



## **Restart Evaluation Report**

***'Relationships are built at the speed of trust, and social change happens at the speed of relationships'***

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## 1. Overview of Model and Methodology

### Background of Restart

Restart is an innovative earlier intervention pilot programme, primarily funded by The Mayor's Office for Policing and Crime (MOPAC) and working across six London boroughs.

It aims to:

- Identify and respond to patterns of domestic abuse at an earlier stage, improving safety and long-term outcomes for child and adult victim-survivors.
- Build motivation and facilitate access to behaviour change interventions for the abusive parent.
- Facilitate access to alternative accommodation for the abusive parent where required, ensuring that child and adult victim-survivors have the option to remain safe at home with increased space for action.
- Reduce repeat and serial incidents of domestic abuse in the same, or in future, relationships.
- Prevent escalation of Children's Social Care (CSC) interventions and the risk of adult and child victim-survivors being the ones needing to move/flee to safer accommodation.
- Provide training and capacity building for CSC practitioners to enable CSC to effectively hold abusive parents to account through Safe & Together implementation work and training.
- Shift thinking and approaches in relation to the prevention of family homelessness by working with Housing teams on accommodation pathways.



The programme aims to support system change, supporting staff working across housing and children’s social care to be more able to provide victim-centred support at the earliest possible stage, whilst also working with perpetrators of harm. Restart has been operating across five London boroughs: Camden, Croydon, Havering, Sutton, Westminster, and has expanded to a sixth site from July 2024, Barking and Dagenham, via funding from Foundations as part of a feasibility study. Restart adopts a holistic, victim-centered approach.

Restart is not just about providing services; it is about transforming the system. By fostering collaboration between agencies and addressing barriers like housing shortages, Restart aims to create lasting change that reverberates through families, communities, and services. We have termed those working within Restart; Cranstoun, CSC, housing, and Safe & Together staff as being part of the “stakeholder group”.

### **A Note on Language**

Children and young people do not witness abuse, they experience it. One of the ways in which coercive control works is to rupture the relationship between (usually) mothers and their children. This is then often repeated by services who suggest that mothers have failed to protect their children, and therefore pose a risk to their safety. Part of the Safe & Together approach is to challenge ‘failure to protect’ narratives and responses and support women to rebuild their relationships with their children. As such, we will use the language adult and child victim-survivors, rather than survivors and their children.

Whilst domestic abuse can impact on people of all genders, we recognise the gendered nature of coercive control and the social power dynamics that are at play in the use of



abuse, as such, it's important to acknowledge that most victim-survivors of abuse and coercive control are women and children. We only engaged with women for this project, and as such when we talk about victim-survivors we often use the term woman and/or victim-survivor interchangeably. We also talk about all children and young people as children.

### Findings From Previous Reports

Earlier evaluations from Red Quadrant found that Restart had a significant positive impact on people using harmful behaviours, victim-survivors, and on how Children's Social Care (CSC) staff, strategic leads and services responded to adult and child victim-survivors through accessing Safe & Together training and support. These evaluations can be accessed [here](#).

They also found that for the programme to embed effectively, strategic, senior and middle management needed to buy into the programme and support staff to release time towards engaging with learning and partnership work.

Many victim-survivors who spoke to the evaluators shared that the programme did have a positive impact on them, with many of them sharing how important trusted relationships were with the Partner Support Worker (PSW) based within Cranstoun.

However, there existed gaps in the knowledge base around how the programme impacted on children and young people, with difficulties in gathering information from children and young people directly, as well as through social workers and PSWs. One recommendation from the previous evaluation was that;



*'[A]ny future Restart programming should build on the work done so far to explore how to gather and embed children's voices in the data collected and used as a source of learning. This could be done through the existing wishes and feelings work between social workers and children and young people, or working closely with other trusted adults who may play a supportive role in children's lives to hear how Restart has impacted on their safety, happiness and general wellbeing'*

As such, this evaluation is focused on the impacts of the programme on adult and child victim-survivors and how their voices are captured.

## **Our Approach**

We take a feminist approach to research. This means that we acknowledge that no research is objective. We bring biases and assumptions to the work as well as unique and rich insights from our particular standpoints as feminist researchers and women. The biases we bring to this work are our assumptions that victim-survivors of domestic abuse are often unheard and that children and young people's voices in particular are often hidden. We acknowledge how women and children with experiences of multiple forms of discrimination are less likely to be heard than women with more social, financial and cultural capital. This includes women experiencing racism, poverty, ableism and navigating hostile immigration systems. We deeply believe in the value of ensuring that all victim-survivors are able to share their stories in a healing, non-extractive and proportionate manner to meet the needs of evaluation goals.

We are concerned with exploring unequal power dynamics, including those between researchers and the people being researched. We prioritise storytelling and qualitative research as a way to enhance accessibility and reduce the extractive nature of research.



We understand deeply how traumas of coercive control impact on victim-survivors and the need for a careful and considered approach to engagement. This includes ensuring that we take an ethical, participatory approach to our work; going to where victim-survivors are at, listening to them and believing what they tell us, building trust with victim-survivors and their advocates and creating safer spaces for victim-survivors to tell their stories in a way that works for them. A trust based, person centred approach is at the heart of our evaluation processes and practice.

### **The Evaluation Team**

Joanna and Ellie are freelance consultants who have worked on issues relating to gender-based violence for a combined forty years. We have been support workers, service managers, programme developers, activists, researchers and policy makers. We are advocates for asking women directly what they want to do. We trusted that women would know themselves whether or not they wanted to take part in this research, and to judge how and if they wanted to be involved. This meant providing women with a variety of options in which to share their stories. Their insights rooted our work, and we built our analysis around what they shared with us.

### **Methodology**

We were asked by the Drive Partnership to produce a report detailing;

1. Qualitative learning around the impact of the intervention on adult and child victim-survivors wellbeing and safety.
2. Information to inform the development of improved child-level outcomes frameworks in order to improve future impact analysis for families.



3. An understanding of the impact of alternative accommodation pathway for Restart adult and associated child(ren).

The evaluation took place over a period of eight months in 2024.

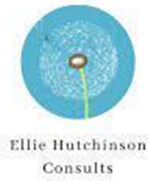
The methods we initially intended to use within this framework were:

- Desk review of previous evaluations
- Engaging with victim-survivors in a way that was meaningful to them, offering a £50 voucher for participation
- Engaging with victim-survivors in order to engage with children, offering a £25 voucher for participation
- Interviews with social workers, CSC staff and housing officers
- Reviewing data and case studies collected by Cranstoun, Safe & Together and Social Work teams

Whilst we struggled to collect information in the way we had initially hoped, we were able to capture multiple types of data in which to inform our knowledge. By using an agile approach and utilising mixed methods that worked best for staff and victim-survivors we have been able to gather rich data sets which we have analysed for this report.

As such, our data collection tools were therefore:

- Desk review of previous evaluations
- Engaging with victim-survivors in a way that was meaningful to them, offering a £50 voucher for participation
- Interviews with social workers and CSC staff
- Survey to social workers, CSC staff, housing workers



- Emails to housing officers and staff
- Survey to victim-survivors via PSWs
- Exit surveys gathered via Cranstoun PSWs
- Case review session with borough staff and Safe & Together implementation leads
- Reviewing the case management system with Cranstoun teams
- Asynchronous focus group for Cranstoun and Safe & Together teams
- Audits from Safe & Together teams

This work resulted in the following;

Activity	No of Participants
Survey – Social Workers	10
Survey – Victim-Survivors	4
Interviews – Social Workers	5
Interviews - Victim-Survivors	5
Asynchronous focus group (Safe & Together and Cranstoun staff)	4
Case Review Session (included 2 case studies)	13



Case Files Audited	25
Direct voice of the child	1

We also completed a desk review of the quarterly dashboard reports bringing together referral data across partners, and the engagement pathways of each client. According to this data, between November 2021 and June 2024, a cumulative 354 service users were referred to Restart, 688 children were known to Restart, and 321 victim-survivors were referred to Restart.

### Limitations

This evaluation was shaped by the realities of engaging with overstretched professionals and families navigating trauma. Trust had to be built carefully, and logistical barriers, such as database migration issues, presented additional challenges. Despite these limitations, the voices of participants provided invaluable insights into Restart’s impact.

As we did engage with a smaller sample size of women, children and staff we have drawn thematically from their experiences, sharing quotes where appropriate but anonymising throughout. We have removed details where staff members could be identified through their role, location, and where survivors could be identified via their location, children or any other details. We have generally used gender neutral pronouns for staff and children. We wanted to ensure that people were able to speak freely, and that our findings could be shared as widely as possible in order to contribute to the knowledge base around this programme, and perpetrator programmes more widely. We agree that victim-survivors require *'recognition of their wrong, safety, restitution (through care and rebuilding), and*



*significance'* (Morris, 2020)<sup>1</sup>, and as such we were curious to hear how these needs were met within the context of Restart. Drawing on the work of Bryngeirsdottir and Halldorsdottir around post traumatic **growth** after domestic abuse, we were also curious to explore how environmental factors supported survivor's ability to recover from abuse because of the Restart programme.

In this research, and through speaking to victims, we have been able to speak deeply about the specific experience of specific groups at this specific point in time. Indeed, *'partiality, and not universality, is the condition of being heard,'*<sup>2</sup> a core part of feminist research. We hope this evaluation has provided some space for staff as well as adult and child victim-survivors to be heard.

Finally, we'd like to thank all those (staff and survivors) who took part in this evaluation and gave their time and wisdom during lunch breaks, after sick leave, in between back to back meetings, after drop offs and before pickups. Your insights have been invaluable.

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<sup>1</sup> Morris, R (2020) Stories of Transformative Justice. Canadian Scholars.

<sup>2</sup> Moss, P. (2005). A Bodily Notion of Research: Power, Difference, and Specificity in Feminist Methodology. In A Companion to Feminist Geography (eds L. Nelson and J. Seager). <https://doi.org/10.1002/9780470996898.ch4>



## 2. What Women Told Us

In this section, we explore what women told us about their experiences of the Restart programme.

- Four women responded to our survey
- We spoke to five women directly
  - two of whom spoke to their children on our behalf,
  - one of whom asked her child to speak to us directly,
  - the remaining two who told us how they think the programme has impacted on their children.

We then provide insight into our analysis of secondary data and share an overall impact assessment of the programme.

### Primary Data insights

- **Stories of Transformation:** For many women, Restart was a turning point; a space where they felt seen, supported, and empowered to reclaim their lives. Their stories reflect the profound impact of building trusting and nurturing relationships within a system that often feels impersonal or punitive.
- **Reclaiming Confidence:** Women told us that their relationship with supportive allies (PSWs and Social Workers) supported their developing confidence. One told us *“I felt worried, scared, stepping on eggshells. Now I am like a whole new woman.”* Another told us; *“I gained more confidence. It was a real eye-opener that I can do parenting alone.”*



- **Trajectories of healing:** Women also shared how this programme enabled them to move forward on a trajectory of healing (see Heywood et al, 2019<sup>3</sup> for more info). One said *“I felt that I wasn’t worth anything... Now, I feel more positive in myself.”* Whilst another told us *“I cry less and am more present now that he’s not stressing me out.”*
- **The Power of Relationships:** The relationships women built with Cranstoun support workers were described as life changing. These workers were seen not only as advocates but as empathetic allies who provided validation and support without judgment, a key part of survivor needs after abuse (Hester et al, 2023<sup>4</sup>). They told us; *“She advocated for me when no one else did. It made me feel like I wasn’t alone.”*, whilst another shared; *“It was like having a big sister from afar.”*

One told us: *“I felt very low before the Restart programme, and I didn’t realise that a toxic or negative relationship could have an impact on my children or myself. I felt that I wasn’t worth anything and felt useless. I feel more positive in myself now the programme has finished. My adviser gave me so much support in such a small amount of time. She was there for me at my hardest moments and gave me the best advice ever. She supported me when she could and any situation I was in. I felt connected with my adviser and felt that I could tell her anything. I’m a lot better in myself now than I was when I started”*.

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<sup>3</sup> Heywood I, Sammut D, Bradbury-Jones C. A qualitative exploration of 'thrivership' among women who have experienced domestic violence and abuse: Development of a new model. BMC Women’s Health. 2019 Aug 6;19(1):106. Doi: 10.1186/s12905-019-0789-z. PMID: 31387561; PMCID: PMC6685254.

<sup>4</sup> Hester, M, Williamson, E, Eisenstadt, N et al (2023) What is Justice? Perspectives of Victim-Survivors of Gender Based-Violence. Violence Against Women 1-28.



Another said: “[worker] was lovely- I wasn’t taken seriously for a long time, especially with social workers, they said it was tit for tat all I did was try to survive and she advocated for me. That was the best part - it made me feel like I wasn’t alone, I had felt like no one would help me. It was such a relief.”

As such, Restart offered women more than practical support; it gave them the tools to rediscover their strength and self-worth. For many, this transformation was rooted in their relationships with support workers.

### Secondary Data Insights

- **Wellbeing was improved:** These primary findings were affirmed in our case file analysis whereby support workers were asked to indicate if women’s wellbeing had improved or not following the Restart intervention. This question was answered for 10 women. For two, wellbeing was thought to have improved greatly, for seven it had improved slightly and for one there was no change.
  - 90% of victim-survivors reported increased well-being (April–June 2024 dashboard), and nine of ten women reviewed in case files showed improved well-being.
- **Safety was improved:** In our review of 25 case files, at the end of their support from Restart, four women strongly agreed that they feel safe now, four agreed and two neither agreed nor disagreed.
- **Accessing housing:** Between April and June of 2024, the following referrals were made to the housing pathway;



Site	Restart Referrals	Accommodation Pathway
<b>Overall</b>	<b>34</b>	<b>6</b>
Camden	10	2
Croydon	14	1
Havering	6	0
Sutton	1	1
Westminster	3	2

Whilst none of the ex-partners of the women we spoke to took up the accommodation offer, as Henderson et al, 2024, show “[r]esearch has consistently shown that housing is a key resource enabling women to end violence from partners and ex-partners”.<sup>5</sup> Henderson also found that:

*“Restart’s accommodation offer had also provided significant benefits to victim-survivors. The support accessed by women might not have been sought if they had to do this independently, so referral to the programme provided an access route for some women. When an accommodation offer was taken up by the perpetrator, this provided relief to the survivor. One survivor who claimed to feel ‘1000 times better’ and her 14-year-old son who had been subject to physical*

<sup>5</sup> Henderson, K., Renehan, R., Wydall, S. (2024) ‘Lessons Learned from the Restart Programme and Key Standards for Developing a Perpetrator Housing Pathway’



*abuse by the perpetrator had been able to move back home. This freedom provided women with ‘space for action’ for the first time”.*

Having space for action was seen as crucial by both women and PSW’s in this evaluation as well as previous evaluations, and as such housing options that allow for this to happen will undoubtedly be beneficial for adult and child survivors. The Restart team has worked hard to increase referrals to the housing pathway, as according to the 2023-2024 learning goals presentation to partners, the *“Accommodation Support Worker (ASW) will be visiting each borough on a rotation and presenting the housing offer to them. There is also going to be a weekly online surgery that the housing teams can attend to discuss any potential cases with the Restart team and whether they’d be suitable for referral”.*

## Barriers to Progress

Women’s experiences also highlighted systemic issues that undermined their progress.

- **Miscommunication and triggering language:** One woman told us that *“when I first heard about Restart it was through my social worker, and she handed me a leaflet that had the words [partner/family/relationship] on it, and I found that quite triggering .. and I was trying to heal from that. My social worker also informed me that it was non-negotiable. Once I spoke to Restart, I realised I had been misinformed and I’m really glad that I looked into it, as Restart has really helped me and my kids”.*
- **Poor relationships with services:** Stories of the positive relationships with PSW’s and supportive CSC staff contrasted sharply with some negative



experiences women had with some professionals; one told us *“The first social worker was so horrible. You need to have active listening skills and develop trust”*.

- **Perpetrators manipulating services:** We also heard that perpetrators sometimes manipulated professionals to undermine women’s credibility, with one sharing; *“he’s using social workers against me”*. Further, a case study shared by one social worker highlighted that even when there has been significant risk, the perpetrator attempted to bring the social worker ‘on side’ by intimating that *“we’ve all had arguments with our missus”* (as shared by a social worker to us). This social worker had undertaken Safe & Together training and was able to identify the collusion that was being attempted and challenge the perpetrator around his understanding of ‘normal’ relationship disagreements.

The importance of being heard, believed and supported continues to be a key benefit for women engaging with the programme as found in previous evaluations.

**For adult survivors that we heard from (either in interviews, case studies, case files or surveys) the programme was having a positive impact on their wellbeing and their sense of being believed, heard and supported.**



### 3. What Children Told Us

In this section, we share our findings from what mothers and children told us, our analysis of evidence gathered from secondary sources and provide an overall impact assessment of the programme on children and young people.

#### Primary Data insights (from mothers and children)

- **Attending Education and Early Learning:** According to some of the women we spoke with, their children were now attending formal childcare and education spaces. As one mother commented: *“their happiness has skyrocketed, going to school for the eldest doesn’t seem like a task now, more like fun rather than feeling lost and trapped in a place [child] didn’t like”*.
- **Feeling happier:** Feeling happier was also shared by one child, who told us directly; *“I’m a lot better now. Mummy’s better, and I don’t have to worry about her.”*
- **Healing Relationships:** Part of feeling happier was linked to mothers feeling better too. One mum told us that *“[child].. said that I cry less and am more present when he is not stressing me out or we are not together”*. A CSC worker also shared that involvement in the programme *“has increased children’s wellbeing, which has impacted on mum”*. Further, one child said: *“Mummy is smiling more now. We are happy, happy, happy!”*
- **Healthy relationships:** We were also told that for the older children, where mothers were able to name unhealthy relationships, this had an impact on how teenagers thought about relationships going forward. One mother told us *“We have been quite honest about everything I think with [child] growing up and going to*



secondary school. I wanted [them] to understand that it's not normal or acceptable". Similarly, one social worker also shared that some children and young people were able to reflect on healthy and unhealthy relationships because of their experiences. They shared that a young person had told them, "I'm glad he's gone, but mum doesn't make good choices" which opened up conversations with the young person about their perceptions around healthy relationships.

- In our survey, we asked women to tell us if they agreed with the following statements;
  - **My child/ren's behaviour has changed positively since we have been involved with Restart.** Two said neutral, one disagreed, and one agreed.
  - **My children/s sleep has improved,** one agreed, one was neutral, one disagreed and one strongly disagreed.
  - **My children/s eating habits have improved,** one agreed, one was neutral, one disagreed, one strongly disagreed
  - **My children/s school performance has improved,** one strongly agreed, one agreed, one disagreed, one strongly disagreed
  - **My children/s social interactions have improved,** two agreed, one disagreed, one strongly disagreed
  - **My child/ren appear more relaxed at home now,** one strongly agreed, one agreed, one disagreed, one strongly disagreed.
  - Where there was more agreement amongst women was around the question that **my child/ren feel safer at home now,** here three women agreed, and one strongly disagreed. All but one respondent was still engaged with the programme.



These results perhaps point to the disruption that children may be experiencing in the short term while the family readjusts during the intervention, as well as the length of the intervention, but are underpinned with a more general sense of increased safety.

### Secondary Data Insights

- **Safety:** According to dashboard data for April-June 2024, victim-survivors *“reported improved quality of life for their child(ren) and 92% reported reduced risk to associated child(ren).”* In our review of 25 case files, at the end of their support from Restart, women were asked if their children feel safe now. There were 12 recorded responses, six stated they strongly agree that their children feel safe, three agreed and three said they neither agreed nor disagreed.
- **Quality of Life:** Our analysis of case notes showed improved quality of life for 8 children (4 greatly improved, 4 slightly improved). In the narrative provided, one noted *“The children are no longer witness to the verbal assault their mother received and the environment that caused that means yes, but the disruption in leaving home to a refuge then to a new flat is not ideal”*. In terms of the children, one support worker commented *“With mum seeking help immediately when she felt it was needed and wanting to improve her mental health/seek grief support this can only impact her children for the better”*.

### Barriers to Capturing Children’s Voices

Despite these successes, systemic barriers limited the ability to consistently capture children’s perspectives:



- **Variation in capturing voice:** We heard from CSC staff, case reviews and from women in both the interviews and surveys, that few services have asked children what they think. One woman told us *“I don’t think anyone has asked [them their] opinion”*. Indeed, in our review of case notes and referral forms, few detailed the impact of the programme on children and young people and focused rather on the impact of abuse on children and young people. This finding is borne out by research by Stanley et al (2021) which indicated that only 42% of children living with domestic abuse had been spoken to by a social worker about their experiences.
- **Perception of time and risk constraints:** One social worker told us; *“It’s a four-week program; how can children realistically open up?”* One CSC worker shared; *“We can’t evaluate impact on children because they’re not able to even do the work”* and *“is that child in the right place to be sharing insights, we’re only involved when things are bad, so how do you capture that?”* Another shared that *“by the time we get referrals it’s already high risk. They should be working with schools and the NHS in their interaction with the general public”*.
- Engaging with children was also seen as a risk if the housing offer wasn’t taken up and there was no safe place for children to talk. We heard of one family whereby the children continued to succeed at school, and where school was seen as a safe place. However, the children did not want to meet their social worker at school, limiting how the worker was able to engage with them away from their parents. It was felt keenly that there should be *“protected time and space for training so practitioners feel confident and upskilled”* (CSC worker), we found that this time and space was lacking.



- **Skill set:** Although Children and Families workers work directly with children, Cranstoun Staff do not. As the above quotes from social workers highlight, there are some across the stakeholder group who didn't feel able to work with children to capture evaluative voice. For example, when we asked about capturing voice, across stakeholder representatives we heard this hadn't been captured as there were concerns about the skills needed to engage with children, the risk of causing further harm by engaging with them and not having specific, and specialist children's domestic abuse workers.
- **Concerns about coaching:** All but two of the CSC staff that we engaged with alluded to children being coached by parents, and all of the survey respondents said that coaching was a barrier to engagement. We heard: *'What is the voice of the child and what is the influence of the parent coaching them? Can they speak openly and honestly? And 'if children recognise it's wrong, it also guards against compliance'*.

Only one social worker explored what coaching might look like and how to partner with the mother to enable her to support her child to speak openly. This worker shared that she advised the adult survivor that *'you can support your child to share their own feelings, this fear that the child will be taken away, it is a tactic that he's used, it's nowhere near that threshold'*.

Importantly, one social worker also shared their reflections on centering children's voices, particularly when children were saying that everything was ok, despite witnessing serious harm to their main caregiver. This referred to a case where the



perpetrator was, on the surface, seeming to engage well<sup>6</sup> and turning up to meetings, taking children to school and events etc. and the children seemed happy and were excelling at school. In fact, one child wrote a statement saying they did not want any social work interventions. The social worker felt that decisions need to be proportionate, not oppressive and even though practitioners know the risks inherent with domestic abuse, are we genuinely hearing children's wishes and feelings if we override them. They went on to say, *"the children say X, but we interpret it as Y"*. They added: *"we go on what they say out loud but this is so hard for them to do, we have a duty as a network of professionals to pool information and confidently say this is the pattern we have established [using the multiple pathways to harm tool] ... this takes the pressure off the children to be the only voice"*.

**Overall, the programme did have a positive impact on children and young people's wellbeing; this included attending school and early learning, feeling happier, rebuilding relationships between mothers and their children and feeling safer.** An important caveat to note is that due to the difficulties in capturing information from a larger pool of children and young people our sample size is relatively small. We are only able to speak to the impacts on this group of children, not all children whose families engaged with Restart.

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<sup>6</sup> A further discussion was had about how this is not 'engaging', he was manipulating and controlling the situation and setting a groundwork that practitioners then must work against.



In the next section, we turn to look at what professionals shared about the impacts, their insights from the frontline and the systemic challenges that they face in enhancing impact for families.

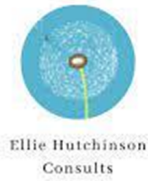


## 4. What Professionals Told Us About Impact

Professionals recognised Restart’s transformative potential, particularly in fostering collaboration and improving their ability to partner with survivors.

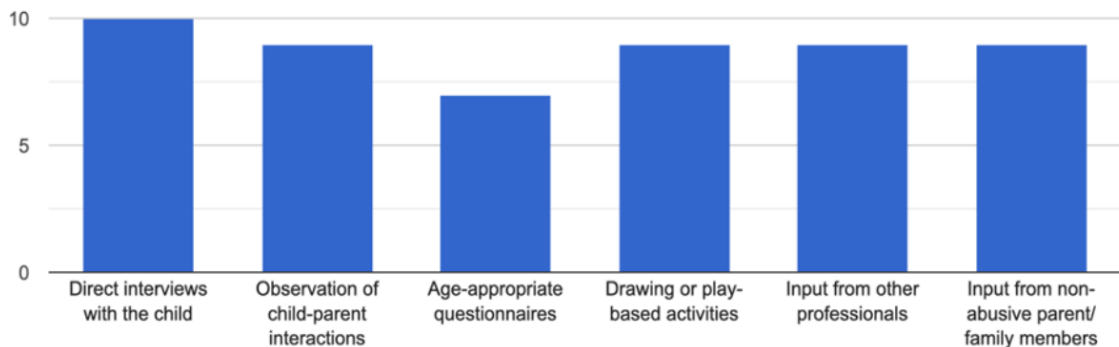
### Insights from the Frontline

- **Relationships between services:** In order for women to experience positive, trusting relationships with PSWs, it was important that they felt social workers also acted as advocates for them. A key aspect of supporting this was the positive relationships between staff who were working with families across services. Indeed, it was reported in the dashboard brief that; *“The colocation in boroughs is having a positive effect with an increase in referrals from both Camden and Westminster”*. This was reaffirmed by a Cranstoun staff member who explained that in order to achieve the best possible outcomes for victim-survivors, the team needed to have good relationships with social workers and other staff within local areas.
- **Safe & Together:** Whilst outside the scope of this work, we also found that those CSC workers who had attended Safe & Together training were much more able to share with us their increased awareness of the dynamics of abuse, their desire to partner with the mother and develop a strong relationship with her directly than others. Safe & Together training was praised for enhancing their understanding of domestic abuse dynamics; one told us *“After the training, I felt more equipped to identify patterns of abuse and support survivors effectively”*. This was also



reflected in the audits undertaken by the Safe & Together team, signaling the impact the training is having on building positive relationships and supporting victim-survivors to feel heard.

- **Housing successes:** An example of good practice was highlighted by the one housing support worker who attended and explained that in their borough there is an agreement for Restart clients to be housed. This agreement needs to be in place in all Restart areas to mitigate the risk of the perpetrator returning home (if that is not what the victim-survivor wants). As previous evaluations did point to the value of the housing pathways as offering 'breathing space', we recommend that continuing to raise knowledge of the value and impact of the housing pathway would be advisable at this stage.
- **Hearing from children and young people:** In our survey of social workers across the partnership, 10 responded. 60% of them told us they spend over 2 hours with children when they undertake an assessment. The methods they used to capture child voice are detailed below;





We found then, that of those who responded to our survey, most workers are using child centred methods to explore how children can share their experiences. This should be shared across the stakeholder group.

### Systemic Challenges

However, professionals across the stakeholder group shared that the programme's scope and resources often fell short of addressing the complexity and high risk of cases referred to Restart.

- **Programme length:** Staff across services shared concerns about the length of the programme more generally and the resulting ability to keep women safe from the men who had caused them harm, particularly as workers shared that they were holding higher risk cases than the programme was designed for.

Some we spoke to across services shared the belief that the programme is too short for men to understand the impact of their own behaviour. One CSC worker told us; *"in terms of seeing his wife as a human being in need of respect.. I don't think he's there..He still has very patriarchal views of how marriage should be, and I can't really shift him from that.."*. They continued that there is an inherent conflict around opening up spaces for 'gentle reflection' and challenging men's behaviour in the time period allowed. They said; *"you want to provide enough reassurance to engage, but then are they going to engage meaningfully because they're not ready? This dad was able to take on the non-threatening things, [like] it's bad for children etc., but he wasn't able to take on the more in depth [work]"* which would have resulted in more positive outcomes for his partner. This insight may also be reflective of the fact that the programme isn't intended to be a behaviour change



intervention, but that there is a belief amongst some in the stakeholder group that it is.

- **Lack of clarity on aims of the programme:** We asked partners to tell us if they think the programme is meeting its aims. All who responded (four) told us that they believe the programme is fairly far away from meeting its outcomes (on a scale of 1-4 with 1 being outcomes are completely achieved, all four marked 3). They shared that they believed that lack of referrals and poor partnerships contributed to this, with some sharing that the referrals they receive are much higher risk than what the programme can hold and are more appropriate for higher-risk interventions such as the Drive Project.

- **Poor/low housing stock:** Whilst the housing pathway can offer women and children space for action, accessing it was seen by many we spoke to as a challenge. One CSC worker shared that; *“The housing was an incentive, to help him take up the perpetrator programme. It is very difficult to get a housing route though (not due to the Restart team) but the housing options are very minimal.*

*Myself and [colleague] (from local authority) were chasing everyone. He was in hotel accommodation but was going to be made homeless or have to return home. There is no follow-on pathway”.* In this case, the worker shared he suspected the service user was now in the family home again. Another CSC staff member shared their concerns around the risk of homelessness to perpetrators sharing; *“ I don’t know how easy it was for him to access housing. He kept coming back to the office, saying that everything was good- he came in looking fresh, so I assume he wasn’t sleeping rough [but I wasn’t sure]”.*



- **Higher risks:** The narrative around high-risk referrals was a common one. One staff member reflected that when there has been domestic abuse, and then separation occurs, early help teams can sometimes then ‘re-translate’ it as ‘parental conflict’ as they just see the issues around child contact, rather than looking at the history of abuse.
- **Lack of suitable services:** We heard that there is a lack of services available to victim-survivors and high risk perpetrators across Restart boroughs (for example, access to the Drive Project or when survivors are moved out of borough; this finding was also evidenced in the forthcoming report from Henderson et al <sup>7</sup>), creating risk to both victim-survivors and staff wellbeing in terms of the level of responsibility they feel for survivors safety. Cranstoun staff show remarkable expertise, flexibility and compassion when holding these cases, but as one respondent to this report stated: “*some referrals are not suitable, but if there is no other support, they feel like they have to take them on. Professional duty can quickly feel like personal responsibility, and this can lead to emotional burnout*”. This issue is perhaps reflective of broader systemic issues around funding and the resourcing of high risk programmes across boroughs.
- **Understanding link between risk and burnout:** As illustrated in the quote above, we heard from some workers across the project that they may hold cases longer

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<sup>7</sup> “Barriers highlighted in interviews included no Restart provision in the Borough in which the perpetrator was registered, meaning that housing support could not be offered to the perpetrator and highlights the issue of only five of the London boroughs being signed up to the Programme”. In Henderson, K., Renahan, R., Wydall, S. (2024) ‘Lessons Learned from the Restart Programme and Key Standards for Developing a Perpetrator Housing Pathway’



than they should because of a personal sense of responsibility and a sense that there is nowhere else to refer people to, creating a feeling that if they don't support survivors, no-one else will. This felt level of responsibility can easily spill into burn out, an issue that was alluded to across the partnership. One CSC staff member told us "*People are so overworked*".

Overall then, **there exists across the stakeholder group some mixed views on the impact of Restart and the potential of Restart to make changes. This was due to misunderstandings, lack of relationships between agencies, overwork and burnout. When workers were engaged with the programme, however, they shared positive stories of impact and drew on creative tools to engage with adult and child survivors.**



## 5. What Could Enhance Impact from Professionals' Point of View?

Crucial to enhancing impact was building capacity and support. Professionals highlighted the need for deeper investments in training, staff well-being, and inter-agency collaboration:

- **Training:** Between 2021 and June 2024, of the 886 social workers booked to attend the CORE Safe & Together training, only 663 attended. For the Overview training, this figure was 1,032 booked with 713 attending. CSC staff we spoke with who had undertaken the training agreed that it did indeed help to improve relationships and support social workers to partner with mothers. Despite the efforts of the Safe & Together team, the training, as a voluntary offer, is not being utilised to its maximum potential.
- **Collaboration:** Whilst outside the scope of the current Restart model, working with third sector partners could enhance the support offered to children and young people and therefore the ability of evaluations to understand the impact on children and young people. Staff who attended the case review session discussed who is best placed to talk to children about their experiences. Many children do not want schools involved, or to be seen at home. Youth work spaces seem ideal with 'chats around the pool table' often resulting in more genuine and insightful information. However, generic youth services let alone specialist domestic abuse services for children and young people are few and far between in many areas.



- **Supporting families and onward referrals:** Some CSC staff shared that they weren't able to capture information from children as they referred the family onwards, reducing their ability to build relationships. One survey respondent told us *"Once a referral is made to restart, we are likely to either end our involvement or transfer the case to a long-term team who will have the opportunity to work with the children long term and be able to assess the changes"*. Another CSC worker we spoke with said *"best practice would be an overlap between services, a 4-6 weeks handover"* as whilst the one-front-door model may help services to triage cases it may also mean that children are still handed from one worker to another depending on if their risk escalates.
- **Housing:** One CSC worker told us [the accommodation pathway] *"would have been helpful, but often they [the perpetrator] don't want to be the one to leave"*. Previous evaluations of Restart also pointed to this being a barrier to housing access, with some service users unwilling to take the voluntary offer.

One CSC worker told us that *"it's so difficult for [people] to access housing"* and with housing stock being so limited it was difficult for boroughs to access the housing pathway. There also remained concerns from staff around the use of the housing pathway and the lack of follow-on, which may cause perpetrators to be homeless or return home, possibly escalating risk. One CSC worker told us *"housing needs to be a seamless system or for weeks this can equal more stress for professionals and the whole family and could increase risk."*

As such, professionals had a clear sense of what aspects of the programme could be enhanced to support outcomes for more adult and child survivors.



In the next section, we offer our recommendations and concluding thoughts.



## 6. Recommendations and Conclusions

Based on our analysis of primary and secondary data, we recommend that Restart;

### 1. **Continues to build on Women's and Children's Voices:**

- **Children's voices:** The programme should introduce independent children's advocates to amplify their perspectives, this could be third-sector partners who already work in children's communities and take a child-led approach to monitoring and evaluation<sup>8</sup>.
- **Timelines and trust:** Similarly, although outside of the current model, the programme timelines could be extended to build trust with adult and child survivors in order to truly understand the impact the programme is having on them.

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<sup>8</sup> Our detailed recommendation for centering children's voices is to train staff on creating a safe atmosphere regardless of physical environment. And to;

1. Consider the use of portable, child-friendly materials that can transform any space (ideally consult with children to develop these).
2. Establish peer support programs where older children or young adults with lived experience can advocate for and support younger children (with clear guidelines, support, training and supervision)
3. Use creative approaches such as art therapy, play therapy, or digital storytelling to help children express their experiences and needs. Develop guidelines for interpreting creative work in the context of assessments and create a library of case studies showcasing effective use of creative methods

These approaches may help to recentre children and explore how an adult lens has been applied to understanding impact.



- **Outcomes that reflect experiences:** Restart could explore participatory outcome development with adults and young people alongside developing Theories of Change and explore developing tools to hear from younger children about their experiences.

## 2. Supports Professionals:

- **Training:** We advise that service level agreements place a mandatory expectation on local authorities to fully embed the Safe & Together approach as part of their commitment to the Restart programme. This would enable more social workers to deepen their knowledge of coaching and how best to partner with mothers. This approach would also allow staff to collect meaningful data with children and adult survivors, with the right questions being asked at the right time in the right way for children and adults, and where the process of capturing impact (e.g. asking questions and holding space) is seen as part of the support given<sup>9</sup>.
- **Learning:** We encourage teams to dig deeper around why children may not be truthful with them and how they can support children to navigate complex emotions around talking to services about their parents, particularly for families whereby the involvement of statutory services has been problematic, for example, families with experience of a hostile immigration system, families of colour and families with a history of exclusion from education. Research from Callaghan et al (2017)<sup>10</sup> shows that children

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<sup>9</sup> <https://www.oxfam.ca/wp-content/uploads/2020/06/Oxfam-Canada-Feminist-MEAL-Guidance-Note-English.pdf>

<sup>10</sup> Callaghann et al (2017) The Management of Disclosure in Children’s Accounts of Domestic Violence: Practices of Telling and Not Telling



develop complex strategies for managing their disclosures of domestic abuse. Indeed, children and young people’s accounts of their experiences are constituted relationally and are often polyvocal. They don’t build their narrative of what happened in isolation but can’t help but be impacted by what others say, including family and official accounts. This may mean that they use more adultified language but it does not mean that their accounts are unreliable or inauthentic.

- **Provide external supervision and structured peer support spaces.** This would include regular peer sessions to come together to discuss the increase in high risk and complex cases. This may help to strengthen difficult relationships across stakeholder groups and build trust and understanding as well as address the levels of burnout across the partnership.

### 3. **Addresses Systemic Issues:**

- **Strengthen housing pathways to ensure stable accommodations for perpetrators.** We were unable to fully assess the impact of the housing pathway on women and children victim-survivors due to the lack of referrals and lack of engagement with housing officers for this particular evaluation. Work commissioned by the Drive Partnership around the housing pathway and completed by Henderson et al, does share the importance of making the case for the housing pathway as a key element of supporting survivor safety and space for action. We too recommend that the housing pathway continues to be promoted. As part of this work, we believe the Restart



partnership should continue to advocate for systemic reforms to alleviate housing shortages.

## Conclusions

In our engagement with adult and child victim survivors, staff members and case files we found that **Restart is having a positive impact on adult and children’s wellbeing.**

Restart offers hope, healing and transformation for the families impacted by domestic abuse that we were able to speak with and evidence. Women and children’s stories of increased safety, confidence, and happiness demonstrate its power to change lives. Yet systemic challenges- burnout, housing shortages, and inter-agency mistrust- must be addressed to support enhanced impacts, understanding and relationships. This is because, at its heart, Restart is about relationships.

When relationships and voice are centred, when trust is built between services and with survivors, the programme has the potential to be transformative. It can support survivors to have *“so much confidence and power”*. It can support them to feel that *“nothing now can stop me”*<sup>11</sup>.

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<sup>11</sup> Quotes from women interviewed in this evaluation.