. Large-scale systems change is required to ensure sufficient information is shared so that agencies can properly respond to domestic abuse, as well as perpetration of other crimes. Commissioners could consider implementing a training programme to increase understanding within their local authority areas to address this.

Tackling these systemic issues will be difficult. If they cannot be resolved, the Drive Partnership could consider revising referral guidance so that cases are only accepted if agencies are able to share in-depth information on them. The present report does not recommend this, as the possibility was not explored with interviewees, and it would exclude many families for whom the project could have had a significant positive impact. Additionally, even if these issues are successfully addressed, agencies will still face challenges collecting information on some families. Drive cases involve people's lives, which are constantly changing, and practitioners will therefore continue to require a range of strategies for use when dealing with unknown information.

Working with limited information

A key tactic utilised by sites when faced with limited information was to increase the amount of multi-agency work, by pro-actively sharing and seeking information and ideas with local colleagues *"to make sure that everybody knows what's going on"* (CM). This involved emailing or phoning people directly, arranging professionals' meetings, and/or taking cases back for discussion at panel. They may also have requested that statutory agencies used their powers to support information gathering:

> *But obviously it would go back to [panel], see who else can maybe have oversight of that case. Maybe the Police can look at picking it up instead, especially because we don't really know what's happening with the victim. We don't have the authority that the Police do to get the information that would need.* (CM)

When they struggled to get information directly from other agencies, Case Managers and IDVAs sometimes asked one another for assistance. Although they recognised these difficulties in gathering information from agencies as an issue, interviewees had grown comfortable with the workaround methods they had developed. They appeared to view this as a positive, collaborative way of working:

> *I think I know [an IDVA] can get information quicker than I can. I think I phoned children social services to try and get information, they won't give it to me. Um, I understand that, I understand GDPR, but we're a signatory of the information sharing protocols at MARAC. There may be an agenda thing, I may be the perpetrator, they don't know who I am. Um, and so there's been times, I've said, "[IDVA] can you phone?" and she has and she's got it. So, those are obstacles still to overcome, I think, but it's great I've got that relationship […] So again we've got that informality. We know what strengths each of us have.* (CM)

Both teams valued the support their colleagues offered in these situations, and, in some ways, this feels intertwined with their good working relationships. Nonetheless, it would be beneficial in the long term for Drive staff at all levels to address the root causes by fostering stronger organisational relationships with other local agencies. This would hopefully allow practitioners to gather information more efficiently.

Approaches to dealing with unknown information that participants described mostly centred around ways Case Managers could intervene with service users without the IDVA achieving client engagement. This was probably influenced by the researchers' questions exploring research question two in detail, which focuses on IDVA engagement's impact on Case Manager work. Still, each of these strategies would be equally relevant where practitioners felt they lacked information for any other reason. Cases where less is known to Drive practitioners may be managed as if they are higher risk than the available information suggests:

> *I think with me, with risk, I'll always put it higher than, you know, if something is coming across as quite standard but I haven't got any kind of information from the victim or things like that, I will grade it as higher […] which might not be necessary, but because you've got limited information, I'd always escalate rather than, you know, reduce or not put anything in place.* (CM)

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This could involve implementing a number of precautionary measures that could be put in place without client consent. Examples given included adding Police markers to a victim's/survivor's home, blocking prison visits to reduce contact between the service user and other people who may be at risk from them, or enacting 'Claire's law'. Case Managers also stated they might simply spend additional time considering their impact on safety in these cases, being more mindful of the chances of their sessions increasing risk:

> *I suppose you're thinking much more about safety. Thinking about the changed behaviour working you're doing in sessions, and how that may impact them especially after they've left. Should they leave here and something's been triggered for example? You're thinking about, right, the victim, do we need to contact somebody else about the victim?* (CM)

Case Managers might also have taken a more 'light-touch' approach to direct work than usual, which involved an initial emphasis on support and avoidance of direct behavioural challenge. The practitioner would hope to eventually build an understanding of *"what makes them tick"* (CM) to facilitate behavioural-change work without increasing risk. They reported that it takes *"a lot longer"* (CM) to challenge service user behaviours this way, but it was viewed as a safe way of initiating direct work with limited access to information. One interviewee went as far as to say:

> *You know it's fine and you have got to just carry on with that then because you know you're not increasing any risk to anyone.* (CM)

This suggestion that support work with service users, such as housing support, would not lead to increased risk to others was also made by another Case Manager. While it is unlikely that supporting service users to address their needs will lead to an increase in risk, it remains something Case Managers should always consider in their work. Case studies should be explored in training to increase practitioners' understanding in this area.

Participants spoke often of the possibility of risk escalating due to intervention with the service user, and sometimes thought it would be safer for them to reduce contact with a service user. They raised this where Case Managers had already made contact, but information was limited, such as when client engagement was sporadic or had dropped off. Some suggested this could mean ceasing contact with the service user altogether, but one interviewee highlighted the potential for their sudden withdrawal from a case to increase risk:

> *But obviously, I'm not just going to cease contact with him because that's going to make him think "what's happened, what has she said?" and he might be starting to be like… he may be a little bit like he's been just dropped by the service and he hasn't done anything wrong or abandoned, which I wanted to avoid that as well. So at the moment, I'm just treading water a little bit with him.* (CM)

This Case Manager began arranging larger intervals between their meetings with the service user, aiming to slowly step back until they could provide an alternative reason for closing the case. Furthermore, some participants suggested it would be better to maintain contact with the service user than to lose touch with them and the client simultaneously:

> *I think I'd rather have somebody still having lens on him, than nothing, because I think…I know sometimes people say it's nice being calm, but I always say if it's calm,*

> *there's a storm coming. So I think it's about that we've still got lens on him, we know that he's engaging, he's addressing his issues.* (IDVA)

While all interviewees talked about the importance of enhanced multi-agency work when dealing with unknown information, only some practitioners mentioned the strategies above being used in their area. In fact, some Case Managers felt no need to adjust their approach, even if a client disengaged partway through:

> *I don't really think it causes a huge difference in the way we work, because once you're in…once you've got somebody working and you're engaged, regardless of whether a victim's working with an IDVA or not, we can still carry on doing the work we're doing because it's around him and his behaviour.* (CM)

However, even within their interview, this same interviewee began to question whether it was safe for them to proceed without a continual feedback loop from victims/survivors:

> *Maybe we do need to look at…and I don't know how. I really don't know what the answer is, but you know, you've made [me] think about something that I haven't thought about before, that if an IDVA really isn't doing any work or engaging with a victim, should we really be working with the perpetrator?* (CM)

Decisions on whether there is enough information available on a case (via clients or agencies) for Case Managers to intervene, and exactly what their approach should be if they do so, often come down to a case-by-case basis with certain factors weighed more heavily by some individuals. Many interviewees made broad statements that particular circumstances were absolutely essential for direct work with service users to proceed safely. Yet several of them later gave case examples that did not meet their own stated requirements, which they had deemed safe due to a case's wider context. Introducing strict rules around what is deemed an adequate level of information for an intervention to take place is at odds with the Drive model. A key strength of the project is its flexibility, and participants flagged throughout their interviews that what might be safe in one case might be dangerous in another. On the other hand, it is troubling that one person developed concerns over the safety of their own approach when invited to reflect on it during their interview. This again suggests that teams selected a way of working early on and have not been encouraged to review learning since then.

Drive Service Managers, Team Leaders and Expert Advisors should ensure all staff implement an appropriate range of approaches where information is limited, while continually keeping risk at the forefront of their mind. Training should cover the methods discussed within this theme, as well as areas of concern. Given the tailored nature of Drive interventions, practitioners must use their professional judgement, again highlighting the importance of them having a good foundational understanding of the dynamics of domestic abuse. It is advisable that Case Managers continually review their approach in each case as circumstances change, linking in with IDVAs and other agencies more closely in cases where less information is available. However, there is no objectively correct answer to the question of what constitutes 'enough' information for service user intervention. Staff should be supported to explore this challenging aspect of their roles in reflective spaces with colleagues from other sites, and to share strategies for dealing with unknown information across areas.

The Case Manager-IDVA relationship

Although most Case Manager and IDVA teams were employed by different organisations and usually worked in separate locations, their working relationships were unusually close. In some ways they viewed themselves as being one combined team, working to achieve the same goals. At the same time, practitioners recognised a need to maintain independence from one another. The quality of their relationships influenced their joint work in many ways. There have been occasions where communication issues or other tensions between the teams have placed strain on these relationships, and in turn, impacted their work together.

The connection between teams

Two teams as one – *"A completely different working relationship"*

Drive practitioners spoke about their uniquely close, collaborative working relationship, drawing a distinction between the working relationships they had with one another and those they held with other agencies. This was largely because their roles are *"so specific to domestic abuse"* (CM) and their *"conversations are very much risk-led, you know, safety planning things like that"* (CM). Practitioners often saw themselves as essentially all being on the same team, which they sometimes referred to as the same 'side':

> *I just think the relationship between us is great, because obviously we are there to safeguard. In a way, I always feel that they're always on my side.* (IDVA)

There was a firm belief that both teams were working toward the same aim of increasing safety for victims/survivors, referring to risk management as *"our job"* (IDVA). This reciprocal relationship and aligned focus were said to make their individual jobs easier. Several IDVAs spoke of Drive filling a gap in the multi-agency network, either by actioning work around service users that statutory agencies were unable to pick up, or providing IDVAs with valuable insight that was previously unavailable:

> *Like, being able to have knowledge of what the perpetrator is thinking, feeling and doing all the time, it keeps me alert as well because I'm able to know what I can do straight away for my victim, whereas if I didn't have that perpetrator work, I would never know where he is, what he was doing. Essentially, I was blind but I'm not blind anymore. So, having that relationship is honestly, it's really good.* (IDVA)

Relationships between Drive practitioners were described as, *"border[ing] the line of internal and external, it's kind of a bit wishy washy"* (IDVA). On occasion, their roles had become blurred to the extent that they felt they were picking up work that typically fell under the other team. In one case, a Case Manager was unable to contact an IDVA to ask them to follow up safeguarding concerns because the IDVA was struggling with a high workload. This Case Manager followed procedures themselves to ensure appropriate action was taken. However, they appeared frustrated by not being able to ask the IDVA to complete this work, despite safeguarding being everyone's responsibility.

Roles had also been blurred in a small number of other cases, when victims/survivors regularly phoned Case Managers instead of IDVAs to check in or seek support. Without Case

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Managers serving this role in these cases, the victims/survivors might not have received support from any agencies, as the IDVA had been unable to achieve engagement. Case Managers offered this happily, with at least one making use of previous experience in victim/survivor-focused roles. But one person spoke of the significance of that case to them, and the impact of being so close to that family:

> *And it just felt, you know a bit too close in some respects. But you know, please be reassured there was constant conversations with my service manager and colleagues and they knew what was going on.* (CM)

It is important for Drive teams to work flexibly to some extent to ensure the multi-agency network responds well to victims/survivors. However, this should be monitored by line managers and Expert Advisors to ensure team members understand their roles and responsibilities, and to make sure appropriate boundaries are maintained. In the examples given by interviewees, this support and oversight was provided, as evidenced by the above quote. Yet this example still demonstrated that it may be challenging for Case Managers to take on this role, perhaps as a result of being confronted so directly with the impact of their service users' behaviours. Significant cases like these should continue to be explored in clinical supervision.

Separation and independence

The Drive evaluation by Hester et al. (2019) proposed that practitioners could be co-managed or co-supervised to better facilitate their joint work. Some participants in the present piece of research suggested this would lead to improvements, making them *"a more cohesive team"* (CM). They thought it might streamline organisational processes, reduce the likelihood of competing priorities, ensure Drive IDVAs had chosen to work on the Drive project, and provide an increased understanding of challenges the other team faces:

> *Although I said there hasn't been any conflict between us and our appointed IDVA, I think, if she was managed by my Service Manager as well, I think, we'd all have the same targets, we'd all have the same focus. […] I suppose you'd be receiving applications from IDVAs who see the benefit of perpetrator work. And it's been my experience that some do, and some don't.* (CM)

> *If you're being supervised by Drive, I suppose they're seeing things there that you're bringing, like maybe concerns you've got or barriers you're finding, they'd be more aware of that rather than just client work. And also, I suppose, the impact on me of being one person trying to manage everything across, so practical things*. (IDVA)

Similarly, some were frustrated by the lack of integration between their computer-based systems. One person wanted to share work calendars to make booking meetings easier. Another went further while explaining they found it difficult to keep track of which Case Manager held each case, suggesting they should have the ability to access one another's notes on a shared case-management system. However, this would create the opportunity for disproportionate information sharing between teams. Other sites had developed solutions to issues like this, such as IDVAs maintaining a spreadsheet of Drive cases grouped by Case Manager. Options for basic forms of system integration such as sharing calendars should be considered by teams, as long as mitigations can be put in place to avoid unnecessary

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information being revealed. Teams should be provided with training by their employers around data protection, including refresher sessions where appropriate, to ensure the nature of Drive teams' relationships do not lead to them sharing too much information.

One participant highlighted that maintaining forms of separation between teams helps minimise this risk:

> *I think what works well about it is you're not always having the cross-contamination of information because sometimes you know, the client's information should be confidential because…and it doesn't need to be shared for you know, personal reasons and it's not about risk, and I'm guessing the same for the victims. So, I think if she was here, perhaps it would be too much oversharing you know, discussions in the office and things like that.* (CM)

Here, the Case Manager refers to the idea of teams being permanently based in the same office and the potential for this to lead to inappropriate information sharing. Another interviewee speculated that clients would be concerned to know Case Managers and IDVAs worked together in the same space. They flagged that clients may fear information being passed on via professionals to the perpetrator of their abuse, and therefore be less comfortable seeking support from an IDVA.

Co-location also introduces logistical considerations for service user and client appointments. One IDVA felt that if a service user came to the Case Managers' office for an appointment and a victim/survivor attended with them, this could offer the IDVA an extra opportunity to offer support. This would be most convenient if the IDVA were in the same office, or at least the same building as the Case Managers. There are substantial benefits to co-location discussed elsewhere in this report, such as allowing for dynamic risk management. However, another participant wondered whether being closer together might affect their approach to client meetings in other potentially problematic ways:

> *The dangers, I suppose thinking about it, you know, if I'm working with a service user and my colleague, the IDVA is working with a victim, there may be a temptation to do more of a four-way […] and is that tending towards a more marriage guidance model, counselling, therapeutic intervention, I guess.* (CM)

Some IDVA teams are based in a refuge, and it may therefore be inappropriate for Case Managers to attend their offices. In theory, Drive IDVAs could work from Case Manager offices, but in some areas, this would mean working from Police stations. One participant flagged that it might be intimidating for IDVA clients to attend appointments in statutory buildings, and mean they would be less likely to speak to IDVAs. Case Managers placed in buildings where IDVAs had existing office space have struggled to find appropriate locations for service user meetings, due to the risks of inviting perpetrators and victims/survivors to attend the same building. In one site, Case Managers lacked a secure place to store work laptops overnight as a result of not having their own office. All of these logistical challenges highlight practicalities for consideration when new sites choose whether to co-locate teams.

There were several other types of challenge to permanent co-location identified within interviews. Although being in the same office facilitates efficient, ad hoc communication between Case Managers and IDVAs, this can also disrupt their work. They valued having some time apart from colleagues, in order to focus on other tasks:

> *It gives you a break so you're not always on each other's toes, and you're not always saying, "Oh, can I have this, can I have this, can I have this?" 'Cause I've also got to do my work. So I think that separate offices does actually help.* (IDVA)

IDVAs benefitted greatly from working alongside colleagues within their home organisation, through bouncing ideas off colleagues and seeking their advice. Belonging to separate organisations also made it easier to raise concerns they might have about joint work:

> *I think it works well keeping it separate, because as well if I'm having, say, any issues, not that I am with any Drive Case Managers, I know that I'd feel comfortable going to the IDVA manager about that, and talking about ways around those problems. I wouldn't go to their manager about it, 'cause it would feel that it's, kind of, almost telling on them, kind of thing, and potentially causing problems for them that could just be resolved by approaching it in a different way, rather than them necessarily, kind of, being reprimanded over something.* (IDVA)

Both teams appreciated the team-based peer support that comes from having opportunities to privately or informally discuss *"moans and groans"* (CM):

> *I think if you're sharing the space with people from other organisations then you'd have to maintain the sense of professionalism all the time, I guess, which might be a bit stifling, possibly.* (CM)

Perhaps most importantly, participants highlighted the need for organisational impartiality. Case Managers and IDVAs felt it was vital that they could objectively advocate for the people they supported, particularly IDVAs on behalf their clients. They feared that the teams being more closely affiliated might make it harder for IDVAs to focus on their own client:

> *I think it's important that we are independent and the IDVA is independent because she's that victim's advocate. So, she does need to remain independent and she does need to fight for that victim and the family, and I think that's really important that their individual views are heard and catered for.* (CM)

> *I think maybe if you were more embroiled in the Drive stuff, maybe your perspective would change, and you would go along with what they suggest more, maybe. I'm not sure, but I think you definitely need to keep your head on what you're doing, not what they want.* (IDVA)

There are many benefits to Drive teams' uniquely close working relationships. Practitioners in some sites faced challenges that they attributed to their separate line-management structures. However, the fact that participants from other areas with similar structures did not report any of these challenges indicates that these issues can be resolved via other means. Furthermore, everyone (including practitioners where Drive teams were employed by the same parent organisation) flagged the need for separation in some respects.

One interviewee felt it was possible to help address barriers to cross-organisational work while maintaining independence between the two teams. They proposed that Drive IDVAs could be managed by a Drive staff member, whose role solely focused on IDVA work. However, this would risk isolating Drive IDVAs from local colleagues and make it more challenging for them to seek peer support. This suggested management role would also be made difficult by the requirement to remotely manage a large number of staff across the UK.

Overall, these interviews demonstrated the crucial need to maintain some independence, to ensure victim/survivor safety is centred in Drive practitioners' work. There is no perfect or one-size-fits-all solution to the issues described here, but this report recommends that Drive IDVAs should be predominantly based in a local IDVA service, and that Case Managers should have a separate office base. Given the limited resources third-sector organisations typically hold and the high cost of office space, this may not always be feasible, but should be implemented where possible.

Opening space for discussion – *"We've built up that good relationship with them, so that we can have those conversations"*

Relationship development

Practitioners in all Drive sites have built good cross-team relationships, signified by the ways they spoke about one another as *"fabulous"* (IDVA), and made statements such as, *"I haven't got a bad thing to say about them to be honest"* (CM). In some sites, this hadn't taken long, while in others it had developed over the course of a year – perhaps due to differences in local context. Once delivery was underway, time spent working together in person supported the development of strong working relationships, as illustrated by Hester et al. (2019). Despite this, some still felt they would benefit from more opportunities to grow their cross-team relationships.

Interviewees held a range of opinions on the ideal frequency for face-to-face work, from once a fortnight to three times per week. Regardless of how often they wanted to do so, or currently did, interviewees indicated a preference for meeting in person with cross-team colleagues. Even a Case Manager who had only met to discuss cases with an IDVA once said *"it worked really, really well"* and that they would like to arrange this more regularly. Working from the same office helped practitioners learn about the other team's roles, the ways each both teams worked, and the challenges they each faced. Those in sites who met less frequently were more confused about how the other team operated, in fundamental ways. For example, the person who reported meeting just once for case discussion was not sure whether they had named Drive IDVAs in their area, despite having been in post for some time. Communicating in person was also thought to be more efficient, facilitate more in-depth conversations, and make it easier to convey meaning than speaking by phone:

> *I just think you just get more of a feel for the case when you're talking to the Drive case managers. I also prefer having communication face to face, just instead of over the phone because you can always dig deep about certain cases, get some opinions a bit more, and also, like everyone always says, like, contact on social media or over the phone, you can never really truly get what people are saying, or their emotions behind what they're saying. You could take it one way when they meant it in another way. Obviously that's not the case, because they're great guys anyway, but I always find it better to do everything face to face, and it's quicker, as well, just to get through everything.* (IDVA)

Given the many benefits to working in the same location, it is advised that teams commit to working together regularly. The ideal arrangements appear to involve staff members working face to face with cross-team colleagues at least one day a week, or more often if practitioners

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feel this doesn't introduce challenges to their work. There should be flexibility depending on workload fluctuations. Local context such as the number of staff on both teams and where offices are based may mean further variation is required.

Two additional recommendations already made within this report would help support team-building and relationship development. The first is that IDVAs be invited to join all-sites away days. The second is that more time could be dedicated in the first few months of Drive's delivery in future sites to developing these relationships, which could involve an initial team-building session.

Professional boundaries

Having good working relationships was understood to be important for teams' joint work. Many elements ran more smoothly when staff knew their colleagues well, and knew what to expect from one another. It helped them feel comfortable seeking support and advice from one another, as well as opening up space for nuanced or difficult conversations:

> *I think it's a bit more relaxed with them in general chat, I think there's less formality, because we've got more of a working relationship with them because of the level of contact we're having with them. Whereas speaking, say, to a social worker, it always feels very formal, whereas with the Drive case managers, we can have more of a chat and a discussion about things. And I think I'd feel more confident challenging them there over the phone, about something that they're saying, than I would do statutory agencies.* (IDVA)

Feeling relaxed makes it easier for them to challenge one another and discuss disagreements or different perspectives they have on specific cases. Their relaxed relationships helped create an environment in which Drive practitioners could constructively challenge one another *"without thinking, 'Oh, actually, you're treading on my toes'"* (IDVA). Some who felt they could do more to strengthen these relationships expressed concerns that cross-team conversations were *"overly professional some of the time. You know, you give, just an explicit overview of what's going on, rather than, I guess the minutia, which again, you can miss the subtle stuff"* (CM). This person felt formality sometimes constrained Drive practitioners' joint work.

In contrast, another interviewee flagged the importance of maintaining professional boundaries between teams, and again highlighted the value of Drive teams' independence:

> *I suppose, if you do get too friendly with the IDVA, you know, they may downplay certain things or they may miss certain things, because, just because, I don't know, because they don't want to put any pressure on you or things like that because you've got that friendly relationship. Whereas I think because we're separate it is strictly professional. So it is, this is factual, this is what was said, this is what needs to be done. Instead of maybe, just making it a bit softer. It's kind of this is how it is, this is what we need to do, and I think that works really well.* (CM)

In fact, there were examples within the interviews of participants' relaxed relationships introducing elements of unprofessionalism. One Case Manager found it *"refreshing"* that an IDVA was comfortable being *"a little bit, sort of, critical and disparaging"* about their clients

in cross-team conversations. Some spoke positively about the closeness of their relationships allowing them to *"use language that maybe doesn't sound correct"* (CM). There seemed to be a risk of this informality contributing to a victim blaming culture amongst professionals. While this participant appeared to understand the problematic nature of victim blaming, their comment below suggested that their close relationship made them feel more at ease discussing the concept together:

> *For me to suggest that the victim may be phoning him and asking him to come round. That's an easy conversation for me to have with [IDVA]. Um, I think I'd be very measured and careful if I had to have that… it's a bit awkward, there's an element of victim blaming there and I feel that I can talk about that with [IDVA], easier than I could with someone I don't know as well, if that makes sense.* (CM)

If Drive practitioner relationships become too relaxed, or the lines between the teams become too blurred, there is a risk of them oversharing information or not appropriately challenging one another. Professional boundaries might be lowered in this way due to informal relationships, perhaps combined with an emphasis on viewing service user-client couples as one case to be approached collaboratively, rather than as two separate cases they must independently manage. One IDVA described sharing details of a client's previous partners with the Case Manager, suggesting this was relevant to their work developing a profile of the service user. Had the practitioners here held a more professional relationship, it's possible the IDVA would have been more cautious and realised that some information was not necessary for the Case Manager to have:

> *So, it's looking at the back history as well, and I'll say, "Well, there was an incident here, an incident then, ooh, she's had several other partners." So it's feeding all that back to, to build a better profile for them as well to be able to work with the offender.* (IDVA)

It is crucial that staff feel comfortable having difficult conversations and challenging one another's perspectives, where appropriate. This is facilitated by them getting to know one another and developing an informal side to working relationships, again highlighting the importance of investing in relationship development. However, training should convey the need to maintain professional boundaries between teams to avoid relaxation of professional standards. This should be monitored and modelled by line managers, to help create a professional atmosphere within teams that can be carried out into multi-agency work. Practitioners can have close, friendly relationships at the same time as maintaining an appropriate level of professionalism. Drive staff should aim to achieve both of these aspects.

Tensions between teams

A reciprocal relationship

While Drive practitioners had very good working relationships overall, a few underlying tensions between the teams remained. One IDVA thought the lack of clear, professional boundaries meant Case Managers were comfortable in making excessive requests of the IDVA team. They suggested that being too close *"opens it up to maybe taking advantage a little bit of that working relationship"*, then went on to convey a sense that the Case Managers

they worked with expected IDVAs to be *"at [their] disposal whenever [they] need them"* without demonstrating mutual respect for their time:

> *I think that, they can get a bit wrapped up in everything they need to do, it's like "I need the IDVA right now and I need her to do this now, and need them to do this now" and we're not at their beck and call.* (IDVA)

> *There were times when I'd be going for my monthly meeting and they weren't all there. They had booked appointments in that day and then would…so I'd be sitting there and I'd be like "right okay I'm ready to go through cases" and I'd only see maybe two of them.* (IDVA)

Although this was predominantly reported by just one participant, it was echoed to a certain extent in the way Case Managers from other areas referred to their work with IDVAs:

> *So for me all the time, IDVAs, having them there and being able to just call and say what's going on here, it's really good.* (CM)

In another area, an IDVA believed that although they proactively shared information with Case Managers, this was not reciprocated, and they generally had to request information in return. This may be an unintentional consequence of stressing IDVAs' fundamental role *within* the Drive project, without conveying that their primary role is to support clients. A few Case Managers appeared so focused on IDVAs sharing information from clients that they lost sight of IDVAs' core responsibilities, or of the fact that they could provide information to support the IDVA's work. This kind of one-sided dynamic was not observed in all sites. However, Case Manager training should communicate the value of a mutually beneficial relationship, highlighting that helping IDVAs to support clients is just as important as IDVAs aiding work around service users. This is comparable in nature to the way Case Managers sometimes deferred responsibility and relied heavily on their cross-team colleagues in decision-making, so it may be helpful to combine messaging around these two issues.

But elsewhere, Case Managers felt they contributed more proactively to joint work than IDVAs. Some queried whether Drive work was prioritised by their local IDVA service:

> *We try to establish a set time that we would meet each week and that doesn't happen. We try and get round that by arranging telephone calls and slots that we can talk to each other but it's not ideal […] I don't think our work together is always prioritised. Um. Dare I say, as far as [IDVA service] are concerned, I think…I don't know, I think for the work that we're doing, that actually meeting together should be prioritised more, it should be set in stone almost, because it's the heart of what we're doing.* (CM)

Challenges due to a lack of IDVA capacity were a key issue highlighted in interviews, and are intrinsically linked to the amount of time available for collaborative work. Case Managers were empathetic toward IDVAs who had struggled with their workload and demonstrated an understanding of the impact this had. However, some Case Managers wondered if Drive work was given lower priority because local services were not fully on board with the project, particularly at the start of delivery.

Opposing teams

Interviewees on both teams described a sense of opposition between them, sometimes due to concerns that perpetrator programmes result in less funding for victim/survivor services. Some IDVA service staff were also thought to have limited faith in the project's ability to successfully reduce harm caused by those perpetrating abuse; one IDVA interviewed expressed this themselves. Case Managers often struggled with this difference in attitudes; not only around belief in service users' capacity to change, but also in the way they were dehumanised by some people:

> *I mean there were things that initially, they would…they seemed reluctant to use the perpetrator's name […] they don't seem to personify the perpetrators. And so there was that initial, "Are you happy for me to call that person by his name?" and silly things, really. Just I wanted her to feel comfortable and feel accepting of me and the project so, there was that thing, initially I think of walking on eggshells.* (CM)
>
> *Professionals will treat them like monsters who shouldn't be left anywhere near another human being.* (CM)

Although Case Managers often understood these concerns, they found this extremely difficult to deal with. Some stated this ideological difference was the biggest challenge they had faced in their role, or the main thing they discussed in clinical supervision. IDVAs themselves occasionally experienced opposition to their work on the Drive project from colleagues within their own service. This led to them feeling unable to work effectively, or caught between their home organisation and the Case Manager team in a *"tug of war"* (IDVA). These forms of resistance were still experienced by some practitioners on both teams, but most who identified this tension felt it had decreased over time. The change was attributed to IDVA services seeing the impact Drive could have, and *"breaking down those barriers and understanding we're working together for the better…well for a safer society for the victims and the families"* (CM).

This again conveys the need for Drive to achieve buy-in during site set-up, but it will understandably always take time for existing services to develop trust in the model when it is new to their area. Case Managers should be prepared for these challenges in their initial training, and supported to explore any negative impact this has on them via clinical supervision and peer support.

Recognition of disguised compliance

Another challenge Case Managers reported was IDVAs fearing their cross-team colleagues lacked an understanding of the dynamics of domestic abuse. This often arose when discussing service users who were engaging with the intervention. It included concerns that failing to always challenge service user behaviour directly amounted to colluding with them, and signified biased affinity toward those perpetrating abuse:

> *So, I feel there's a little bit of misconception that because we all work for Drive, we must love and support perpetrators and that we're, you know, supporting their behaviour, or that we're blind to what's really going on. You know, like we understand the tactics that they use, and the chances are they're still being abusive, and I*

> *completely feel that a lot of the compliance I see is disguised, and we're not blind to that. And I think maybe sometimes the IDVAs think that we are and that we don't really see what's going on.* (CM)

IDVAs thought they sometimes needed to challenge Case Managers on having too much empathy for those perpetrating abuse, or being overly influenced by service user claims about clients:

> *There were times when I felt like that the Case Managers were sympathising with him and I almost had to remind them, you know, remember why we're doing this and remember why you're working with him. It's to challenge his behaviour and perpetrators are master manipulators, even of professionals. No-one is immune from a master manipulator.* (IDVA)

One Case Manager felt *"patronised"* by this, which affected their relationship with the IDVA. They also moderated the information they shared about service users' positively engaging to avoid sounding *"pro-perpetrator"*, which may risk their failing to share relevant information with the IDVA. Case Managers overall felt they experienced less questioning of their understanding over time. This was attributed to increased understanding of their shared aims, along with raised awareness that it was necessary to build therapeutic relationships with service users in order to challenge their behaviour. Others felt this changed as IDVAs developed a greater trust in Case Managers' skillset. IDVAs attending some of Case Managers' initial training could help increase their understanding of Case Managers' approach to direct work, including the need to sometimes avoid direct challenge.

On the other hand, a different Case Manager admitted that when they started work on the project, they were actually less aware of the risk of disguised compliance on the part of service users. This suggests a benefit to IDVAs reminding them of this possibility. Training for newly employed Case Managers should convey the likelihood of them working with some people who artificially engage in the intervention. It should also encourage them to independently reflect on whether they are recognising manipulative behaviour in service users, and to seek support with this from a line manager or clinical supervisor, where appropriate. As mentioned within 'Importance of multi-practitioner involvement', practitioners feeling able to challenge one another is a valuable function of the Case Manager-IDVA relationship. Case Managers should be encouraged to view this as an opportunity to reflect on their own practice, including the balance they strike between having empathy for those perpetrating abuse, and recognising that service users might try to mislead or manipulate professionals.

Disagreements over safe practice

One of the benefits of good Case Manager-IDVA relationships is that the two teams' expertise can be combined to allow for shared risk management. However, practitioners were not always able to achieve this in the best possible way. Case Managers appeared to habitually defer to IDVAs, as described earlier in this report. Yet in a small number of cases across multiple sites, Case Managers' had pursued work without an IDVA's agreement that their approach was safe. The examples given in interviews typically centred around Case

Managers attempting to contact service users, or intervening in a direct, potentially risky way with a service user who was already engaging.

On some occasions, this occurred before work had been discussed with an IDVA. Arguably even more concerning, were the times Case Managers seemed to actively go against IDVAs' advice, having carried out work despite being warned an intervention could increase risk to victims/survivors:

> *I've had another one where, again […] the Case Manager had agreed to meet him in prison despite me saying, "I have not spoken to the client about Drive, please do not do this" but a meeting was still set up. It just so happened that the day of the meeting the client called me and said "he is calling me from prison" and I said "right" and I got straight on to the Case Manager and said "you are not going in there today, you cannot, you're increasing risk, I want you out of there". He did stop the meeting but since then he has continued to work with the perpetrator even though she is not engaging.* (IDVA)

The instances where Case Managers went against IDVAs' advice around risk are particularly concerning. The present authors suggest it is unlikely to ever be acceptable to proceed with an intervention if one of the professionals is concerned it will escalate risk to victims/survivors; the Drive Partnership should issue clear guidance on this to practitioners. This absence of a victim/survivor-focused approach had most critically risked causing harm, but had also resulted in friction between teams, as recognised by some Case Managers:

> *Well, I think at times because some people do walk into these cases blind, they maybe don't appreciate the value of what the IDVA's bringing to the table and will be quick to maybe disregard them or just proceed with their line of thinking. And I think as well, an IDVA seeing that, that's how it will impact on their working relationships, and I think reflects poorly on the team as a whole.* (CM)

These instances are likely to have contributed to the sense of opposition between IDVAs and Case Managers, and perhaps fed into fears that Case Managers lacked an understanding of risk within the context of domestic abuse. Through recruitment of appropriate staff and training provision, service providers must ensure Case Managers have a good understanding of the need to place victim/survivor safety at the heart of their work, as well as the core principle within the domestic abuse sector of 'doing no harm'.

In all the examples given above, Case Managers had not had a fully open conversation with the IDVA about plans to directly intervene with service users. This might not always be necessary, but a common theme in cases where a Case Manager and IDVA had disagreed with each other was the need for improved communication:

> *I think maybe just about the fact that when we do raise, look we're not engaging with this client I think it would be helpful if the Case Managers actually took that on board and maybe kind of sat down with us and said, "Okay, this is what I'm proposing". And we could talk about it and talk about the risk, rather than it being "I've told you in July, I sent you an email, I've attached it again saying she is not working with me, we've closed it, why are you doing this?" You know, just, can we have a proper conversation?* (IDVA)

In some areas, teams had learned from disagreements over what constituted safe practice in direct work. For example, in one area, Case Managers had started to use behaviour inventories as a way of indirectly challenging service user behaviour without discussing specific allegations made by victims/survivors. But elsewhere, practitioners remained confused about why an IDVA's advice had been ignored, even in one case where a service user was contacted unsafely, which *"escalated the whole thing for professionals and for the victim"* (IDVA). Some interviewees were unaware of any formalised learning or changes to processes to avoid repetition of situations like this in the future. Teams should be supported by line managers and Expert Advisors to ensure that issues like this are investigated, learning is shared across teams, and that current procedures are adjusted where necessary.

It is important to note that Case Managers highly valued IDVA input, and therefore usually approached work flexibly, and were open to changing their plans in response to feedback. Interviewees reported that disagreements between Drive practitioners were rare. There was no formal process to resolve disputes, and no desire for one to be introduced. Teams chose an appropriate route for addressing disagreements depending on the situation – usually directly with their counterparts rather than via line managers. Issues were generally settled easily because of their strong working relationships. Where differences of opinion remained, some participants identified consulting with their own line managers, or taking cases back to panel for discussion with multiple agencies as an effective method of resolution.

Although they communicated well around issues, a few outstanding topics surfaced during interviews that had not been addressed – for example, where practitioners felt they should be meeting more often to discuss cases. One Case Manager reflected:

> *It's all very well me and my colleagues saying, we really could do with seeing [IDVA] more often, but actually that's also a conversation we need to have with [IDVA].* (CM)

Others expressed a desire to hear more feedback from IDVAs on what they could do better in the future:

> *I'm yet to really hear anything back from the IDVAs around how they feel like this is going. I think it would be really helpful for us to hear from them what they need from us. So that we can adapt our work to help those guys more, yeah, that would be good […] So even to get a reassurance from an IDVA, like you handled that well, that's what I would have done, or you could possibly try it this way next time, that would be helpful in terms of shared learning and development.* (CM)

Practitioners currently have few opportunities to reflect together on their joint work. Spaces for this to take place should be created by service providers locally, in addition to all-sites away days organised by the Drive Partnership.

Balancing competing priorities

Drive practitioners must hold a number of conflicting aims in mind, which sometimes means they must make immeasurably difficult decisions. The hope that direct work with service users will lead to a reduction in abuse creates a desire to intervene, but sometimes there is a danger of intervention escalating risk to victims/survivors. Additionally, this work will have different consequences for people who have already experienced abuse and for those whom service users might hypothetically harm in the future. In order to manage risk and sustain service user engagement in behavioural change, Case Managers must sometimes avoid directly challenging service users or holding them accountable for their actions. Drive practitioners' cross-team work supports them in the complicated task of balancing these competing priorities, and staff will always need to be well supported with this significant responsibility.

Desire to intervene versus avoiding escalation of risk – *"I guess you can't help everyone, as much as you'd love to"*

An emphasis on direct intervention

Case Managers work with the overall aim of increasing victim/survivor safety, and have faith in the Drive model's ability to do this. While they advocated for the importance of disrupt work, a strong emphasis was placed on achieving outcomes through direct work with service users. There was a sense from some that *"it's better to be involved than not to be involved"* (CM). One Case Manager viewed behaviour-change work as *"what the whole project's for"*. Many applied for their roles because they are passionate about challenging those perpetrating domestic abuse:

> *If we're not addressing the root of the problem, which is the perpetrator and making them accountable for their actions, then they're going to continue doing what they do. They're going to continue having more victims and it's just going to cost more money.* (CM)

Some were frustrated because they originally anticipated delivering more face-to-face work than they had done. It is worth noting that Case Managers employed during Drive's pilot phase expressed this same mismatch in expectations. Messaging within all stages of Case Manager recruitment, from advertisement to inductions, should be reviewed to ensure applicants are provided with realistic expectations around the amount of direct work involved in the role. Interviewees identified direct work as the main aspect of work they enjoyed, though they did acknowledge this should not be their priority:

> *I would love to be doing more behavioural change work, I love doing that. Um, but assessing the risk, you know should be at the heart of it.* (CM)

Internal and external colleagues also conveyed emphasis on direct work. IDVAs identified pressure on Case Managers to reach internal contact targets, especially at the beginning of delivery. Statutory agencies often pushed for Drive to contact service users due to a poor understanding of the risks involved, or because they hoped Case Managers could support their high workloads:

> *I think the issues with the agencies is they're so desperate for you to meet with the perpetrator because they want someone else to kind of do the work with them, or they're restricted themselves like, Probation, you know, I've been speaking to Probation officers and they're over their capacity at the moment for cases. So, when they hear they're Drive, they're like, "Please come in, please support".* (CM)

This participant highlights a desire from Probation workers to take on Drive cases, which may be connected to the high levels of NPS and CRC cases currently held in some sites. In one example given, an IDVA urged for intervention with a service user despite the Case Manager believing it was unsafe to proceed. The interviewee reported the IDVA as *"a little bit like 'well, if you're not having direct contact with him, what are [you] doing? You know, like he's still offending, you need [to] do something'"* (CM). Case Managers described it as *"tricky"* and *"hard to manage"* when another agency put pressure on them to progress. Their desire to achieve outcomes by intervening with service users was deepened by encouragement from colleagues, which led to a considerable emphasis on direct work over indirect work.

Case Managers generally accepted that although they might be *"desperate"* to work with a particular service user, they must refrain from doing so if there was a chance of escalating risk. However, they found this to be a challenge, and sometimes acknowledged a need to *"rein back"*:

> *I think there's a danger of Case Managers feeling under pressure to be doing one-to-one work with service users. But the referrals come through and, you know, our raison d'être is to be working with those people. And maybe sometimes that, you know, that is done… there's a tunnel vision about that. And you know, perhaps the victim and children aren't always at the forefront of your mind as far as keeping the focus on them.* (CM)

This "*pressure to be doing one-to-one work*" may be associated with the fact that Case Managers had occasionally persuaded IDVAs that it was safe to contact a service user, despite initial concerns over safety:

> *I mean there was one case where a victim was engaging with an IDVA really well, but the IDVA didn't think it was safe for me to contact the perpetrator […] so, even though the IDVA had said to me, 'you might trigger something because you're challenging him on his behaviour against her', I sort of said, 'yes, but that's going to happen with Probation when he's doing the group work. What's the difference?' Anyway, she took it to a manager and they finally agreed that it was okay for me to do that.* (CM)

Here, the Case Manager and Probation Officer believed involvement in a group programme was just as risky as one-to-one work. Their insistence that the IDVA was wrong about their judgement of risk stands out against the general consensus that where IDVAs identified a risk of escalation via Drive's involvement, the work should not be pursued. It is possible that this IDVA was being overly cautious, but without further context it is impossible to know. Likewise, it cannot be determined whether the Case Manager and Probation Officer attempted to change the IDVA's mind because they were prioritising intervention over safety. Nonetheless, examples given in the previous section demonstrate that Case Managers sometimes dismissed IDVAs' advice in favour of contacting service users. IDVAs occasionally questioned whether Case Managers decided which service users to work with directly for the right reasons:

> *Whether it's because the perpetrator has said, "Yeah, I'll work with you" or whatever, so obviously you want to work with people, but I don't think that was the right one.* (IDVA)

External agencies strengthened their understanding of risk through working with Case Managers over time, but those who specialise in other areas may not be given opportunities to develop a deep understanding of domestic abuse. Case Managers will be likely to continue to need to push back when other agencies encourage them to make contact when it's unsafe to do so. They should therefore be supported by line managers, Expert Advisors and training to maintain a focus on risk management. Additionally, communication around pushing to meet target contact rates must be conveyed with reminders to place the avoidance of risk escalation first.

The presence of an emphasis on direct work creates frustration – not only for Case Managers, but also for IDVAs – when they feel unable to deliver behavioural-change work to avoid an increase in risk. The tension between these competing priorities was greatest in very high-risk cases. Practitioners felt stuck in a paradox, as service users who were deemed unsafe to contact often posed the highest risk to others. Yet these were the cases in which they were particularly concerned for victims'/survivors' safety and wished they could do something to help. They worried that if they did not act, no one else would either, and so the abuse would continue:

> *Some of the perpetrators are identified as being too risky to work with, which I totally understand, but you just think that's the one that needs to be picked up. He is such a worry, he's a serial perpetrator and you just worry what will happen to the next victim […] I mean those risky ones it's, they're just very, very dangerous men but whether it's those beliefs are so entrenched in them would Drive even do anything, I don't know if it would. But then that's a worry, what can you do with those people? I don't know.* (IDVA)

Because Drive works with individuals who would previously have gone unchallenged, in some ways it is viewed as the last hope in addressing high-harm perpetrators. Practitioners seemed to misplace responsibility for preventing the cohort from causing further harm onto themselves, in spite of their recognition that those perpetrating should be held accountable for their own behaviour. This frustration highlights outstanding systemic gaps in the delivery of perpetrator interventions, as well as the strain these gaps place on the wider multi-agency network. It is important for Drive practitioners to explore whether they are taking on excessive responsibility for outcomes in clinical supervision, and that they are offered additional opportunities to discuss this in group reflective spaces.

An emphasis on known victims/survivors

Despite practitioners' motivation to intervene with service users, there is typically a strong focus on the potential impact of their work. Participants, on the whole, were adamant that engagement with a service user should never compromise victim/survivor safety:

> *So I think Drive are, you know, keen to obviously engage with people they select, it's not always possible and it's not always safe, but they do try to definitely engage with*

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as many people as possible, but you know, you can't compromise that with someone's safety. (IDVA)

Despite this, practitioners rarely mentioned the implications of not intervening for 'hidden' or future victims/survivors. They occasionally recognised the need to consider people not referred to MARAC who may be affected by Drive work. However, even those who acknowledged this made some statements that implied a concentration on known clients:

The only concern I would have is if they went ahead and contacted him and we hadn't spoken to her. (IDVA)

Everything is in place, everything is safe. Risk has reduced, she's out of area or in refuge. (CM)

These quotes indicate that these practitioners' *"only concern"* would be for identified victims/survivors, and that once they have concluded there is no risk to that individual, they feel that "*everything is safe*". There may be a failure in some cases to assess risk to others who could be at risk of harm from the service user. In the following quote, there is an additional implication that only people in intimate relationships are at risk of abuse.

I have had [service users] continue to engage even when their ex-partners have disengaged from the IDVA, and who aren't in relationships anymore and I still feel very comfortable about having those conversations with those clients because I know that they are not in contact with those people. (CM)

Interviewees who mentioned assessing risk to other people demonstrated consideration for new intimate partners and children, but none flagged the risk of abuse to family members with whom service users could still be in contact. Training should remind practitioners to not only consider the possibility of 'hidden' or future victims/survivors in intimate relationships with service users and children connected to them, but also the risk of abuse to others such as family members.

It is vital that impact on known victims/survivors and their opinions are central to decision-making. In many cases, this means direct intervention is rightly avoided, and cases remain open for disrupt work only. But in some situations, Drive had not pursued direct work for other reasons:

I've had a case just recently where, I think he was working with CRC and there was a clear in for Drive, but when the IDVA introduced the service to the survivor, she was like, "Well I've not heard from him for a while, everything seems to be going well, I don't want this to change, so you can contact him if you want to, but I wouldn't really feel comfortable." So I just haven't contacted him and we sort of talk a lot about our priority being the safety of the survivor and the kids, so if she feels even slightly uncomfortable, then I'm not going to go near that case and we'll just focus on disrupt work. (CM)

Although this Case Manager states that they chose not to contact this service user to prioritise a client's and children's safety, the survivor doesn't appear to have identified a likely increase in risk. Client voices must be heard, and should be factored into all elements of Drive work to avoid any negative impact on their wellbeing. At the same time, a core aim of the project is to tackle serial perpetration. It is understandably likely that many clients will indicate some

form of unease over an innovative intervention being delivered to a person who has caused them significant harm. There is an extremely difficult decision to be made in balancing one person's right to inform work against the risk of significant harm to others.

In one site, the Case Manager team's approach implied a lack of awareness of the value of behavioural-change work in preventing harm to 'hidden' and future victims/survivors:

> *I think in the clients we've got who are separated and, I suppose, we feel there's a permanency to that, and I guess we gauge that as professionals, whether the victim has expressed any desires to get back in the relationship and same for the perpetrator, I think those ones that we are convinced it's over or maybe in new relationships, that tends to more I think disruption work. Just being mindful of what he's doing, not breaching contact, child contact is going well, he's not being abusive. So yeah very much a different approach, I think.* (CM)

Weighing up the risk of intervention to certain individuals against a hypothetical risk to others is an extraordinary challenge faced by practitioners, with no way of identifying the 'right' decision:

> *There's always going to be a risk, isn't there, I suppose. Do you just eliminate any risk by not doing something that actually might be really beneficial? I don't know.* (CM)

Having said that, if Drive's aims continue to include addressing serial perpetration, practitioners must factor 'hidden' and future victims/survivors into their decisions around whether to attempt behavioural-change work with service users. This should be explored with existing staff in reflective group spaces, and incorporated into workshops for new sites.

Desire to maintain engagement versus holding service users accountable

Holding service users accountable was recognised as an important element of Drive's work. Participants mentioned several service users who had begun to acknowledge and reflect on their abusive behaviour as a result of a Case Manager's intervention. Engagement in behavioural-change work was believed to be more meaningful when service users did so voluntarily. This was one of the reasons Case Managers avoided affiliation with statutory agencies, as mentioned earlier in this report. Despite this, some Case Managers found their non-statutory position a challenge:

> *Yeah, it's tricky especially because I've only ever come from statutory agencies, it's tricky especially at the start, where I sometimes feel like I'm in a position where I need to encourage somebody to work with me.* (CM)

This may be linked to Case Managers allowing service users to be deceived about whether their engagement with Drive was mandatory:

> *I went round to the house, with the police. And the police…the Drive project was really new and the way the police sold it to the perpetrator was, "Look you can either be managed by us or this guy". And because the perpetrator was on licence, no post-sentence supervision, he issued it was more statutory. I don't think he realised he could say no at that time, that he didn't want any support.* (CM)

Once service users were attending sessions, whether willingly or enforced, Case Managers spent time building a therapeutic relationship before challenging their behaviour. Interviewees talked about *"maybe not challenging as openly or as clearly as I'd like to"* (CM). This was something Case Managers found difficult because they ultimately wanted to hold perpetrators to account. Nonetheless, they recognised the importance of indirect challenge and found methods of doing this, such as subtly steering the conversation to certain topics.

IDVAs informed Case Managers' direct work, sharing information from clients about service user areas of need and specific behaviours that should be addressed. Case Managers took IDVAs' advice into account and used this to tailor their approach to relationship development and behavioural-change sessions. However, they didn't always incorporate this information when they were concerned it might lead to service user disengagement. There was a sense that Case Managers sometimes felt deskilled or undervalued when IDVAs were directive in their advice on sessions:

> *It kind of needs to be led from the Case Manager with an understanding that hopefully these are the things that this person needs to work on, identified by them. That's what we are most likely going to get results from, it's from him setting himself goals, rather than us setting goals for him based off what the victim is saying to us. And that's not to say that we are not aware of what those concerns are, but for me anyway, I wouldn't want somebody dictating to me what sort of sessions I should be doing, if that makes sense?* (CM)

Because practitioners understood the need to build a relationship with a service user before they were able to begin behavioural-change work, they sometimes used creative approaches to facilitate this. They described one as beginning with a focus on anger management, without exploring abuse. In some cases, professionals had innovatively offered support to service users who practitioners believed were making dishonest claims about being a victim of false allegations or abuse. One such person who said a victim/survivor had lied about them breaching an order was offered a tracking device, *"that would allow the service user to not be falsely accused"* of breaching (IDVA). This method of treating a perpetrator as a victim of crime was hoped to foster engagement with the Case Manager, but equally served as a way of monitoring and managing risk – in this example, discouraging the service user from breaching in the future, and providing evidence if they did so. The following quote illustrates a similar approach where practitioners believed there were false allegations of mutual couple violence:

> *Now I have no doubt for one minute that [the client] is no perpetrator, but what I suggested in my MARAC to the IDVA is, let's go with this and let's take her in as the perpetrator to Drive and let's take him as the victim as a way of trying to engage through a different angle. So, that worked together, that communication with the IDVA, that's what works. So, that's an example then of…so, we're liaising and even though I have him as a perpetrator, my other colleague has her as a perpetrator, she's a victim, he's a victim. We all know with our professional heads on who really is the perpetrator, but it's just a way of trying to get, to reduce the risk to her somehow.* (CM)

These examples highlight the impressive innovation of Drive practitioners, and offer multiple benefits. Yet they also demonstrate the difficulty of balancing accountability with engagement and risk management. If sessions focus on anger management, and the service user relates this to their behaviours towards victims/survivors, there is a risk of suggesting perpetrators

are not in control of their use of abuse, reducing their accountability. If a perpetrator is predominantly supported as a victim/survivor in response to false claims, practitioners are effectively colluding with service users. Here, there is also a risk to victims'/survivors' wellbeing. Even if professionals explain their approach to a client, the service user may use their understanding of the situation to further abuse victims/survivors, including those who may be 'hidden' and not know about Drive's approach.

Practitioners recognised that, for victims/survivors, knowing perpetrators are held accountable can be reassuring and validating. Despite this, there are several reasons IDVAs might feel it is better to withhold information around Drive's intervention from victims/survivors – some were identified by Hester et al. (2019); others were mentioned earlier in this report. One additional consideration not yet discussed is that IDVAs sometimes choose not to share information with clients so that Case Managers can sustain engagement from service users:

> *So, I think if she had information she could use against him, she would have, if that makes sense. I think then he would then maybe disengage, saying, "Why you telling her I'm engaging in this project?", so that would potentially then fall apart the other side. So yeah, I do struggle with that sometimes.* (IDVA)

In an extreme case, the desire for the Case Manager to continue working with a service user meant the IDVA withdrew from supporting a client, after being given an ultimatum:

> *And then he attends Drive, initially engages very well, but they…kind of, says that he's aware that the victim's been contacted by [IDVA service], and if she's going to be continued to be spoken to, then he would disengage from Drive. So we kind of backed off from her a little bit, she'd got our contact numbers, she knew how to access support, she knew all of her options as a victim, in terms of civil, criminal, coming into refuge, everything that could be put in place for her.* (IDVA)

These examples highlight the difficulty of balancing the need to support clients against the desire to maintain service user engagement, in the hope that they will eventually acknowledge and change their abusive behaviours. IDVAs were conscious of this challenge within Case Manager work, and occasionally queried whether too much time was spent supporting service users who were engaging artificially and refused to acknowledge their behaviours. The following quote acknowledges the dichotomy of Case Managers' roles as both challengers and supporters:

> *But at the same time, I sort of feel like, the clients all deserve the opportunity to engage with this sort of programme if they want to. Who are we just to sort of turn them away because we suspect it's disguised compliance?* (CM)

One Case Manager was concerned their team members didn't always establish a dynamic that held service users to account. Specifically, they felt the use of informal meeting locations such as cafés was inappropriate. This was partly due to their assessment of the risk involved, as mentioned earlier, but also because they believed this reduced accountability. Interestingly, their opinion was at odds with the way the Drive model has historically involved meetings with service users. They had predominantly worked in statutory roles before joining Drive, which may be connected to their feelings here:

> *And I think as well then that's probably quite hard for the victim. It sort of feels then like… it's a support worker for the perpetrator and possibly they're not being held*

accountable. It seems like quite a cosy, relaxed atmosphere, and I think that there has to be some degree of accountability and formality. Obviously, we're here to provide support, but also to address the behaviour or to challenge the behaviour, and I think it's easier to do that when we're in an office that's linked to a statutory agency. (CM)

Maintaining service user engagement is just one of the complicated factors Drive practitioners must manage together in their joint work. There is sometimes a tension between this and holding perpetrators accountable for their actions, or supporting victims/survivors. Case Managers and IDVAs should be given the opportunity to explore these examples and to discuss other approaches they have used, in national workshops. They should be encouraged to consider the potential negative impacts on victims/survivors of withholding service user challenge, and the risks of colluding or being manipulated by service users.

Conclusion

Although there were outstanding areas for improvement in practice, practitioners were often conscious of issues and attempted to address them. Interviewees were overwhelmingly positive about the Drive IDVA model and the beneficial impacts of their work together. Here, an IDVA captures many of the themes identified in this report:

I think, like I said, I'm coming to this and now having the perpetrator side of things come through. It is really rewarding when you see that things work, or things change for people and they're really grateful for it. And whether that be the relationship resuming or, you know, being ongoing, or whether it just be for the benefit of the children, now that daddy is not taking drugs, he can see them, or he's not harassing them every weekend. So, they are massive things to victims that, you know, make big changes to them, which hopefully will you know be longer term. But it's really rewarding to see the work on both sides and have the benefits. And especially sometimes where maybe there's very chaotic relationships and it's not always clear who is the perpetrator, but both of them are being supported to address their individual needs, you know, where they're homeless, you know, they get housing and straightaway the risk is reduced. So, overall, I just think it's a really crucial project, especially in such a deprived area, and for me personally, I really find the perpetrator stuff just interesting, and I think it's just given me more insight into domestic abuse as a whole, which hopefully will continue. (IDVA)

The Drive IDVA model achieves positive outcomes in large part by combining Case Manager and IDVA expertise, through their exceptionally close working relationships. Professionals in multi-agency networks across the country don't usually see themselves as connected to other professionals, or as part of a wider system (Das, 2019). In contrast, Drive practitioners felt they were essentially on the same team. They were able to share responsibility for risk management and actively support one another's work. Their good working relationships are the key factor underpinning their collaborative, holistic approach, which, in turn, offers an array of benefits for adult and child victims/survivors, as well as service users. An environment that fosters and maintains these unique relationships is required.

Another key strength of Drive is its flexibility, in line with its ethos of person-centred one-to-one support and behavioural-change work with service users. Practitioners in different sites held different opinions on how vital IDVA engagement with victims/survivors was for Case Managers' work to proceed. Many of the themes discussed convey that there is no single right way of working that can be applied to all cases. What might be safe in one case could be dangerous in another. While certain practices are likely to be inappropriate in all situations, it is essential that staff are able to use their professional judgement in determining how to proceed in individual cases. Similarly, sites had different opinions on features of their team structure and approaches to joint work. These differences of opinion were intrinsically tied to local context, which is of course unique to every area. It is essential that practitioners take a case-by-case approach to their casework, and equally, the Drive Partnership must continue to tailor site set-up to each new area.

The issues identified in this research fell under six broad areas. First, it is essential that time and effort are invested in building organisational relationships during site set-up, and in individual relationships as soon as staff are in post. Second, resources must also be committed to establishing better understanding of roles and the model, particularly during site set-up and team recruitment. Third is the importance of considerations around prior work experience, skillset, and gender balance of Case Manager teams. Meanwhile, the fourth area identified several barriers to joint work that were connected to the Drive IDVA team's structure: the most significant being due to a lack of capacity. The fifth category is the need for management support and training in a number of areas, with guidance around minimum standards of practice. Finally, there is the need to introduce more reflective spaces, to both support practitioners and facilitate individual and cross-team learning. In some respects, practitioners were limited in their ability to enact changes by a lack of resources to collect and implement learning. The Drive project is relatively new but expanding, while dedicating a significant amount of resources to innovation and development. With this evolution comes risk, so it is essential that existing sites' experiences are captured. They must be supported to share learning within their teams, within their areas, and nationally. It is equally important for this learning to be collated by the Drive Partnership to be implemented in future sites and shared with cross-sector colleagues. The Drive Partnership must continue to reflect, adapt, and embed learning to ensure the project keeps responding effectively to those perpetrating abuse.

All recommendations are collated within a summary table at the start of this report. It is worth noting that some participants felt their feedback on the project was not always heard or acted upon by the Drive Partnership. It is therefore advised that actions as a result of this research should be well communicated with existing staff, including reasons for implementing or choosing not to implement changes.

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