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Domestic Abuse Early Intervention and Accommodation Trial

12-month Evaluation Report

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Executive Summary

Introduction

The following report presents the findings from the evaluation of the first twelve months of the Domestic Abuse Early Intervention and Accommodation Trial, available across ten London boroughs from September 2020-August 2021. The trial was delivered by Cranstoun, alongside Children's Social Care and Housing teams from borough Councils.

The intervention was designed in the context of the COVID-19 pandemic, and in response to an increased number of calls to domestic abuse helplines during this time. The intervention manual outlines the service model as a short-term behaviour change intervention for those on the cusp of perpetrating domestic abuse, or where abusive behaviours have recently started, and includes an offer of temporary accommodation for perpetrators. The aims of the intervention and accommodation pathway are to:

- provide a preventative intervention and potentially alternative accommodation for a temporary period until the added tensions of lockdown have eased
- reduce the risk of perpetration during lockdown and as restrictions ease
- increase safety of family members
- identify any additional previously unidentified risks or abuse and manage appropriately

This evaluation draws on quantitative data collected by Cranstoun and qualitative data from interviews carried out with Case Managers and a social care practitioner. It builds on the findings and recommendations of the evaluation of the first six months of the trial, conducted by Social Care Institute for excellence (SCIE).

Main findings

The following findings are organised according to the six objectives for this evaluation.

Profile of referrals

Although the programme was initially designed as an early intervention, data from assessments at intake indicate that those referred to the intervention were often already perpetrating some form of abuse and in some cases, high severity levels of abuse, with many already at Child Protection level within Children's Social Care. Almost all (91%) service users were using jealous and controlling behaviour/emotional abuse or coercive control, with half (55%) of these including high severity abuse. In relation to physical abuse, half (50%) of service users were perpetrating some form of physical abuse at intake, and around a quarter (27%) were using high severity physical abuse.

Data also illustrated that service users had a range of needs at intake, and in some cases these needs were multiple and complex.

Due to a lack of available data, it was not possible to build a picture of pathways that differentiated between those that received the alternative temporary accommodation and those that did not.

Impact of the intervention on the identification of risk

Case Managers discussed multiple tools used for identifying risk, such as the DASH RIC and Barnardo's Risk Matrix, and highlighted the importance of using these as part of a dynamic and continuous approach to risk management. Data gathered from interviews also emphasised the positive impact on the social care practitioners of working with Case Managers with significant experience and in-depth knowledge of working with perpetrators.

Impact of the intervention on increasing safety for the victim-survivor and the family

The data indicates that the intervention was successful in reducing risk of physical abuse, stalking and harassment and jealous and controlling behaviour/emotional abuse or coercive control (JCC). The evaluation was not able to capture the impact of the intervention on levels or severity of sexual abuse due to the short time period of intervention and lack of data to form conclusions in this. The most promising changes occurred in the

rates of physical abuse, with no physical abuse being reported at exit, meaning a 100% reduction in cases of physical abuse. Both stalking and harassment and JCC also reduced by around half from intake to exit.

Interview data also suggests that the approach to working with perpetrators was effective in stopping the cycle of abuse both within and between families. Extracts from interviews highlight adult victim-survivor's increased awareness of domestic abuse, due to work delivered by Children's Social Care colleagues alongside the intervention, as well as increased awareness of impact of domestic abuse on children in both adult victim-survivors and perpetrators.

Impact of the intervention on social workers' response to abusive behaviour

Interview data shows a positive impact on the social care practitioners' confidence in responding to abusive behaviour, allowing for improved information sharing across agencies and leading to better risk management. Partnership working between Case Managers and professionals in children's social care strengthened decision-making in cases of domestic abuse and Case Managers provided support for social care professionals, enabling them to better trust their professional judgement.

Impact of the perpetrator temporary accommodation on victim-survivors and risk

Data from interviews indicated that the temporary accommodation element of the intervention had a positive impact on the small number of families who accessed this within the trial period, offering victim-survivors a period of relief from abusive behaviours occurring in the family home, and providing expanded space for action for adult victim-survivors. Data also showed that the accommodation offer provided perpetrators with somewhere to go outside of the family home, allowing space for all members of the family to access and engage with support.

In order to improve this element of support, findings from the evaluation suggest that the offer of temporary accommodation would benefit from flexibility in its funding and structure, and a more efficient process. Data from interviews also highlights important learning around the potential for perpetrators to use the accommodation offer to further control victim-survivors.

What worked well and less well in the implementation and delivery of the intervention

The evaluation identified several areas of the intervention that worked particularly well. Firstly, the specialist expertise and experience of Case Managers in working with perpetrators appeared to lead to a reduction in several forms of abuse and an increased understanding and awareness of the impact of abuse on both adult and child victim-survivors. Secondly, the intervention was largely successful in instigating effective and collaborative multi-agency working, particularly between Case Managers and social care practitioners. Thirdly, the offer of temporary accommodation appeared to provide expanded space for action for the adult victim-survivor, allowing them time and space to consider the impact of abuse on both themselves and their children, and to engage with support from social care practitioners.

When it comes to areas that worked less well, findings suggested that despite evidence for some successful multi-agency working, communication between case managers and referrers is still an area requiring improvement, particularly in relation to the nature of the work being delivered with the service users. The evaluation identified a need for more regular, structured modes of communication to continue to strengthen multi-agency working. In addition, interview data found that the content of the behaviour change work would benefit from being adapted for those with additional needs, in order to increase accessibility and effectiveness of the work. Additionally there was a reflection on the need to highlight that behaviour change work cannot be completed in the 4 week intervention period, and that access following this to longer term behaviour change work is needed.

Recommendations

The evaluation makes seven recommendations, the first four focused on the intervention itself, and the latter three considering wider reflections for the sector:

1. Improve communication between all agencies involved in keeping the referred family safe, by implementing regular scheduled contact between the Case Manager and the referrer, in order to update them on the progress of the perpetrator and the content of their sessions.

2. Adapt the intervention materials to increase accessibility for service users with additional needs.

3. Reconceptualise the identity and definition of the intervention as a standard or medium harm perpetrator intervention and clearly explain this to all relevant stakeholders.

4. Refine the assessment process through adopting a consistent approach to using the Severity of Abuse Grid (SOAG) and offering training for Case Managers on facilitating discussions and disclosures around sexual abuse.

5. Deliver future perpetrator interventions as part of a clear multi-agency approach that sits within a whole-system approach to domestic abuse, in order to most effectively work towards risk reduction.

6. Aim to ensure newly designed interventions are supported by multi-year funding to allow for sufficient time to develop practice, learn from initial delivery, integrate learnings and evaluate the effectiveness of the intervention.

7. Any future iterations of the intervention should continue to be delivered by staff with specialist knowledge and substantial experience

Introduction

Background

In March 2020, as the COVID-19 outbreak became recognised as a global pandemic, the UK government was swift to implement lockdown measures to control the spread of the virus. These restrictions on movement were implemented for the public good; however, it became clear that their implementation had differential impacts on different groups of people, exacerbating pre-existing social, health and economic inequalities[1] and increasing risk for victim-survivors of domestic abuse. As the restrictions continued, domestic abuse charities began reporting increases in the quantity of calls made to domestic abuse helplines and website visits, indicating an increased risk of domestic abuse during lockdown. A year on, data shows that calls to the national Domestic Abuse Helpline saw a 61% increase in calls between April 2020- February 2021[2], whilst calls made to a domestic abuse perpetrator helpline increased by 68% in 2020-21[3].

In response to the escalating situation, the Mayor's Office for Policing and Crime (MOPAC) funded Respect, SafeLives and Social Finance to design, deliver and evaluate a new early intervention programme for those at risk of perpetrating domestic abuse. The service, named The Early Intervention & Accommodation Trial, aimed to support families experiencing increased conflict in the home during lockdown by focusing on individuals on the cusp of perpetrating abuse. As part of the intervention, and where it was in the interests of the victim-survivors, perpetrators were offered the opportunity to move out of the family home into temporary accommodation whilst undertaking behavioural change work, with the intention of increasing the safety of the victim-survivor and enabling them and their family to stay in their home.

The Early Intervention & Accommodation Trial was open to 10 London boroughs and delivered by Cranstoun, alongside Children's Social Care and Housing teams from borough Councils. The pilot was initially intended to run for 6 months from August 2020 to February 2021, however as lockdown restrictions continued and early learning seemed promising, it was extended for a further six months until August 2021.

The first 6 months of the intervention was evaluated by Social Care Institute for excellence (SCIE), the recommendations of which are detailed further in this report. Building on that initial evaluation, SafeLives were commissioned to undertake a small-scale evaluation of the intervention's full 12 months of delivery.

About the intervention

The intervention was designed as an emergency wrap-around intervention for individuals on the cusp of perpetrating abuse or where abusive behaviours have recently been identified/reported, whose families are in some contact with Children's Social Care. It offers around four weeks of intensive casework support and, in some cases, an offer of temporary accommodation for those at risk of, or already perpetrating, domestic abuse. The principles of the intervention reflect a culture shift towards engaging the person using abuse and disrupting their behaviours, as evidenced by the successes of Drive Project[4], SafeLives' One Front Door approach[5], the Safe

[1] AAFDA, Chayn, Galop et al. (2021) *Shadow Pandemic- Shining a light on domestic abuse during COVID* (2021) Accessed at: https://safelives.org.uk/sites/default/files/resources/Shadow_Pandemic_Report.pdf

[2] Refuge (2021) *A year of lockdown: Refuge releases new figures showing dramatic increase in activity across its specialist domestic abuse services*. Accessed: https://www.refuge.org.uk/a-year-of-lockdown/

[3] Respect (2021) *Phoneline service review 2020-21: Helping perpetrators of domestic abuse during Covid-19* (2021) Accessed at: https://www.respect.uk.net/resources/174-respect-phoneline-service-review-2020-21

[4] M. Hester, N. Eisenstadt, A. Ortega-Avila et al. (2019) *Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*. Accessed at: http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf

[5] SafeLives (2019) *An evaluation of SafeLives' One Front Door*. Accessed at: https://safelives.org.uk/sites/default/files/resources/Seeing%20the%20Whole%20Picture%20-%20An%20evaluation%20of%20SafeLives'%20One%20Front%20Door.pdf

and Together model[6], and recently reflected in the Government's commitment to publish its first perpetrator strategy[7].

The overall aim of the intervention is to increase safety of the partner and children in the home, by:

- intervening early for those using harmful behaviours to reduce and manage their behaviours and offering the option of alternative accommodation for a temporary period to provide the victim-survivor with space for action
- reducing the risk of perpetration during lockdown and as restrictions ease
- increasing safety of family members
- identifying any additional previously unidentified risks or abuse and manage appropriately

The referral process for the intervention involves initial identification of individuals by Children's Social Care practitioners, based on the presence of 'early intervention risk markers', which may include, but are not limited to: disputes over child contact, verbal arguments, early signs of controlling behaviours, and/or first physical assault. If the individual is willing to engage, the perpetrator is then referred to the Early Intervention Case Managers (referred to as Case Managers for the remainder of this evaluation) for initial consultation and the case is assessed for suitability based on risk management information and safeguarding in consultation with the Children's Social Care practitioner. Upon confirmation by Case Managers that the case is suitable for the intervention, an intervention plan is developed by the Case Managers.

Intervention plans include one-to-one casework to fully assess risk, abusive behaviours and needs, and develop motivation for longer term behaviour change work. It is adapted and tailored to the needs of each individual case; however it may include support with emotional regulation, DA awareness and understanding, the impact of DA on the children, and communication and conflict resolution skills. In some cases, where safe and appropriate for the family, perpetrators are also offered temporary accommodation funded for a maximum of four weeks. The accommodation offer aims to enable adult and child victim-survivors to remain safely in their homes, give them space for action, and prevent escalation, which could force them to flee and leave behind their support networks.

The intervention is intended to allow for regular information sharing between the Case Managers and the Social Care Practitioners providing support to the partner, by jointly assessing risk and sharing information about changes in behaviours and attitudes.

Although the intervention was designed as an early intervention programme intended for service users demonstrating early signs of abuse and harmful behaviors, in planning the model it was acknowledged that in practice, referrals are more likely to include individuals who've recently developed abusive relationships, but patterns may not be fully established yet. This is further explored in the findings section of this report.

Full 12-month evaluation

Background

Social Care Institute for Excellence (SCIE) conducted a small-scale evaluation of the first half of the trial (see Appendix one for full evaluation), covering delivery between September 2020 and February 2021. The evaluation drew on operational data and a small number of in-depth interviews with practitioners delivering the intervention. Based on this data the report made the following eight recommendations[1]:

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[6] Safe and Together Institute (2018) *Overview and Evaluation Data Briefing.* Accessed at: https://safeandtogetherinstitute.com/wp-content/uploads/2018/04/OverviewEvalDataBriefing_A4_r3.pdf

[7] https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/tackling-perpetrators

1. Explore having greater flexibility in the accommodation offer so that where beneficial, perpetrators can be moved out of the family home quickly, while still prioritising the needs, wishes and safety of the victim-survivor and any children in the family

2. Explore ways of ensuring there is an easy and efficient option for transition to a longer structured domestic violence programme for those perpetrators who need one

3. Ensure there are pathways for the victim-survivor to be appropriately supported while the perpetrator is part of the intervention, and explore how to make sure this support complements or is linked to the perpetrator intervention

4. Consider developing further guidance and training for social workers and other professionals who come into contact with families where domestic abuse is or may be taking place, who may not be confident or experienced in this area

5. Develop a strong and clear identity for the intervention, so that families and agencies know it is an early perpetrator intervention aimed at stopping incidences from escalating

6. If and when the pilot scales up, consider how to ensure that it can work effectively with people where English is not their first language, given there may be reticence to use a translator, and that there are complexities around discussing sensitive and complex topics in a second language

7. Consider how to ensure that the domestic abuse intervention is linked to or complements any other programmes that cases are part of, such as substance misuse programmes

8. Consider how to gather more evidence of the impact of the pilot on victim-survivors, and children in the family. This could be directly through interviews with victim-survivors, or indirectly through social workers or other professionals who are supporting the victim-survivor.

Building upon and considering the learnings and recommendations from the SCIE six-month evaluation, this document is an evaluation of the full 12-month intervention trial.

12-month evaluation objectives

The objectives of the present evaluation are to:

1. Build a picture of who is referred, and the pathways/action taken, differentiating between cases consulted, those that received the intensive intervention, and those that received the alternative temporary accommodation support
2. Understand the impact of the intervention on the identification of risk / abusive behaviour
3. Understand whether the intervention reduces risk / increases safety for the partner/victim and family and wider family experiences
4. Understand whether the intervention supports social workers in identifying and responding to abusive behaviour
5. Understand how the temporary accommodation pathway has increased space for action for victim-survivors and reduced risk and abuse to families
6. Understand what worked well and less well in the implementation and delivery (i.e. any new or reiterated learning since the initial report)

Methodology

Data sources

This evaluation utilises the following data to address the above objectives:

Case level data from referrals and assessments carried out with service users

Demographic data was provided in referral forms and Case Managers collected and carried out a series of assessment tools with service users. These assessments were filled in at intake and exit, including a Needs assessment and the Severity of Abuse Grid (SOAG). Anonymous data from these was shared with SafeLives and is presented in the findings section.

Interviews with Case Managers and a family support worker

SafeLives carried out three interviews with two Case Managers and one family support worker who had referred into the intervention. Analysis of these interviews is presented in the findings section.

It was originally the intention of evaluators to carry out interviews with victim-survivors whose partners/ex-partners had been referred to the intervention, as was recommended in SCIE's original evaluation. The service provider attempted to reach out to survivors through social workers, however many social workers who had referred families to the intervention had moved on to other local authorities and/or other areas of social work, and therefore it was not possible to include interviews with victim-survivors within the scope of this evaluation. For the same reason, there were also difficulties in accessing social workers who had referred into the intervention. One family support worker who referred into the intervention was interviewed for this evaluation.

Victim-survivor participation in the research design

Co-creation of research tools

In order to ensure this evaluation was shaped by the voice and views of those affected by domestic abuse, the evaluators worked with a victim-survivor to facilitate their active participation in the research design, and to co-create the interview schedules used for the evaluation. The interview schedules included background about the evaluation and the aims of the interviews; ethical considerations and participant rights; and a set of semi-structured questions with prompts.

Two co-creation sessions took place in which the victim-survivor offered their input and ideas to help shape the topics covered in the interview schedules, as well as how the questions were being asked. The draft interview schedules were then created by the evaluators and taken back to the victim-survivor for feedback, before being finalised.

While there are limitations with only including one victim-survivor's voice in the co-creation process, doing so ensured that the interviews carried out for this evaluation were guided by someone with lived experience of domestic abuse. In addition to the co-creation of the interview schedules used within this evaluation, the co-creation process also provided three useful lessons which sat outside the scope of this evaluation to implement, but which could shape and strengthen future evaluations. This learning is outlined in appendix three.

Limitations

As outlined in SCIE's evaluation, it is the recommendation of these evaluators that any evaluation of future pilots of this intervention centres the voices of victim-survivors.

In addition, this evaluation does not include the views and voices of perpetrator service users, due to resourcing limitations. Any future evaluation of this intervention should consider interviewing perpetrator service users as well as adult and child victim-survivors, when it is safe and appropriate to do so.

Findings

This section outlines the quantitative and qualitative findings from the evaluation. The findings are split into two main sections. The first section contains quantitative analysis, using data gathered from a practice tool used to assess the nature and severity of abuse, and a practice tool used to assess the needs of service users. The second section presents a qualitative analysis of interviews with Case Managers and a Family Support Worker. A summary of all findings can be found at the end of the Interview section.

Quantitative analysis

Demographic profile of those referred to intervention

In total there were 35 referrals made to the Domestic Abuse Early Intervention and Accommodation Trial between September 2020 and June 20221. Of those referred, 21 completed the intervention, 4 initially engaged before dropping out and 10 did not engage at all. One person was referred to the intervention twice and one person referred three times meaning the demographic information is based on 32 individuals.

A small amount of demographic information was collected on the referral forms allowing for the beginning of a picture of those 32 referred to the intervention. Nearly all of those referred to the intervention were identified as male (97%) with an average median age of 35 years and 8 months (min = 22 years and 5 months, max = 59 years and 4 months).

One-third of those referred identified as White British (34%) and the three common ethnic groups identified were the White ethnic group (44%), Asian/Asian British (22%), and Mixed/Multiple ethnic groups (13%). Nearly half of those referred identified as Black, Asian and racially minoritised people (47%). Information regarding ethnicity was not available for 9% of those who were referred but did not engage with Case Managers.

Domestic abuse profiles and impact of intervention on severity

One of the main aims of the intervention is to reduce the risk of abuse. To assess the level of risk to victim-survivors, the Severity of Abuse Grid (SOAG) tool was used by Case Managers. The SOAG measures the severity of abuse, classified as either standard, moderate or high, none or don't know, in relation to four types of abuse: physical abuse, sexual abuse, harassment & stalking (H&S), jealous and controlling behaviour/emotional abuse/coercive control (JCC). It was completed by Case Managers with information gathered from their contact with the perpetrator.

Data from the assessments at intake provide insight into the profile of those referred to the intervention. In total, 22 service users were assessed at intake. Figure 1 shows the prevalence and severity of different types of abuse at intake.

Figure 1.

Profile at intake					
	High	Moderate	Standard	Don't know	None
Physical	27%	23%	0%	9%	41%
Sexual	0%	0%	0%	95%	5%
Harassment and Stalking	5%	14%	5%	27%	50%
Jealous and controlling behaviour/ emotional abuse / coercive control	55%	27%	9%	9%	0%

As shown in the Figure 1, the profile of referrals included service users most commonly displaying JCC behaviours, with almost all (91%) service users using JCC at some degree of severity at intake, with just over half (55%) perpetrating high severity JCC. The second most common form of abuse at intake was physical abuse, about a quarter (27%) of which were high severity physical abuse. Sexual abuse was not collected in 21 of 22

(95%) of the SOAG assessments, which means that Case Managers reported 'don't know' in answer to the question about whether sexual abuse was being perpetrated at intake. The reasons for the large amount of missing data on sexual abuse are unclear, however it may reflect the additional time needed to build sufficient rapport to discuss sexual abuse with service users, and may also represent a training need in improving the confidence of Case Managers in facilitating discussions and disclosures around sexual abuse.

The SOAG was completed at intake and at exit, and in some instances the tool was repeated mid-way through the intervention, suggesting a need for greater consistency across the assessment process. Due to small numbers of completed mid-way assessments these have been left out of the data analysis. Although there were 35 referrals, a number of service users disengaged from the intervention or did not complete the intervention for other reasons.

Overall, 16 SOAGs were completed at both intake and exit. Figure 2 shows the percentage of cases in which different types of abuse were occurring, at intake and at exit. It also shows the percentage reduction in abuse, from intake to exit.

Figure 2.

Service users perpetrating abuse at intake and exit			
	Intake	Exit	% Reduction
Physical	63%	0%	100%
Sexual abuse	0%	0%	N/A
Stalking and harassment	25%	13%	50%
Jealous and controlling behaviour / emotional abuse/ Coercive control	94%	50%	47%

The results indicate that the intervention was successful in reducing risk of physical abuse, stalking and harassment and JCC. The most promising changes occurred in the rates of physical abuse, with no physical abuse being reported at exit, therefore meaning a 100% reduction in cases of physical abuse. Both stalking and harassment and JCC also reduced by around half from intake to exit. Figure 2 also shows that sexual abuse was being reported in 0% of all cases at both intake and exit. However, this is due to large amounts of missing data on sexual abuse.

In order to understand the impact of the intervention on severity of abuse, Figure 3 shows the type and severity of abuse reported at intake and at exit for all 16 service users.

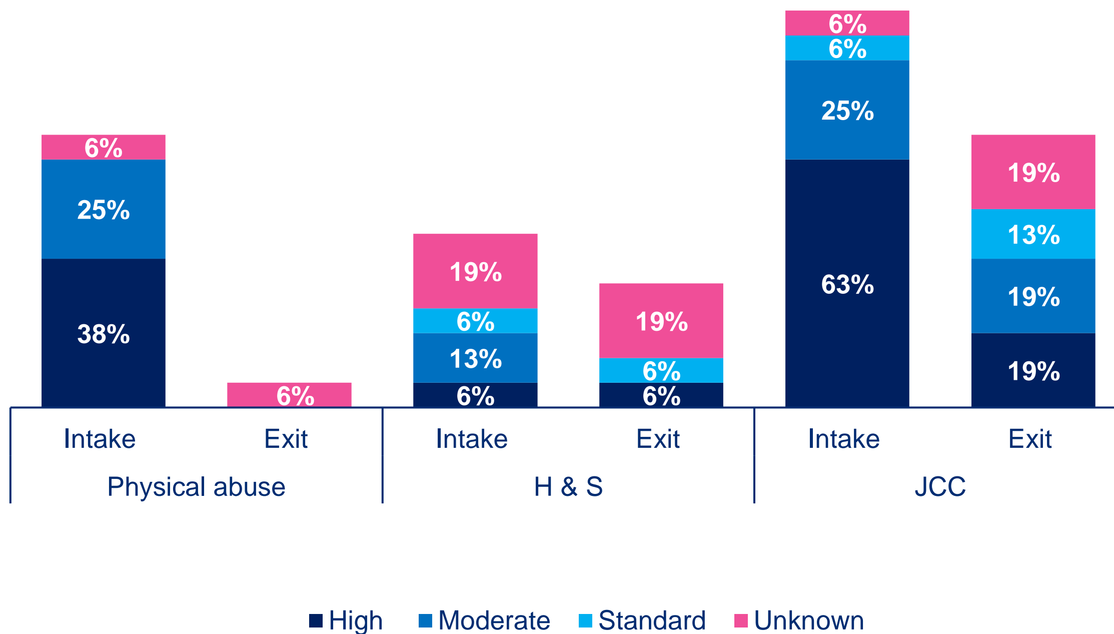
Figure 3

Type and severity of abuse								
	Physical abuse		Sexual Abuse		H & S		JCC	
	Intake	Exit	Intake	Exit	Intake	Exit	Intake	Exit
High	38%	0%	0%	0%	6%	6%	63%	19%
Moderate	25%	0%	0%	0%	13%	0%	25%	19%
Standard	0%	0%	0%	0%	6%	6%	6%	13%
Don't know	6%	0%	94%	94%	19%	19%	6%	19%
None	31%	100%	6%	6%	56%	69%	0%	31%

The table shows that the number of cases in which no abuse was occurring increased from intake to exit, for all forms of abuse. It also shows some Unknown data at both the beginning and end of the intervention, across all types of abuse at varying degrees.

Figure 4 shows the same data as Figure 3, excluding data for where no abuse was occurring and excluding sexual abuse - due to the large amounts of unknown data.

Figure 4.



The graph in Figure 4 shows us two things. Firstly, it provides more details about the context of abuse at the beginning of the intervention. Although the intervention was designed as an early intervention programme for those who are at risk of perpetrating domestic abuse, the data on physical abuse indicates that 38% of cases reported high severity physical abuse at intake and 63% of cases reported as high severity of JCC at intake. This indicates that although the intervention was designed as an early intervention, perpetrators referred to the trial were already using high severity abuse.

Secondly, Figure 4 shows us the impact of the intervention in reducing the severity of different types of abuse. The intervention appears to have been most successful in reducing the severity of physical abuse, which reduced from 38% high severity to 0%. The results also indicate that the intervention was successful in reducing high severity JCC, which went from 63% at the beginning of the intervention, to 19% at exit. Moderate levels of JCC also reduced from 25% to 19%. Although 'standard' severity of JCC rose from 6% to 13%, this is likely to be due to some cases reducing risk from high to moderate and moderate to standard, thereby increasing standard levels of JCC. For a relatively short intervention, this is not surprising, as JCC was the most common form of abuse at intake and may be more challenging to stop altogether. Future evaluations could consider reductions at case level rather than cohort level to add to this learning.

The data shows no change in high severity H&S from intake to exit, however moderate severity was 13% at intake but zero at exit.

The amount of unknown data for JCC increased from intake to exit, however reasons for this are unclear.
Overall, the graph shows a reduction in occurrence of all types of abuse except for sexual abuse, and a reduction in severity for high levels of physical abuse and JCC.

Impact on service user need profiles

As part of the assessment carried out by a Case Manager at intake and exit, a needs assessment tool is used. This requires the service user and Case Manager to score the service user's level of need in the following ten areas: Housing; Physical health; Education, Training and Employment; Substance Misuse; Finance, Benefits and Debts; Children and Parenting; Social/Family and Community Support; Identity.

The scoring scale runs from zero (the highest level of need) to ten (no need). Based on the scoring criteria laid out in Appendix four and discussion with the service delivering the intervention, this report considers a score of eight or below to indicate a need in an area, and a score of four or below to indicate a high need in an area.

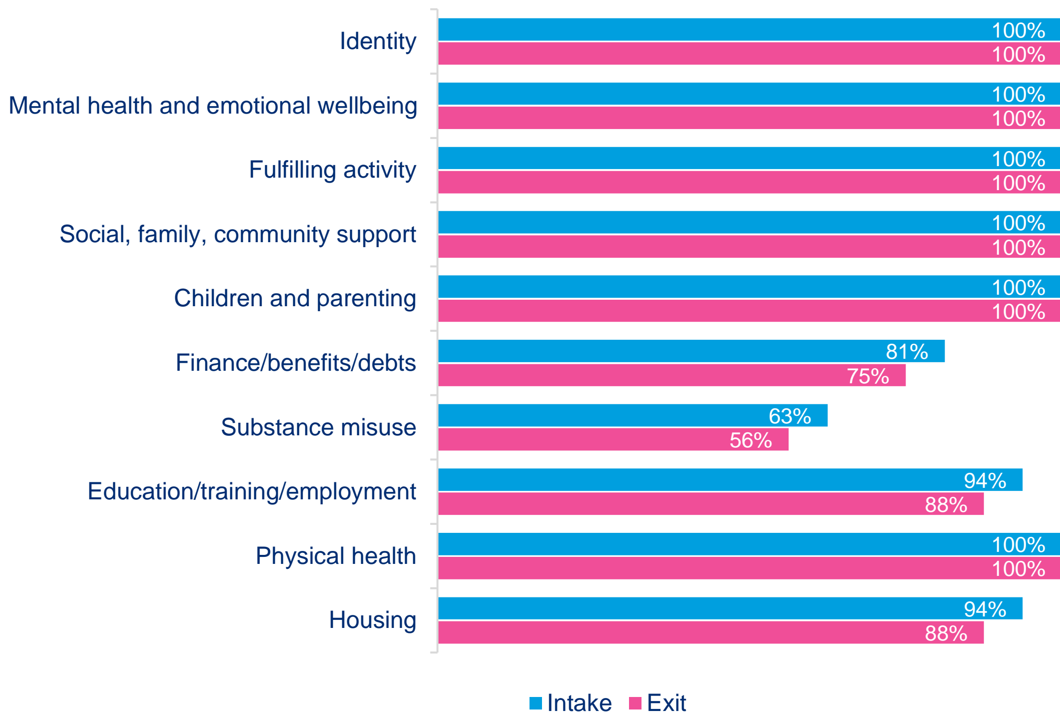
Within the data made available to us from the twelve-month trial period, there were 16 complete sets with both intake and exit data for the needs assessment. This section of the report will consider this data and explore what it tells us about the impact of the intervention on the needs of service users. However, it is important to acknowledge that using such a tool to measure impact does have limitations. While the introduction of a need, or a lower need score at exit, may be interpreted as service user's need level increasing, it may reflect a need that was not identified at entry and has been uncovered as a result of the rapport built between Case Managers and service users over the course of the intervention. It is also possible that a need may arise during the intervention.

The needs assessment tool collects a set of scores from both service users and service providers for each of the areas of need. When compared, there were some differences across these sets of scores, with Case Managers generally giving lower scores (indicating greater perceived levels of need) than service users. The only exception to this was in the category of housing, where Case Managers often gave higher scores (indicating a lower level of need) than service users. While these differences do not appear to be substantial when it comes to average scores for each area of need, they appear more substantial when looking at the perceived number of service users with a need and/or a high need in each area, with Case Managers reporting more service users to have a need or high need in the areas of children and parenting; social, family and community support; fulfilling activity; mental health and emotional wellbeing, and identity. The greatest difference in practitioner scores and service user scores was observed in the 'Identity' category, with a difference of four at intake, suggesting a disconnect in the way service users perceive themselves compared to Case Managers perception of them. Due to these differences, and the difficulties in representing the two sets of scores, the data presented in the rest of this section focuses on Case Manager scores only. It was felt that there may be more consistency across the scores given by the two Cases Managers than across the individual service user scores, due to the increased potential for variation in the meaning applied to the categories of need and scoring within the latter group.

Figure 5 demonstrates that all service users were experiencing a need in six of the ten areas at intake, with a high proportion having more than these six core needs. While substance misuse was reported by the fewest numbers of service users at intake, over half of those accessing the intervention still started this process requiring support in this area.

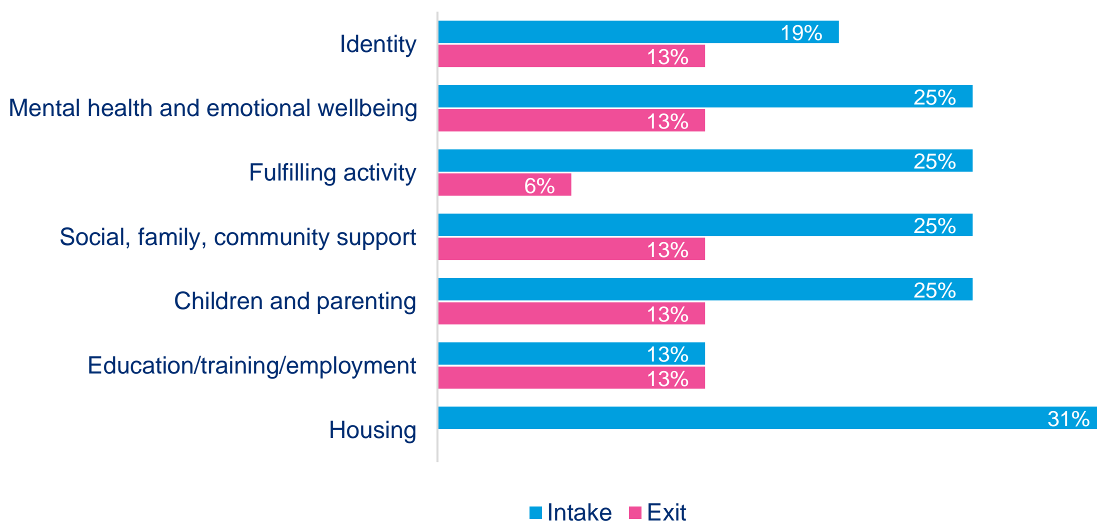
The number of service users experiencing a need did not change in six out of the ten areas captured and figure 5 shows that all service users experienced these six needs at both intake and exit. In the remaining four areas of need, which were not experienced by all service users at intake, there was a reduction in the number with a need remaining in the area at exit.

Figure 5.



However, when analysing levels of need, there were substantial reductions in the number of service users with a high need at exit vs intake in over half the categories with the detail shown in Figure 6. While there were no service users with a high need relating to finance; substance misuse or physical health at intake or exit, almost a third of service users began the intervention with a high need relating to housing. Likely as a result of this high level of need, and of the unique accommodation offer within the intervention, the most notable reductions were seen in the category of housing, with the number of service users experiencing a high need dropping from almost a third, to no service users at all.

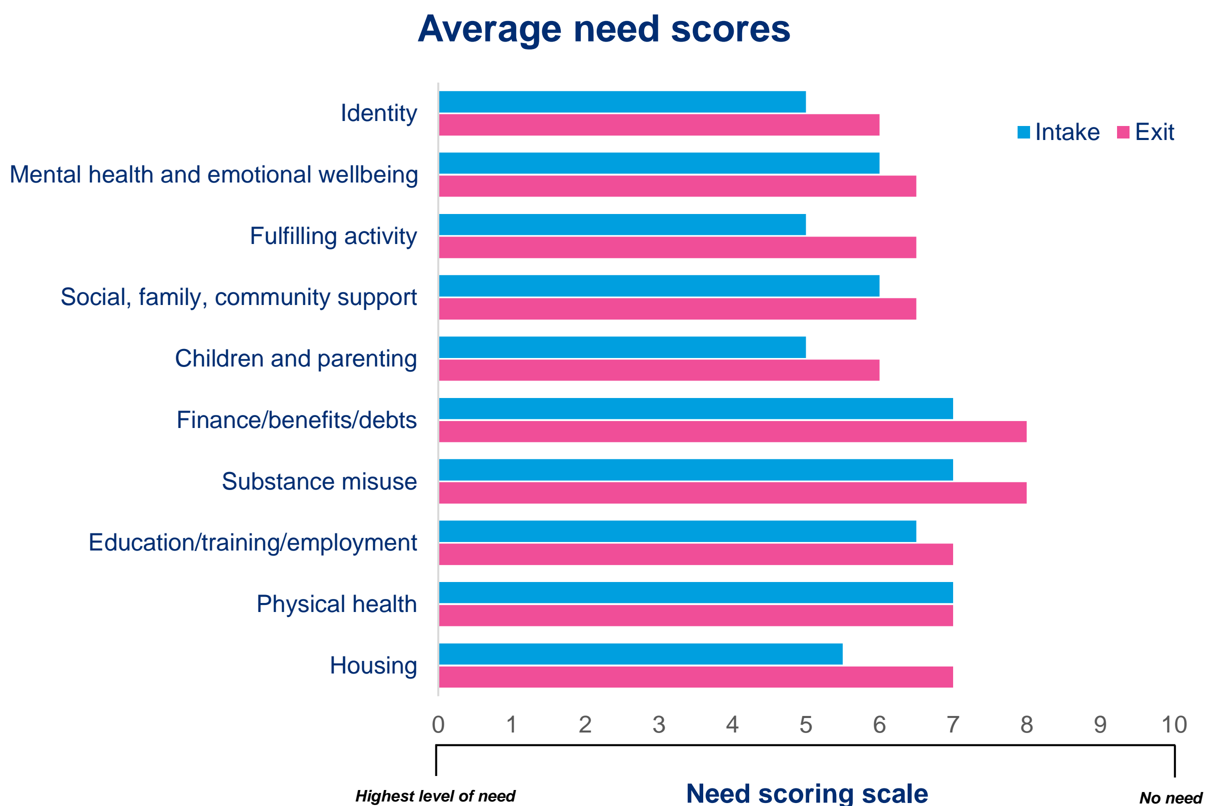
Figure 6.



The finding that there were substantial reductions in the number of service users experiencing a high need at exit, but not in the number of service users experiencing a need, may be explained by the short-term nature of this intervention. It is arguable that higher levels of need may be reduced by immediate or short-term action, whereas lower levels of need may require longer-term pieces of work to further reduce

In addition to reductions in the number of service users experiencing high needs across the areas, Figure 7 shows an improvement in average need scores across every area apart from physical health, which remained the same. While these improvements may not seem significant in size, when considered against the scoring scale (0-10) and the length of the intervention, they suggest this intervention has a positive impact on the needs of service users.

Figure 7.



Analysis of practitioner interviews

This section explores the themes that emerged from the in-depth semi-structured interviews carried out with two Case Managers (CM) and one Family Support Worker (FSW) from Children's Social Care. Analysis of the interviews established four main themes and several sub-themes within each.

These four themes are:

- Approach to delivery
- Impact of accommodation
- Impact on the family
- Value of multiagency approach

In addition to these themes, information from the interviews forms a picture of the profiles of service users referred to the intervention, which included those with a range of needs, and sometimes complex needs:

"[The perpetrator] had epilepsy and some learning difficulties and was termed… the term 'hard to engage' was often bandied around about this dad" – FSW

"In my experience, most of the guys that I worked with were very complex needs…guys with kind of diagnoses of ADHD or ...you know... very troubled backgrounds, and…sort of substance misuse histories, etc." – CM

Notably, despite the trial being described as early intervention, both Case Managers discussed how this was not reflected in the referrals they received, and how the families they worked with had established histories of domestic abuse, and some were already at child protection level within social care:

"It was funny, because it was called the Early Intervention Pilot, and none of them were early interventions, you know" – CM

"The cases that I think ...you know... 99.9% of the cases that came through were on a CP plan …of which the majority of those were on a CP plan because of DA" – CM

These findings are supported by findings from quantitative data that perpetrators referred to the intervention had multiple and complex needs, and were already perpetrating medium and high levels of abuse at intake.

Despite the arguably narrow profile of referrals for the trial period, the Family Support Worker felt confident that the intervention would work well for a broader profile of referrals moving forward, including cases where abusive behaviours were first starting to be observed:

"I mean, on hindsight, going back now, I would say that this project will be excellent for the – like as it says on the tin – for the low-level [cases]… it's just putting that word out, 'There is this project that you can refer to, in the early stages, when you're first seeing it rise – that's something that can be offered" – FSW

Approach to delivery

Shifting responsibility

An ethos of shifting responsibility from victim-survivors to perpetrators seemed to underpin the intervention. This was framed by Case Managers as ensuring the expectation of engagement in support was extended to perpetrators, whilst continuing to centre the risk and needs of victim-survivors:

"So, when you're talking about 'Well, let's refer [the victim] to Refuge' or 'Let's refer her to Victim Support' and 'Let's refer the child to CAHMS' or 'Refer the child to this…' let's refer him to the perpetrator service, as well! [laughs] You know… why is it Mum and Baby gets referred, and he ...you know... let's talk to him and go 'This is what we need you to do'." – CM

This expectation was also evident in the family support worker's interview, in which she discussed the desire to hold perpetrators accountable for their behaviour:

"In order to do that we felt that we had to address the issues with and support the victim, but also address and work with the perpetrator to help him to take accountability, and to understand the consequences of his actions, so to speak" – FSW

Holding perpetrators accountable was seen by the family support worker as a vital part of ending the cycle of abuse:

"If we don't change the pattern, and get perpetrators to take account – accountability – we're never going to change a situation" – FSW

"I think we need to change our thinking around not just managing 'the crisis' in this family but holding the perpetrator to account" – CM

Need for dynamic and long-term risk management:

One of the Case Managers strongly emphasised that the risk assessment process with perpetrators has to be dynamic and ongoing, and is not something that can be easily or accurately measured by a fixed tool:

> *"We were talking about risk assessments today, and them being quite tick-boxy, and not really telling you anything…in my head, I'm constantly risk-assessing him all the time, with everything that comes out of his mouth" – CM*

The Case Managers also emphasised the limitations of a short-term four-week intervention for reducing or impacting risk, beyond perpetrators being more likely to temper their behaviour while they know they are being watched by services. In fact, while Case Managers continued to work towards risk-reduction, they felt the area most likely to see positive change in the short time-frame, was the establishing of working relationships between themselves and the perpetrators:

> *"Instead of being called a sort of treatment intervention, we're now [in the new pilot] calling it a 4-week period of assessment...rather than this notion that… erm… you know… anything can realistically change. You might have 8 conversations, and do like 4 or 5 different tools with a perpetrator, but over a 4-week period there's no way that you can say that that's a significant intervention" – CM*

> *"I think when we're talking about risk, or intervention… we should kind of, on some level, throw that out the window a little bit... if we can encourage a perpetrator to come in and do some work, let's get them through the door. ...You know, let's stop talking about risk, and let's stop talking about what status they're at in Children's Social Care, let's just get them through the door." – CM*

These working relationships were described as key to achieving perpetrator engagement and motivation, and as a prerequisite for getting perpetrators to commit to longer-term behaviour change programmes, which are designed to reduce abusive behaviour and therefore risk:

> *"We're just about getting men joined in, rather than specifically… erm… challenging their violence and abuse, but it was about getting them motivated and engaged, and starting to look at the impact of their behaviour" – CM*

> *"Four weeks is not long enough to do anything, really, other than reach a place where 'You trust me enough that when I say to you, 'You need to do 26 weeks', you go off and do it, and don't question it'." – CM*

In this way, building rapport between Case Managers and perpetrators, and establishing relationships of trust can be seen as part of a longer-term risk management strategy.

Challenges in delivery

As was raised in the evaluation of the first six months of the trial, COVID-19 and the associated lockdowns impacted on the intervention, with both the Case Managers and the Family Support Worker describing remote delivery as a barrier to effective support. For the service user referred by the Family Support Worker, remote delivery also presented a particularly significant accessibility issue.

> *"I mean, what was difficult about this particular case, it came during the pandemic, when we was [sic] in lockdown. So, a lot of the…interventions had to take place via phone, initially...I felt, was a barrier, if I'm being honest with you; it was much more difficult" – FSW*

Accessibility was also described as an issue beyond the mode of delivery. The Family Support Worker suggested the approach and content may need adapting for the intervention to be accessible and effective for those with additional needs:

"The level that the support was pitched at could have been… something to think of, going forward, for dads who've got those difficulties, needs to be differentiated to a much simpler explanation, with not a lot of words – maybe using visuals" – FSW

In addition to discussion of the impact of COVID-19 and issues around accessibility, the need for improved communication also featured heavily in the family support worker's interview:

"With a few little improvements, as we discussed already; more open communication, regular communication" – FSW

While she described the intervention positively, the Family Support Worker felt it could be improved by increasing the referrer's awareness of the content of sessions, so that they could reinforce the work with the perpetrator:

"It would have been really useful for us, as the Family Support Worker and the social worker, to meet on a more regular basis with the [Case Manager]...Just so that we knew what topics were being discussed, and maybe if then the dad had mentioned it to us, we could have reinforced what the Case Manager had been saying, if you know what I mean" – FSW

As well as keeping the professionals informed, the Family Support Worker also suggested providing the victim-survivor with information about the content of the sessions, and offering them some say in the work being carried out with their partner/ex-partner:

"I think it would be good for the victim to have more insight, like a professional would – 'What are you covering in those sessions?'...'Is there anything that you feel needs to be covered or addressed, or is there a behaviour that particularly worries or frightens you?'." – FSW

This suggested approach recognises the victim-survivor as an expert in the abuse they are experiencing and puts their insight into practice in order to tailor the intervention to the needs and experiences of each individual family.

A further challenge discussed by the Case Managers was the need for sustainable and longer-term funding, with one Case Manager recommending a three-year funding approach in order to properly mobilise and embed an intervention:

"For a decent pilot or a decent trial, it needs to be a 3-year funding pocket, because if you think you've got the first year which is learning, then the second year is remobilising that learning and bringing that change in, so really you're looking at kind of your third year – or the last 18 months of that 3 years – for proper delivery" – CM

Impact of accommodation

Relief

"Interviewer: What do you think that impact was on the family?
Family support worker: Relief. Relief."

- *FSW*

One theme that appeared throughout the interviews was the impact of the accommodation offer on the families who received it, which was described as having value for adult and child victim-survivors and perpetrators, as well as for the professionals involved.

The provision of alternative accommodation for the perpetrator, away from the family home, provided adult and child victim-survivors with a break from the tactics of abuse that had been present while they were under the same roof:

“And [the perpetrator] was away, and he wasn’t pulling on the heart strings, and he wasn’t using that emotional blackmail ...you know... ‘I’m so ill – you made me do it’ or, ‘You know I was feeling angry, you know I was feeling stressed, and that’s why I did it’. [The victim] was able to distance herself” – FSW

And while it is known that abuse may continue after physical separation, with emotional abuse and coercive and controlling behaviours being particularly likely, it was felt that these behaviours were made easier to cope with when they weren’t present in the home:

“[The victim] is quite enjoying her new-found freedom . And ...you know... not being persecuted in any way. So… and even if she is, it’s easier to manage that persecution on a Wednesday and Saturday when he’s having child contact, than it is to manage it 7 days a week when he’s lying in the bed next to you.” – CM

Space for action and support

This period of relief gave adult victim-survivors ‘expanded space for action’[8] to think about what they wanted, and to reflect on the relationship and their options:

“What it did – mum told me this, because we used to check in with her regularly – it gave her thinking time” – FSW

“To give them thinking spaces about… ‘How do I want to go forward? Do I want to resume this relationship – do I want to take that chance – or do I want to go in a different direction?” – FSW

In a number of cases, this space for action led to adult victim-survivors choosing to end the relationship and/or deciding they wanted the perpetrator to remain out of the family home:

“When you move [the perpetrator] out for 4 weeks, [the victim] has got a bit of headspace to think about things, and actually 4 weeks down the line doesn’t want him back” - CM

In addition, the temporary accommodation offer was also described as valuable to professionals being able to carry out support with both adult and child victim-survivors:

“If we hadn’t have got [the perpetrator] out of the house, that wouldn’t have given us the time to work with [the victim] in the way that we did” – FSW

“whilst he was out of the house, it gave a chance for work to be done with Mum and the children…to express the trauma that they'd experienced, and to start them on that road to recovery” – FSW

“it’s perceived as a kind of… as a break, and a period of… erm… you know… a 4-week period of safety for [the victim]...where she can rest ...you know... where she can think about her options, and… and be supported without the kind of looming presence of a… frightening man” – CM

Somewhere to go

The temporary accommodation offer was described by professionals as providing perpetrators with ‘somewhere to go’, and as a result, removing one reason for the breaching of prohibitive orders:

“And the housing situation, that was a really big factor, because we felt that because Dad had nowhere to go, he would gravitate back towards the home. There was a Domestic Violence Protection Notice in place at the time, and Mum didn’t want to go ahead with a Non-molestation Order. So, we just felt that we really did need to address both these issues with him outside of the house” – FSW

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[8] Kelly, L., Sharp, N. and Klein, R. (2014) *Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence*. London: Child and Woman Abuse Studies Unit and Solace Women’s Aid

"if you think about the reason ...you know... non-mol's are breached, injunctions are breached, it's because 99% of the time because the perpetrator's got nowhere to go. So, on some level he doesn't have much of a choice in … I mean, I know you do have a choice, but for him, it feels like there is no choice." – CM

It was also described by one Case Manager as reducing potential resentments that may lead to further incidents of abuse:

"Again, it kind of… on some level, would reduce resentment, because [the perpetrator's] not going into somewhere where he's having to pay £1200 a month rent for a flat, and then he's got no money left, and then the CSA are saying 'Well, you've still got to give her £130 a month for the kids' you know. On some level, it kind of takes some of those… what I call a 'resentment rucksack', it stops giving them additional resentments to fling in there." – CM

In this regard, the intervention appears to try and remove potential challenges and barriers for the families referred.

Need for fast and flexible accommodation

While there were many positive impacts of the temporary accommodation offer discussed in the interviews, there was also discussion of a number of challenges. One challenge which was raised within the evaluation of the first six months of the intervention, and remained prevalent throughout interviews for this evaluation, was the need for both the funding and the structure of the accommodation offer to be flexible:

"I think the learning from the pilot going forward is flexibility around what the accommodation looks like now, because actually, for him, instead of sticking him in a hotel for 4 weeks, what we could have done is stick him in a hotel for a week, while we sourced some private rented accommodation; use the other 3 weeks' hotel money to pay the first month's deposit on that, and then you've got sustainable accommodation" – CM

Another challenge raised within the interviews was how slow the process of accessing the housing offer was in some cases:

"I think the one case where I tried to access it, it was just so slow… because we had to go via the Borough" – CM

Potential for harm

One of the Case Managers also discussed a case in which the temporary accommodation offer was used by the perpetrator to further control the adult victim-survivor. While the accommodation element of the intervention was part of a separate pilot in this case, the potential for perpetrators to exploit elements of support is useful learning to take forward:

"There was something around he still had the control. So, we'd housed him for 6 months, but they'd had somebody interested in the house, and he kind of made that really difficult, so the house didn't get bought. And then of course 6 months down the line, he'd had 6 months' worth of free housing ...you know... managed to get a payment break on the mortgage…and the payment break on the mortgage meant he could fund a solicitor in Family Court, who then decided to do a joint non-molestation order, and… because he had a shed in the back garden that his tools were in, and he needed it for work, so was allowing him into the house every morning – between 9 and 10 – to get his tools out of his shed!" – CM

While this was a standalone occurrence in the first year of the intervention, the potential of perpetrators manipulating support and/or the relocation leading to an increased risk to victim-survivors, must be recognised and managed within any perpetrator intervention.

Overall, early learnings from this pilot suggest a temporary accommodation offer for perpetrators of abuse can have a strong positive impact, particularly when the offer is flexible. Within the small number of families who

accessed the offer within the first year of this pilot, the temporary accommodation provided adult and child victim-survivors with a period of relief from abuse and the space to access support, as well as providing adult victim-survivors with the space for thought and action.

Impact on the family

Reduction and management of risk

Throughout the interviews, several references were made to the limitations of running a short-term intervention, in this case, 4-week perpetrator programme, for creating long term change in the level of risk to the adult and child victim-survivors, or long-lasting behavioural changes in the perpetrator.
However, some temporary changes to risk were observed during the intervention.

> "*And I think it reduced it, and it kept it at bay" -FSW*

> *"In the end, that family did do well... case is now closed with them, and he's back home, and they've got a new baby and… I'm not saying things are perfect, but they… there's no more police callouts, things seem to be going ok at home" - FSW*

Although there were indications in all interviews that changes in risk to the adult victim-survivor were more temporary than transformative, the intervention did appear to support practitioners to manage risk long enough to carry out other work with family members. For Case Managers, it provided an opportunity for them to improve perpetrators' awareness and understanding of domestic abuse and refer them onto longer DVPP programmes where these were available.

> *"I don't know whether 4 weeks of intervention of any description is good enough to do anything around risk. I think what it did do is take the onus off a social worker to motivate and convince a man that the behaviour he's using is abusive, and that he needs to go on and do some longer intervention"- CM*

> *"That 4 weeks, on some level, was around educating him around what abusive behaviour looks like" - CM*

Prevention of cycle of abuse

The practitioners interviewed also highlighted the value of the intervention not just for the families referred to the programme, but for preventing a cycle of abuse in which perpetrators may have other victims in the future. The casework with the perpetrator and holding the perpetrator to account emerged as important parts of that preventative work:

> *"Because we might get him out of that home, and that family might be ok, but he's going to go and meet another partner as well – it's going to go on and on." - FSW*

> *"…our view is [the perpetrator is] going to move on to another victim, and we need to sort that ...you know... that kind of preventative work." - CM*

Increased domestic abuse awareness for adult victim-survivors

The intervention also appeared to increase the adult victim-survivor's knowledge of the different types of domestic abuse, how they present and the risks they pose to the victim-survivor's safety and wellbeing. It seemed to give them the necessary tools and knowledge about domestic abuse to make connections to their personal experiences and recognise how emotional abuse manifests itself.

> *"… when I'd explain it in more detail, she'd go 'Oh, my God!' she said, 'You think of physical abuse as being the… the domestic abuse', but she said, 'All that drip-drip effect – the emotional abuse – you know, 'I'm not well, you've got to stay with me, you've got to do this; you can't go out because I need your help, you can't go out because you know it raises my anxiety…''* - FSW

The intervention created time and space for the social care practitioner to shed new light on how the victim-survivor perceived abusive behaviours and responded to them.

> *"Dad would say something, and she'd say 'Actually, that's part of domestic abuse – your power and control – and that's not going to work with me no more'*." - FSW

The intervention and the family support worker's engagement with the victim-survivor also seemed to influence how they understood accountability and perceived perpetrator programmes.

> *"I was doing a lot of one-to-one work with Mum around safety plans and … but we felt that we had to address the risk that the perpetrator posed and get him to take accountability to change his behaviour"* - FSW

Impact on children

Another theme which emerged from the interview with the social care practitioner was the impact of the intervention on both the adult victim-survivor and perpetrator's knowledge and understanding of how domestic abuse impacts children. This was also highlighted in the first evaluation as an effective tool used to develop empathy and recognition for the impact on their children.

> *"And I would hear, in meetings, her say ...you know... 'I do not want my children to experience any further emotional abuse, because A, B and C', and you'd think, 'She's got it! She's got it!'." – FSW*

> *"because it's so shocking…but sometimes I think a bit of a shock's needed, because you're saying, 'This is the impact on your children!" – FSW*

The information about the impact of abuse on children also seemed to have an impact on the perpetrator, by highlighting not only how their behaviours could harm their partner/ex-partner, but also their children.

> *"He said, 'I can't bear the thought of our child…'. So, we came into him from the parenting side – do you know what I mean? – being a dad?" - FSW*

This mirrors findings from the evaluation of year two of the Drive Project, designed to address high-harm high-risk perpetrators of abuse, which identified desire to have a more positive/less harmful impact on children as a key motivator for change with service users who were parents[9].

Overall, early learnings from this pilot suggest that the intervention had a number of positive impacts on the small number of families referred in the first 12 months, including a reduction of risk to the adult and child victim-survivors over the course of the intervention, and in some cases afterwards, as well as the accommodation offer providing each member of the family with the space to access appropriate support.

The Value of the Multi-Agency approach

In addition to the direct work being carried out with the families referred, the intervention and involvement of the Case Managers resulted in improved partnership working. This created a collaborative multi-agency approach which made use of the expertise of Case Managers and Social Care practitioners, allowed for improved information sharing leading to better risk management, and appeared to impact the confidence and perspectives of the social care practitioners themselves.

Expertise and specialism of Case Managers

The value of specialist expertise in perpetrator behaviours and presentation was a recurring theme identified in the interviews. One Case Manager acknowledged the value of years of experience and the 'gut instinct' that forms part of their professional judgement and how they perceive risk.

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[9] http://driveproject.org.uk/wp-content/uploads/2019/05/Drive-Year-2-UoB-Evaluation-Report.pdf

“it’s very difficult to talk about professional judgement – you know, that gut instinct stuff…you’ve got to kind of try and read between the lines”- CM

“I think it’s generally around the different ways that we perceive risk, when we’re perpetrator experts and abuse experts, versus when we’re not…And that’s ok for somebody like me and [Case Manager] that have been in the game for 20 years” - CM

“We were working with a service that was extremely knowledgeable with domestic abuse, particularly working with perpetrators – it’s a specialist intervention, and that’s what we need; we need a lot more of it! … because it can increase the risk if you don’t” – FSW

The above quotes indicate the importance of delivery providers and staff having specialist and extensive experience in working with perpetrators. In addition, some references were made to the importance of male perpetrators working with male Case Managers, as a way of increasing the likelihood the perpetrator will relate to their Case Manager.

“The intervention would have been even more concrete to help dad get that specialist support – especially from a male worker” - FSW

Voice of dissent

Analysis of the interviews also provided insight into the way in which staff expertise and knowledge on perpetrators contributed to multi-agency discussion of cases. The Case Managers’ perspectives provided a form of accountability, by voicing their dissent to conclusions that were being made by other agencies involved in the case:

“This social worker was pulling her hair out, saying ‘I think this is really risky’, and I was going ‘I agree!’ …because there was such a good level of disguised compliance…all these other professionals around the table were going ‘No, we can keep it at Child in Need – everything’s going wonderfully’ …I let them all talk, and then went, ‘I completely disagree’!...‘We’ve got 3 incidents in 6 weeks – one with a weapon – and she’s heavily pregnant!’.” – CM

“It’s [about being] able to have that kind of open, frank, honest conversation with the Social Worker, either where it’s coming from their professional judgement, or coming from a place where…they think it’s all ok, and they want you to reinforce that, and you’re going, ‘Absolutely not. It’s not ok’.”- CM

The Case Managers involvement created dissent in arenas where perhaps without this difference of opinion, crucial risk identifiers may have been missed, potentially impacting the risk posed to the adult and child victim(s). High staff turnover and inconsistent/limited training around domestic abuse may be contributing factors to these observed differences in risk assessments between DA and social care professionals. As one Case Manager acknowledged:

“It’s not their job to know, I suppose, on one level – and like I said, when they did their social [work] degree, they got half a day on domestic abuse [training]” - CM

Impact on social care practitioners

Acknowledging that the duty of CSC is first and foremost to protect children, part of the Case Manager’s role was to encourage the Social Worker to trust their professional judgement and support them in how to engage the perpetrator as part of their family support plan:

“I think in terms of the actual delivery and the intervention…what happened well was us being able to reinforce social workers’ professional judgement, if you like, or those gut instincts, and kind of really back the social worker to take it forward. I think that worked well” – CM

"This year has been more focussed on the role … giving workers the confidence and the tools to go forward and work with the perpetrator; what to expect; how to approach it; what questions to ask; what tools to use …" – FSW

This supportive working relationship was described by one of the Case Manager's interviewed as strengthening social care colleague's decision-making around risk:

"If both Social Worker and your DA Expert is saying 'He needs this intervention' it gives her a lot more clout in terms of escalating what's going on with the family. So, in terms of things like applying for Occupation Orders, saying 'There's no contact with the children until you've done something about your behaviour' you know, it reinforces her request for that, I think." – CM

"The Social Worker turned round and said to me, 'If you weren't in that meeting, I'd have struggled to escalate" - CM

The time spent sharing this knowledge with social workers seems to have had a transformative impact on the social care practitioner interviewed, demonstrating the potential for this intervention to increase knowledge of working with perpetrators for practitioners across different agencies.

"My practice has changed considerably – through the work with [Case Manager], if I'm being honest – that's where this process of 'Actually, it's going to be worth everyone's effort to work more closely with the perpetrator, because that's going to reduce potential, ongoing, further risk'." – FSW

Whole family approach

The intervention and Case Manager's perspective also seemed to contribute towards collaborative information sharing between agencies and appeared to cultivate a whole family approach, improving the overall response to domestic abuse.

"I think [work with perpetrators] is the biggest and most important part of the jigsaw, for working with families with domestic abuse. A vital part of the jigsaw, because without it, you're not going to get the whole picture" – FSW

There was agreement in interviews with the Case Managers and family support worker that having more professionals involved with the case would lead to improved information sharing and risk management.

"So, for me, that's like another safety, and that will help reduce risk; 'More eyes on this case, the better'" – FSW

"And we're all coming from different angles. So, one professional might see one side of a parent, another professional may have a different relationship and see another side. So, when those professionals get together, and say, 'Well, I've noticed this' or 'I've noticed that'." – FSW

The multi-agency approach featured strongly in the interviews as a crucial element to the intervention and one of its most successful impacts.

Whole system

In addition to being part of a whole family approach to support around domestic abuse, as discussed within the 'value of a multi-agency approach' theme, the four-week intervention was also embedded within a whole system approach to domestic abuse in the local area.

Prior to the inception of this intervention, the Case Managers had already built strong relationships with external professionals, and the family support worker described receiving training around domestic abuse and working with perpetrators:

> *"So, as I say, I've had training within [the local area] for over the last 23 years. But what I do find, since we've had a transformation in 2017, specific training has been absolutely fantastic, within [the local area], and I'm really pleased that more recently we've had a lot of training on working with perpetrators." – FSW*

The family support worker also described a commitment to domestic abuse within the local area:

> *"I have to say, within [the local area], Housing have just got their DAHA accreditation, so… and they've become DA Champions as well, so Housing are working quite closely with Children's Social Care and Adult Social Care, so they know the implications when there's a DV incident" – FSW*

While this evaluation only includes the views of a small number of practitioners, the discussion within the family support worker's interview suggests the established relationships with the Case Managers and the specialist training she received, led to a commitment to tackling domestic abuse and a trust in the perpetrator intervention, which in turn meant she felt confident in referring families she was working with. This indicates the importance of any future similar interventions needing to ensure there are embedded in the local whole system approach to domestic abuse to be successful.

Summary

Overall, the data collected for this evaluation suggests that while the profile of referrals may have been different than anticipated, there were a range of positive impacts on the families referred, as well as on multi-agency colleagues.

Although the programme was initially designed as an early intervention, the data shows us that in practice, referrals accepted onto the programme commonly included perpetrators who were already using high severity levels of abuse, with 63% of services users using high severity JCC and 38% using high severity physical abuse at intake. Quantitative data also shows that service users had a range of needs, and in some cases these were multiple and complex. In addition to many service users using high severity abuse at the point of referral, interview data suggests the majority were already known to services for domestic abuse concerns, with many already at Child Protection level within Children's Social Care. However, interview data also suggests that the intervention would be effective with a wider profile of referrals moving forward, including those at early intervention level.

Data found that although the temporary accommodation offer was not always necessary, in cases in which it was, it appeared to have a positive impact on families by providing perpetrators with somewhere to go outside of the family home, as well as providing expanded space for action for adult victim-survivors, and space for support for all members of the family. While these findings suggest the efficacy of the temporary accommodation element of the intervention, the potential for perpetrators to use this offer to further control victim-survivors is also important learning to consider in future interventions. Findings also show that housing was the most common area where service users reported a high need at intake (31%), as well as the area with the greatest reduction in need, with no service users reporting a high need in housing at exit.

Beyond the temporary accommodation offer, this evaluation found that the intervention had a range of other positive impacts on the families referred. The data indicates that the intervention was successful in reducing physical abuse, stalking and harassment, and jealous and controlling behaviour/emotional abuse or coercive control. The most promising changes occurred in the rates of physical abuse, with no physical abuse being reported at exit, meaning a 100% reduction in cases of physical abuse. Both stalking and harassment and JCC also reduced by around half from intake to exit. The evaluation was not able to capture the impact of the intervention on the frequency or severity of sexual abuse due to lack of data.

In addition to having a positive impact on risk levels, interview data suggests that the approach to working with perpetrators was effective in stopping the cycle of abuse. Extracts from interviews highlight adult victim-survivor's increased awareness of domestic abuse, due to work delivered by Children's Social Care colleagues alongside the intervention, as well as increased awareness of impact on children in both adult victim-survivors and perpetrators.

Lastly, data from interviews with Case Managers and a Family Support Worker show the positive impact of the intervention on a multi-agency approach to domestic abuse, and in particular on colleagues within Children's Social Care. The specialist knowledge and expertise offered by Case Managers provided a voice of dissent in cases where DA-related risk was being misunderstood and therefore mismanaged, and strengthened Social Care colleagues' professional judgement and decision-making. The multi-agency approach of the intervention also encouraged information-sharing and collaborative-working, which appeared to cultivate a whole family approach to domestic abuse.

Recommendations and Reflections

The evaluation findings indicate the first year of the Early Intervention and Accommodation trial Housing Project was successful in providing adult and child victim-survivors with the space to access support and think through their options; in building relationships with those who harm and promoting engagement in further behaviour change work; in multi-agency enabling greater opportunities for reducing and managing risk.

Data gathered for this evaluation provides further support for all recommendations made within the 6-month evaluation completed by SCIE (see appendix one). Four additional recommendations are made in this evaluation, as well as some wider reflections for the sector.

Recommendations

Recommendation 1 – Improving communication

The first recommendation is to improve communication between all agencies involved in keeping the referred family safe, including the family themselves. This comes out most strongly from the interview with the Family Support Worker. This evaluation would recommend regular scheduled contact between the perpetrator Case Manager and the referrer (in addition to any other professionals working with the family), in order to update them on the progress of the perpetrator and the content of their sessions. This would enable the referrer and other professionals to reinforce this content and ensure any support they are providing complements the work being done and does not conflict with it. This evaluation also recommends that a partner support worker keep the adult victim-survivor up-to-date with the content of the perpetrator's sessions, to better safeguard the victim-survivor from any of this content being used to further manipulate or control them. In addition to this, this report recommends three-way meetings between the perpetrator worker, referrer, and the perpetrator at the point of referral, as suggested by one of the Case Managers. This would provide clarity for the perpetrators around what they are being asked to engage in, building shared expectations and accountability.

Recommendation 2 – Adapting for accessibility

The second recommendation is in response to the experience of a perpetrator referred by the family support worker, and is to adapt the intervention to make it more accessible for service users with additional needs. This will mean adopting a responsive approach, which tailors both the approach to delivery and the content of the sessions to the individual needs of the perpetrator. While this approach makes concrete recommendations difficult to make, some suggestions from the family support worker's interview include scheduling regular reminders of sessions for perpetrators with memory issues, and simplifying session content by visually representing concepts.

Recommendation 3 – Reframing and clarifying the identity of the intervention

This evaluation shows that although the programme was designed as an early intervention aimed at perpetrators on the cusp of abuse, in practice those who were referred in the 12-month trial were already using medium and, in some cases, high levels of abuse, according to assessments. The Case Manager noted that they are willing to do an initial assessment of anyone who was referred and willing to engage, and the Family Support Worker also commented on the intervention being used to keep the abuse at bay, as opposed to preventative early intervention work. In addition, in interviews it emerged that initially there had been misunderstanding from social workers that the intervention consisted solely of the temporary accommodation offer.

It is therefore recommended that the identity and definition of the intervention be reconceptualised as a standard or medium harm perpetrator intervention. It is also recommended this definition be clearly defined and explained to all relevant stakeholders, along with the offers and activities included in the intervention.

Recommendation 4 – Refining the SOAG process

While the Severity of Abuse Grid (SOAG) is the core tool used by Case Managers to assess the level of risk to victim-survivors, data shared by the service for this evaluation demonstrated some gaps and inconsistencies in the process. In 21 of the 22 initial SOAG assessments completed, sexual abuse data was missing, suggesting a need for training to improve the confidence of Case Managers in facilitating discussions and disclosures around sexual abuse. In addition to this missing data, the evaluation also found inconsistencies in the completion of the SOAG, with the tool being repeated mid-way through the short-term intervention in some cases, and not in others. It is therefore recommended that a consistent approach to the SOAG is agreed and adopted by Case Managers.

Reflections for the sector

Multi-agency buy-in and commitment

As discussed within the theme 'value of a multi-agency approach', this intervention sat within a local whole-system approach to domestic abuse, which is represented below:

The data gathered for this evaluation suggest that the current and historic work being carried out by professionals in the local area to establish this whole system approach, created 'buy-in' for the intervention from external professionals. It is not possible to determine whether this buy-in directly affected the success of this intervention, but a model that includes a perpetrator offer alongside the other elements shown above is likely to be more effective than a standalone intervention.

New interventions should be supported by multi-year funding

Findings from interview data indicated that both the intervention and the domestic abuse sector more widely, would benefit from increased sustainable funding. In particular, Case Managers highlighted the difficulty in achieving positive outcomes with a limited budget, whilst simultaneously getting to grips with a new intervention. It was highlighted that in practice, the first year of delivery is often heavily focused on learning and establishing

processes, the second year involves remobilising the learning and integrating it into the intervention delivery, and only in the third year are processes and activities established enough to accurately assess its effectiveness as an intervention. It is therefore recommended that newly designed future interventions are supported by multi-year funding and commissioning.

Perpetrator interventions should be delivered by staff with specialist knowledge and substantial experience

One of the elements that worked well in the first 12-months of this intervention was the delivery by experienced Case Managers. Throughout interviews the Case Managers made multiple references to the importance and utility of having years of experience and specialist perpetrator expertise in forming their professional judgement. This professional judgement appeared to be used as a voice of dissent, pointing out signs of abuse or dynamics that may have otherwise been overlooked by the other agencies involved in the case. One of the four main aims of the intervention is to identify additional previously unidentified risks or abuse and manage them appropriately, and it seems that the experience and expertise of Case Managers was integral to this.

The family support worker interviewed also highlighted the benefits they gained from working and learning alongside Case Managers with specialist knowledge, contributing to their understanding of domestic abuse and to their ability and confidence in providing support to the adult victim-survivor. It is therefore recommended that future delivery of this intervention and other perpetrator intervention should be carried out by Case Managers with both substantial practical experience of working with perpetrators and specialist tacit knowledge, to ensure effective risk identification and support for the social care practitioners involved in the intervention.

Appendices

1. SCIEs Evaluation

social care
institute for excellence

Domestic abuse early intervention and accommodation project

6-month evaluation report

About SCIE

The Social Care Institute for Excellence improves the lives of people of all ages by co-producing, sharing, and supporting the use of the best available knowledge and evidence about what works in practice. We are a leading improvement support agency and an independent charity working with organisations that support adults, families and children across the UK. We also work closely with related services such as health care and housing.

We improve the quality of care and support services for adults and children by:

- identifying and sharing knowledge about what works and what's new
- supporting people who plan, commission, deliver and use services to put that knowledge into practice
- informing, influencing and inspiring the direction of future practice and policy.

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1. Executive summary

Background

This report presents the findings from the evaluation of the first six months of the Domestic Abuse Early Intervention and Accommodation pilot. The pilot was funded by The Mayor's Office for Policing and Crime (MOPAC), and managed by Respect, SafeLives and Social Finance in partnership with 10 London Boroughs supported by London Borough of Camden and the Association of London Directors of Children's Services. The service intervention was delivered by Cranstoun.

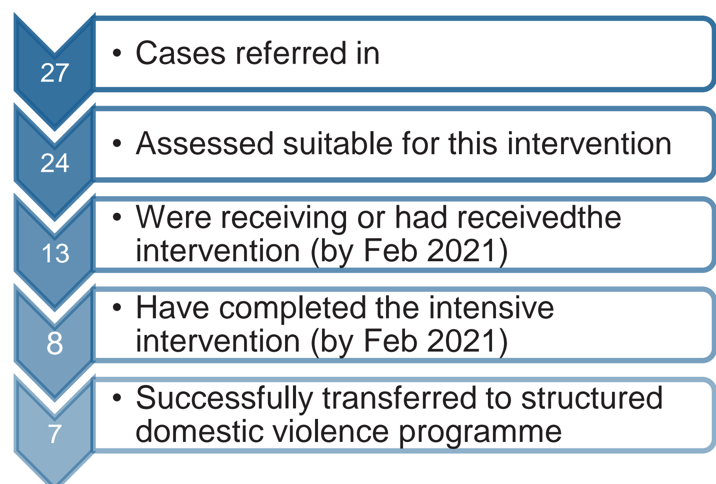
The intervention offers temporary accommodation and intensive behaviour change support for those identified by Children's Social Care services in boroughs as being at risk of, or already, perpetrating domestic abuse. It aims to respond before risk escalation to interrupt patterns of harmful behaviour. The intended primary outcome is behaviour change with reductions in abuse and harm that either enables a safe return to the family home, or longer-term separation managed safely.

This was a small-scale evaluation focussing on learning and sharing insights from the pilot to inform future design and delivery of appropriate interventions. The evaluation has drawn on operational data and a small number of depth interviews with practitioners delivering the intervention, and social workers whose cases were part of the intervention.

The pilot was funded for 6 months in the first instance and went live in August 2020, and has since been extended for a further six months. This evaluation covers the first six months, to the end of February 2021.

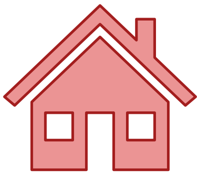
Case pathways and profiles

In the first six months 27 cases were referred into the pilot and of those 24 were assessed as suitable for the intervention. As of February 2021, 13 of these had received or were receiving the intervention. All 13 had engaged with the intervention and none had dropped out before the planned end. Of the remaining 11 in that 24: 1 client was due to start imminently, 5 were being contacted by the service to start the intervention, 2 required further assessments or more detail from the referrer, and 3 clients had refused the intervention at this point.



At the end of February, 8 of the 13 cases who had received or were receiving the service had completed the intensive intervention, with 5 still receiving it. 7 of the 8 who had completed the programme at that point

had agreed to be referred on to longer structured Respect-accredited Domestic Violence Perpetrator Programme (DVPP), and all 7 have engaged with those programmes.



- 8 of the 24 cases were assessed as having an accommodation need.
- 4 of those have received accommodation through the programme.
- 4 found accommodation outside the family home via other means.

Each case was assessed using three tools to identify attitudinal risk markers for abuse, severity of abuse and their needs across a number of domains. The purpose of the initial assessment was primarily to inform and develop an intervention plan. Because of the small number of cases, it was never the intention to determine effectiveness from these assessments, but the anonymised data has been used to start to build a profile of cases coming through the intervention.

Entry and exit data were available for the 8 cases who had completed the intensive intervention. Of these cases, five showed moderate to high attitudinal risk markers on entry but demonstrated some reduction by exit. Notably an increased empathy and understanding of the impact of their behaviour on their children, and a willingness to engage in further programmes. One case demonstrated much more notable reduction in their attitudinal risk markers and increased empathy and understanding, but at this point it is unclear whether they are an outlier. Two cases were assessed as high risk on entry, but did not demonstrate any notable change and continued to deny their roles as abusers over the course of their involvement in the intervention. The intervention has worked closely with children's services to ensure that all risks are properly managed.

Main findings

Evidence from the assessments and case data shows that **the pilot has successfully reduced abuse and instigated behaviour change through the intensive intervention, and, where needed, by providing or facilitating temporary alternative accommodation for perpetrators.** This was reinforced in interviews with social workers who noted that they had seen significant changes in the perpetrators, and this had allowed families to stay together. The **data and interviews both demonstrated the importance of perpetrators understanding the impact of their behaviour on children as a motivator for behaviour change**.

Where accommodation has been needed, and where it has been possible to put it in place in a timely fashion, it has been very valuable. **Removing the perpetrator from the family home has led to a reduction in abuse, and provided emotional space for them to engage in the intervention** and begin to understand and address the issues underlying their abuse. However, there was widespread agreement that **it would be beneficial if the accommodation offer was more flexible, with options for longer term support if appropriate, and flexibility in how the accommodation funding is used**.

The early intervention pilot has been very successful in engaging perpetrators in the intensive intervention, and in preparing them to join longer term perpetrator programmes, with a very high onward referral and engagement rate[10]. However, where there has not been a Domestic Violence Perpetrator Programme (DVPP), in place in the borough this has led to difficulties. The service provider has accommodated this by holding cases for longer while arrangements for a place on a longer domestic abuse perpetrator programme have been made. But holding cases for significantly longer than 4-6 weeks may be unsustainable if the pilot was to scale up and the number of cases increase. In a minority of instances holding cases for a long period has led to perpetrators disengaging before moving on to a structured DVPP.

All involved in the pilot have been very clear of the importance of support for the victim-survivor while the intervention has worked with the perpetrator. In some cases, the victim-survivor has been able to access a support service in or through their borough, in others the social worker has been able to offer support, and the pilot has supported them with that. But **social workers are aware that their primary responsibility is the child or children and feel that the best solution is for the victim-survivor to be offered support from a person or service other than the social worker holding the case**, and that this support should link to or complement the intervention with the perpetrator.

Social workers who were interviewed for this evaluation found their involvement with the pilot beneficial to their understanding and their practice when working with domestic abuse cases. However, it was identified during delivery that some of the wider network of professionals involved with the family in Early Help or Child-in-Need cases may not have experience in this area, and may not spot or fully understand signs of domestic abuse and/or risk factors for domestic abuse. The pilot may provide an opportunity to increase professionals' skills and understanding.

The programme has taken place during various states of lockdown, and consequently the intervention has been delivered in a range of modalities (face-to-face, online video call, and telephone). The modality used has depended on the level of lockdown, the needs and preferences of the client, and to some extent, the technology available. Although it is only a small sample, it appears that **one-to-one sessions can be delivered effectively online, as long as perpetrators have access to the right technology. But telephone sessions do not work as well, and for some clients and situations face-to-face sessions may still be the best option**.

[10] Experienced members of the programme partner organisations noted that typical attrition rates for perpetrator programmes are one-third between referral and assessment, and a further third from assessment to programme commencement. Here 7 of the 8 clients who had completed the intensive intervention to date had successfully transferred to structured domestic violence perpetrator programmes.

Recommendations

The evaluation makes eight recommendations. Some of these could be addressed or explored in the next six months of the pilot, others may be more appropriately explored in a future scaling up of the pilot. Recommendations 1-3 relate to the interface between the programme and other services or systems such as housing, other perpetrator programmes and support for victim-survivors, and so will require coordination and cooperation with policy makers, local authorities and other stakeholders to take forward. Recommendations 4-8 are more directly within the control of the programme itself to address.

1. Explore having greater flexibility in the accommodation offer so that where beneficial, perpetrators can be moved out of the family home quickly, while still prioritising the needs, wishes and safety of the victim-survivor and any children in the family.
2. Explore ways of ensuring there is an easy and efficient option for transition to a longer structured domestic abuse programme for those perpetrators who need one.
3. Ensure there are pathways for the victim-survivor to be appropriately supported while the perpetrator is part of the intervention, and explore how to make sure this support complements or is linked to the perpetrator intervention.
4. Consider developing further guidance and training for social workers and other professionals who come into contact with families where domestic abuse is or may be taking place, who may not be confident or experienced in this area.
5. Develop a strong and clear identity for the programme, so that families and agencies know it is an early intervention perpetrator programme aimed at stopping incidences from escalating.
6. If and when the pilot scales up, consider how to ensure that it can work effectively with people where English is not their first language, given there may be reticence to use a translator, and that there are complexities around discussing sensitive and complex topics in a second language.
7. Consider how to ensure that the domestic abuse intervention is linked to or complements any other programmes that cases are part of, such as substance misuse programmes.
8. Consider how to gather more evidence of the impact of the pilot on victim-survivors, and children in the family. This could be directly through interviews with victim-survivors, or indirectly through social workers or other professionals who are supporting the victim-survivor.

2. Introduction

Background to the project

Early in the coronavirus pandemic in 2020 it became clear that the Government's lockdown measures, implemented to control spread of the virus, created increased risk and harm for victim-survivors of domestic abuse. Domestic abuse helplines and services reported an increase in calls and website visits[11] from victim-survivors seeking help and support. At the same time, Respect's national phoneline for perpetrators of domestic abuse reported an increase in calls[12] from perpetrators regarding their use of abusive behaviour, including concerns around behaviour that had not yet, but could, escalate to abuse and violence.

As part of London's early response to this situation, the Mayor's Office for Policing And Crime (MOPAC) funded and co-ordinated a response which facilitated access to over 200 additional emergency accommodation spaces for victim-survivors fleeing domestic abuse. In addition, MOPAC provided funding for Respect, SafeLives and Social Finance to work alongside 10 London borough council's, Children's Social Care and Housing teams to develop, deliver and evaluate a new early intervention response focusing on the people causing the harm in order to increase safety for victim-survivors and children. This early intervention response is based on the premise that where possible, safe, and in line with the best interests and wishes of victim-survivors, the person causing harm should be the one to leave the family home and address their abusive behaviour, enabling victim-survivors and children to remain safely in their accommodation.

Funding was granted to complete a small-scale action learning project over six months, until the end of February 2021. This project was initially developed for delivery during the first lockdown period. However, it has subsequently been delivered both in and out of lockdown under varying tiers of restriction on social mixing and movement outside of the household.

About the intervention

The intervention offers temporary accommodation and intensive behaviour change support for those identified by Children's Social Care as being at risk of, or already, perpetrating abuse. It aims to respond before risk escalation to interrupt patterns of harmful behaviour. The intended primary outcome is behaviour change with reductions in abuse and harm that either enable a safe return to the family home or longer-term separation managed safely.

The primary aim of the project is to increase safety for families at risk of, or already experiencing, domestic abuse across London, during lockdown and other tiered restrictions, with a focus on improving long term outcomes for children. However, it is also intended that

[11] Refuge, who run the National Domestic Abuse Helpline, reported that in the initial stages of the coronavirus crisis helpline calls were up by 50% and website visits by over 300%. In May 2020, the helpline received a weekly average increase of 66% in calls and website visits climbed by 950% compared to pre-covid-19.
[12] Respect received 85.7% more calls in May 2020 than pre-lockdown (February 2020) and there was a 70% increase in calls in the month of May 2020 compared to May 2019.

learning from this project could inform future responses to perpetrators of domestic abuse, in the interests of victims and children, beyond the coronavirus context.

The intervention was designed to enable social workers and domestic abuse perpetrator specialists to work jointly to fully assess risk, occurrence and potential for abuse alongside offering support and tools to help manage thoughts and behaviours in the longer term. Access to temporary alternative accommodation can also be offered to the person at risk of, or causing harm, creating a safe space for families being supported by social care whilst further assessment and behaviour change work takes place. This also serves to create space for victim-survivors to share further information on previous patterns or incidents of abuse, if relevant. This accommodation model became possible during the unusual circumstances of the pandemic where hotel accommodation was available for alternative use. This created a context within which to test the intervention, but it is not likely to be a feasible long-term pathway.

When children's services practitioners become aware of domestic abuse risk or harm, specialist domestic abuse practitioners assist them in using their expertise creatively and sensitively to assess and respond to potential safeguarding risks to children. While some situations require conventional child protection routes (for example, section 47 investigations) to safeguard children, in other situations an early help response is appropriate and safer.

Where this is the case, and a joint social care and domestic abuse assessment determines that it is safe to do so, children's services practitioners can propose to a family that the person(s) causing harm move into alternative accommodation for a limited period of time to provide space and opportunity for focussed support around behaviour change. Alternative accommodation can be provided in hotels and be as close as possible, where availability allows, to the family. This is for a limited period of time and is funded for a maximum of four weeks. In some boroughs, alternative temporary accommodation was able to be sourced, for instance in units where local authorities have nomination rights. Service users must consent to working with the specialist domestic abuse Early Intervention practitioner, who provides interventions addressing the risk and behaviour of the person causing harm, as well as supporting the social worker in working with the family in ongoing assessment of domestic abuse risk and preparation for return.

The intervention and accommodation pathway aims to increase safety and improve outcomes for children and partners by:

- providing an early intervention, for example prior to escalating harm and child protection orders or court mandated responses, via behaviour change alongside alternative temporary accommodation where appropriate
- reducing the risk of perpetration during lockdown and other Coronavirus restrictions
- increasing safety of family members
- identifying any additional previously unidentified risks or abuse and managing appropriately

Adaptations during delivery

The intervention was originally conceived to respond to those in 'pre-abuse' situations. That is to address the needs of people 'on the cusp of abuse' and concerned about their behaviour

during lockdown. The intention was to intervene before it escalated to abuse causing harm, and before intervention being mandated by child protection orders or courts. However, in planning the model it was also anticipated that, in practice, those referred might be in a recently developed abusive situation, but one where patterns are not well established. Mitigations for this scenario and a range of higher risk higher harm entry points were built into the model design and agreed with the service provider.

Through delivery, it was found that when cases referred by children's social care were taken through the domestic abuse specialist assessment process, they were often assessed as being a higher risk, with more established patterns of abusive behaviour and/or previous undisclosed incidents.

The service was modelled to provide wraparound intervention over 6 weeks for up to 50 service users. However, given the cohort being referred were typically higher risk than anticipated (with repeated behaviours of abuse already occurring), cases have required more intensive and longer support, meaning the service capacity was reduced. It also took longer than expected to put information agreements in place between the delivery partner and referring boroughs, so there were few referrals in the early months.

In line with early risk mitigation planning, where Early Intervention Practitioners see a clear rationale for offering an intervention and where consent can be secured from the client and victim-survivor, higher risk cases with complex needs have been taken on. The service provider has adapted to meet the needs of these higher risk cases by

working evenings

holding more frequent 1-2-1 sessions and in-between telephone check-ins

holding cases open for significantly longer than the agreed four weeks to allow sign-off on funding and access to longer term structured groupwork intervention via a Domestic Violence Perpetrator Programme

providing 1-2-1 support for those who needed, but were not able to access a more structured longer-term domestic violence perpetrator programme, for example because such services are unavailable in-borough and on one occasion due to the client's learning difficulties

completing counter allegations assessments, if required

3. This evaluation

As part of funding for this project MOPAC have provided funds for the Social Care Institute for Excellence (SCIE) to undertake a small-scale evaluation focussing on learning and sharing insights from the pilot to inform delivery during the crisis and afterwards. The primary aims of the evaluation were to:

- Build a picture of those referred into the intervention
- Understand how the project has identified and managed risk, and ensured family safety
- Learn from the delivery to inform the sector, and future development of this model of early intervention

The project was originally planned to run for six months, until the end of February 2021. However, funding was agreed to continue the pilot for a further six months. This evaluation report covers the first six months, from September 2020 to February 2021.

Because of the scale of the evaluation it primarily draws on operational data collected for the purpose of delivering the project, which is complemented by a small number of depth interviews. Specifically:

Monitoring data and progress reports gathered as part of delivering the pilot

Including: fortnightly updates from the Early Intervention practitioners, the 6-weekly monitoring report produced for MOPAC, the interim learning report produced by Respect, SafeLives and Social Finance.

Data from assessments undertaken with clients

Assessments were undertaken with clients by the Early Intervention practitioners as part of the intensive intervention. Anonymous data from these was shared with SCIE, which was then summarized and analysed by SCIE.

Interviews with the Early Intervention practitioners and Social Care practitioners

SCIE undertook four interviews with the Early Intervention practitioners and Social Workers who have referred cases into the pilot to explore their experiences and views on the pilot.

This evidence is summarised in the next section to identify key learning and recommendations for taking the pilot forward.

Interviews with victim-survivors were out of scope for this evaluation, but some of their experiences were gathered by proxy through the interviews with social care practitioners. One of the recommendations is that future evaluation of the pilot considers how best to ensure the experiences and impact on victim-survivors is captured, whether that is through more proxy interviews, or direct work with victim-survivors.

4. Findings

Referrals and monitoring data

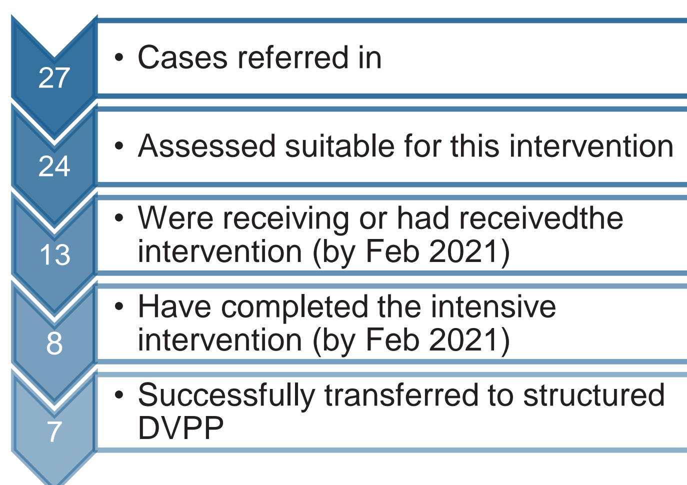
As noted above, although the project has been extended for a further six months, this evaluation covers the six months that the intervention was originally planned for. Accordingly, the figures discussed here and elsewhere in this report are for the first 24 weeks of the programme only.

Over those 24 weeks there have been a total of 27 referrals into the programme. These have come from 5 boroughs where an information sharing agreement has been put in place: Barking and Dagenham (8 referrals), Camden (11), Sutton (4), Westminster (3), Waltham Forest (1). Most referrals have been made through Early Help or Child in Need teams.

Of those 27 referrals 24 were assessed as being suitable for consultation within the project. Three were not assessed as suitable because they were either not known to children's services (they came through a Multi-Agency Risk Assessment Conference) or it proved impossible to contact them.

Of the 24 cases deemed suitable, 13 (as of the end of February 2021) were receiving, or had received the intensive intervention from the early intervention practitioners. 1 client was due to start in early March, 5 clients were being pro-actively contacted by the service to start the intervention, 2 cases required further assessment or more detail from the referrer, and 3 clients had refused the intervention at this point.

Of the 13 cases receiving intensive intervention, all have engaged with the intervention, and none have stopped engaging before the planned end. 8 clients had completed the intensive intervention by the end of February. Of those, 7 have been successfully referred into Domestic Violence Perpetrator Programmes (DVPP).



Clients have also been referred on to other services, such as housing and finance support services, and mental health, during the intervention.

It is expected that the majority, if not all, of those still receiving the intensive intervention at the end of the period this evaluation covers would also be referred onto other services.

Of the 24 referrals accepted into the intervention, 8 were assessed as having an accommodation need. 4 have received accommodation through the intervention, 2 were supported to find and pay for their own private accommodation, and a further 2 were in the process of being placed in accommodation (as of the end of February 2021).

The programme was designed as a 4–6-week intensive intervention. However, as noted above, and explored in more detail below, the early intervention practitioners have typically held cases for significantly longer. Between 4 and 12 weeks, with an average of 8 weeks per case.

Table 1. Summary of referral and monitoring data

	Total at 24 weeks
Number of referrals received	27
Number assessed as suitable for consultation	24
Number assessed as unsuitable	3
Number of case consultations with Social Care Practitioner	24
Number of service users receiving intensive 1:1 intervention	13
Number of service users assessed as requiring accommodation	8
Number of service users receiving alternative accommodation delivered through the intervention	4
Number of service users who have stopped engaging with early intervention practitioners before planned end	0
Average length of intervention provided by early intervention practitioner	8 weeks
Engagement rate (number of service users currently engaging with 1:1 intervention /number active cases)	100%
Onward referrals to other services following consultation with Social Care Practitioner	14

Data from the case assessment tools

The assessments

Three assessment tools were used with all clients in the intervention:

Needs assessment

Early Intervention practitioner and service user undertake a needs assessment to ensure that wrap around support is offered as required, including drawing on other voluntary and statutory services as appropriate. Needs assessed include: Housing; Physical health; Education, Training and Employment; Substance Misuse; Finance, Benefits and Debts; Children and Parenting; Social/family and Community Support; Fulfilling Activity; Mental health and emotional well-being; Identity (e.g. sexuality, ethnicity).

Treatment Viability and Progress Assessment.

This aims to help practitioners in domestic violence perpetrator programmes think about whether someone is a suitable candidate for a domestic violence perpetrator programme intervention. It contains 20 attitudinal risk markers, and gives the practitioner a way to scale their assessment of each of these. The matrix should support the practitioner in deciding what areas they will need to focus on in the intervention plan.

Severity of Abuse Grid (SOAG)

The Severity of Abuse Grid provides a framework within which to identify specific features of the abuse committed by the client, and to help identify the level of abuse they are committing and any change in their abusive behaviour. It is split into four categories of abuse: physical abuse; sexual abuse; stalking and harassment; and jealous and controlling behaviour.

Assessments were taken when the client entered the programme, after 4 weeks, and at the point the client exited programme. For those clients who were only in the programme for 4-6 weeks, two assessments were undertaken, one at entry and the other at 4 weeks / exit.

At the point of writing this report, some clients are still in the intervention so we do not have exit data for them, they are not included in the discussion here.

Of the 8 clients for whom we have assessment data at entry and exit, 3 were in the programme for 12 weeks, 1 for 8 weeks, 2 for 7 weeks, 1 for 6 weeks, and 1 for 5 weeks.

There are a small number of clients in the intervention, and it was not the intention to try to determine effectiveness of the programme from this data (that would require larger numbers and control or comparative data of some form). However, this data can provide useful information on the profile of the clients, and indications of effectiveness in reducing or managing risk.

It is also important to note that these three assessments are primarily tools to help practitioners assess risk, and design an intervention plan. They are not intended as measures of effectiveness, and some (the treatment viability and progress assessment) are not designed to be numerically scored.

In interviews the Early Intervention practitioners were also keen to stress that while tools such as the SOAG are a useful way of starting a discussion with a client about their abusive behaviour (which is their primary function in the intervention), they did not think they lent themselves to gathering an accurate picture of the amount and severity of abuse alone. There are other tools available for that which would be used with the perpetrator and/or victim/survivor, such as the inventories of abusive or controlling behaviours.

Therefore, although we have looked at the scorings from practitioners and service users to inform this section, we will not be reporting specific scores here. We shall focus on whether the assessments as a whole indicate that there has been change over the course of the intervention.

Profile of the cases

There are 8 clients that we have entry and exit data for at the time of writing the report. Looking across all three assessments and accompanying notes we can tentatively place them into three groups.

Moderate to high risk markers, notable change: 1 client

There was one client who was assessed as being at moderate to high across the attitudinal risk markers in the treatment viability and the needs assessment at entry. But by exit the assessments of need and attitudinal risk markers had lowered notably.

There had been incidences of physical abuse, but that ceased on them moving out of the family home, although they continued to exhibit jealous and controlling behaviour.

Comments on the assessments suggest that at entry this client demonstrated little understanding of the impact of their behaviour on the family and children. By the end of their involvement in this intervention they were more self-aware, and beginning to demonstrate empathy and a greater understanding of the impact of their behaviour on their children.

Moderate to high risk markers, some change: 5 clients

These five clients varied in their patterns of need on the needs assessment, but on most dimensions they were assessed as of medium to low need. Areas where one or more of the clients were assessed as being of somewhat higher need were: Education, training and employment (one client); Social, family and community support (two clients); Mental health and emotional wellbeing (one client). For all clients their needs did not change notably between entry and exit.

All five of these clients showed a reduction in their assessment on attitudinal risk markers, as assessed on the treatment viability and progress assessment, over their time in the programme. Although the changes were not large they were clear, bearing in mind that engagement with this programme was comparatively short. Of these five cases, three demonstrated a willingness to engage and change from the outset of their involvement, the other two were described as somewhat resistant or averse to change at first, but by the point of exit were willing to engage.

On the Severity of Abuse Grid all five clients were assessed as exhibiting jealous and controlling behaviour at the entry to the program, unlike the two cases below this behaviour was assessed to have reduced somewhat over the course of the intervention, though was still occurring. Two cases were also committing physical abuse at the start of the program, but this stopped as they went through the programme and moved out of the family home.

Of these five clients, one had already moved out of the family home at the point of their first contact with the intervention, and three of them agreed to move out during their

time in the intervention. This indicates the importance of accommodation options for the perpetrator.

High risk markers, little change: 2 clients

Two clients were assessed as high risk across all 20 attitudinal areas in the Treatment Viability and Progress assessment at entry, with no change on this measure at exit.

On the Severity of Abuse Grid, for one of these clients there was an apparent slight reduction in physical abuse, but there was continued (if not worsened) emotional abuse (although the client denied this). For the other client there was some reduction in physical abuse, because they moved out of the family home through their involvement in this programme. However, their jealous and controlling behaviour continued if not worsened.

For both clients the analysis of their needs did not change notably from entry to exit of this intervention.

As noted above, this is a tentative grouping based on a small number of cases. As the pilot continues it would be interesting to see if it is borne out, or if a more complicated picture emerges.

When we look at the assessment data and the notes accompanying the assessments, it indicates that over the course of their involvement in the programme the majority of clients begin to develop key things such as empathy and a greater understanding of the impact of their behaviour on their children, which ready them to engage with and commit to a longer-term perpetrator programme.

Interviews

This section reports themes explored through depth interviews with the Early Intervention practitioners and two social workers who had referred cases into the pilot. It is complemented by some examples drawn from case studies collected by the Early Intervention practitioners.

Nine themes emerged from these interviews:

- Efficacy in reducing abuse and changing behaviour
- Understanding the impact on children as a motivator for change
- The value of providing temporary alternative accommodation
- Engaging perpetrators and referring on to longer programmes
- Coordinating with support for the victim-survivor
- Professional understanding of domestic abuse
- Intervention modality: Face to face, online and telephone consultations
- Gender of the victim-survivor and social workers

- Taking a holistic approach and linking with other programmes

Reducing abuse and changing behaviour

One of the aims for the project was that by providing an opportunity for early intervention it would prevent escalation of abuse, and could allow identification of previously unidentified risk in cases that were in contact with children's services.

As interviewees noted, by the time these kinds of cases are coming to the attention of children's services there is already a degree of risk present.

> *The difference between early intervention, standard risk, or medium risk, or high risk, is a little bit of a false distinction in some ways. I guess there are higher-risk behaviours and levels of violence. In terms of actual work with perpetrators and the cases that are coming to the attention of children's services, predominantly, the risk of future abuse is always high*
>
> *Interviewee*

Notwithstanding that, there is strong evidence from case studies gathered during the pilot to date that it has led to risks being identified, and provided an avenue whereby the perpetrator can be removed from the family home, thereby reducing risk of further abuse.

Case study – Client B

On Monday evening there was a further incident where Client B attacked his wife causing injury where she needed hospital treatment. We were able to work with the arresting officer and talk to Client B whilst in custody and reached a point where he agreed to the intervention. We identified alternative accommodation in the form of a hotel quickly and were able to work with the police to have condition of residency at the hotel as part of his DVPN. We were able to work with the victim-survivors and refer her into the borough's IDVA provision and an emergency non-molestation order is being applied for today.

An initial meeting went ahead with the perpetrator and follow up intervention has been booked in. The victim-survivor is now heard, believed, supported and safer. Without the accommodation offer it is likely the perpetrator would have breached the initial DVPN and further assault may have taken place. The police have no further actioned the case as again the perpetrator made counter allegations.

Thanks to the early intervention offer the victim-survivor and her children are in a safer position and he can now be held to account.

As noted in the section above, the assessments used with perpetrators also show a reduction in risk and abuse, a greater understanding by perpetrators of their actions and increased willingness to engage in work to reduce their abusive behaviour.

One social worker interviewee gave an example of how one of their cases had changed over the course of the programme. They noted that when they first worked with the man they had found him 'pretty scary', although over time they got to know him, how he functions and issues around things like his self-confidence. They had been trying to get hold of him for a little while, when the man called them just before the social worker was going to go out.

> *I pick the phone up and I say, 'Hi,' and he then launches into this issue about having spoken to housing, and housing is telling him to give up the accommodation, and they said it was going to the summer and it's not been the summer. What did I email them, and I've given*

them information. We were having this round and round conversation, and in the end, after about 15 minutes, I said to him, 'Listen, I'm going to go because I was going out,' and then it was like, 'Yes, now you won't give me the time. You want to go off and do whatever,' and I just said to him, 'I'll call you back when I come back. I'm going to go, and I'm going to come back.' I went off into [local area] and then I was just thinking, oh my God, we've gone back to bloody step one and he's not got anything, and it's just not working. He's just reverted to type. When I got back, I got a text from him and it said … 'Sorry [Interviewee name], I didn't understand what was going on. Could you tell the housing worker I'm sorry too?' I'd missed that email, so I just rang him back, and when I rang him back, he was saying, 'I'm really sorry, I just didn't get it. I didn't want you to think I was being angry or whatever.' I said to him, 'Actually, what I recognised on my walk and coming back is that you were anxious about giving up your accommodation,' because it felt a bit like a safety net for him. Again, to me, that was the programme. So he was able to reflect. That's what the programme's given him, alongside the other input that he's had, to think about his behaviour, apologise for it and then for us to move on. Also, for me to say, 'Actually, I think you were pretty scared about giving it up.'

In the same case the social worker was very clear on the importance of alternative accommodation in allowing the man to engage with the intervention and then to reconcile with his partner and move back to the family home in agreement with them.

I suppose, the bottom line for me is, actually, I don't know that this man would have been where he is emotionally, in terms of his mental health, and physically, I can't see that he would be in his family home now, without the programme. So for me, that probably is the point at which I just say, 'Thank God it was there,' … I think, without this particular programme, dad would not be where he is.

Interviewee

Children as a motivator for change

Interviewees emphasised the importance of the perpetrator understanding the impact they were having on their children as a motivator for change.

In this man's experience, I would say that my hammering home, your children told me they were scared of daddy coming back to stay because they didn't like your angry voice, and they didn't get to sleep at night because they were always wondering was there going to be an argument. Then they'd go to school and they couldn't stay up or concentrate. Those were the things that I think were real change factors to this man, to hear that.

Interviewee

This echo learning from many cases in the pilot and is reinforced by data from the assessments where clients who engaged and showed changes in their risk assessments also showed an increase in empathy and understanding of the impact of their behaviour on any children in the family.

Interviewees noted that a programme like this provides other options when working with families. It gives them an avenue to go down when they are reading referral notes, or are in a strategy meeting and there are indicators of risk present. Because it is an early intervention it can help the social worker work with the victim and the children to reassure them that there is a service that could work for them.

Speaking to perpetrator and victim. Even giving assurances to children. Giving families assurance that there is a service like this in place it can instil some confidence within families.

Interviewee

Social worker interviewees emphasised that children are typically very aware of abuse that is occurring in the family, even if they are reluctant to disclose it.

The value of an accommodation offer

The pilot was designed during lockdown on the premise that access to separate housing would be the most immediate need. However, the majority of delivery has taken place outside of full lockdown during other tiered restrictions and many cases referred so far have required intensive behaviour-change interventions, but not all have also required the temporary hotel accommodation. Reasons for this include alternative accommodation having already been provided by the borough or it is not assessed as being appropriate or required by the early intervention practitioner.

Of the 24 cases assessed as suitable for the intervention, 8 (one third) were assessed as requiring accommodation. At the 24 week point 4 of these had been provided accommodation through the intervention, 2 had organised their own accommodation with the encouragement of the practitioners, and 2 were being sourced accommodation.

A repeated theme in the interviews and throughout discussions about the delivery of the project, is that on the one hand the accommodation option is very important, and when it has been put in place has been very beneficial to the family. But on the other hand, it needs to be more flexible so that it can meet different needs, and be put in place quickly, for example when there is a crisis or an incident.

The example below illustrates the complexities of cases that the programme has been dealing with. In this instance the male perpetrator had his own vulnerabilities. Social workers identified a housing need for him, but were unsure if he would be eligible for accommodation within the programme. The social worker tried to find accommodation via an alternative route, but because an immediate solution wasn't available the man broke back into his own home for one night, then spent three nights in his mother's front garden, and one night sleeping in a park.

So basically, what I had was, as I said, a man that had been living with his partner. They had two children and mum was pregnant, and there had been two successive domestic violence incidents and a lot of police involvement. As a consequence of the second incident, mum had left the family home with the two children to stay at a friend's house, and

dad had issues with the friend anyway. Then he was arrested, and he was bailed not to return to the home address, but he had nowhere else to go and he had his own vulnerabilities. So there had been issues around possible drugs misuse. Not on a big scale, but he suffers from neurological difficulties as well, so I think that he was probably smoking cannabis in order to try and reduce the number of seizures he was having, but also maybe taking a bit of excess alcohol to numb the whole issues of recovering from a seizure. So I was working with - and also, somebody that I think has an undiagnosed learning need. Actually, he was desperate, so he'd gone back to the house one night. He broke into the house and stayed the night. Really, what I wanted was somewhere for him to stay. It's really difficult because I don't want to say something that it wasn't the case, but I kind of remember talking about could he access the accommodation element of the project, but I think we were told no, and I can't remember the reason for that. So what we ended up trying to do was to go through adult social care, to see whether or not we could have him assessed as an adult at risk, and a vulnerable adult, to see whether or not we might be able to get some accommodation support. We were in the height of COVID. His mum is elderly, she has her own health issues. She was terrified, with her underlying health conditions, of anyone coming to the house. He slept in her front garden for about three nights, and he's got neurological difficulties, so he has seizures. We were trying to liaise with our housing department as well. Then he slept in a park. It was all a bit crazy because, in my head, I thought the project was also about trying to support men with the accommodation aspect of it. So that was all a bit frustrating, and in the end, I had - the worker that I work with, she's absolutely fantastic. She managed to liaise with our homelessness department for him to access some emergency accommodation, but it was outside the project.

Interviewee

Interviewees emphasised the need for the accommodation option to be flexible and bespoke to the case. With different options, such as potentially supporting individuals into longer term options if the case needed it. But they also noted that short term accommodation support might need to come with caveats or conditions to ensure or encourage the individual to engage with the intervention.

So in this case, we had a mum that was pretty scared, we had children that were scared. We had a dad that was saying he was committed to his family, but behaving in a way that wasn't reasonable or okay. Mum was kind of ambivalent about following through with, for example, a non-molestation order or following through with a charge and prosecution. I was really worried about dad's desperation, and so maybe with accommodation, if I knew that it was going to be assessed and it was something that was, I don't know, maybe short term. You see, I think that if you offer something short term, there has to be some kind of caveat. If you don't do the work, you don't continue having the accommodation after three months, or there has to be another resource that says, 'We're going to support you into your own housing, because, actually, it would always be too dangerous, because of your circumstances, to go home.' Do you see what I mean? So it feels that it would need to have an initial assessment, and then staged review and assessment, to look at what that particular man would need.

Interviewee

But they also noted that they wouldn't support funded accommodation in all cases.

> *Equally, I can think of another case where I've got a man that I am quite concerned about, but I'm not sure that I would support his accommodation, because I feel that he would have had access to other resources and places that he would stay.*
>
> *Interviewee*

Interviewees emphasised the need for flexibility in how funding for accommodation can be used

> *I think a lot of the guys we've worked with are working men. They're not necessarily unemployed men. They could afford to pay a monthly rent themselves. For example, if it was a room in a shared house. They could afford £400 or £500 a month for a room in a shared house, which would be longer-term. What they can't afford is the first month's rent in advance and the deposit, because they've got to financially support the family home. I think having some flexibility... We managed to find him a room and we managed to find a room where he didn't have to pay a deposit, he could just pay a month upfront, so we got him out.*
>
> *If we could have used that pot of money to fund that then, essentially, rather than putting a guy in a hotel for four weeks and then having to send him back home when we know we've only planted a seed, there's no behaviour change gone on, that doesn't work, I don't think. Also, you might have an incident on Friday night or Thursday night and we need him out, and we need him out quickly. Having the flexibility to use a week of hotel, and then using whatever funds are leftover to maybe pay a rent deposit type onwards path would work better, I think.*
>
> *Interviewee*

Supporting people into alternative accommodation can come in different forms, for some it might be direct funding, for others it may be support to find somewhere or to access the housing options team.

A social worker interviewee noted that having an accommodation option for perpetrators was very important because it allows intensive work to be undertaken with the perpetrator, who may need space, mentally and physically, to face up to and explore their own issues and behaviour. And at the same time, it safeguards the victim-survivor and children.

When asked about the importance of accommodation being part of the intervention they said,

> *Brilliant, it's so realistic. Personally, working on DV cases, it is so difficult if there are no injunctions or bail conditions in place how can you really tell a perpetrator 'we need you to leave your home'?*

The interviewee noted that some do comply, and go to relative or friends, but others look them in the eye and ask if they have accommodation for them.

> *The accommodation aspect is what is really helpful… It would make life a lot easier... It would work to their advantage and our advantage as well, and it would safeguard the children.*

Interviewees were conscious of possible negative public perception around using public money to pay for accommodation for perpetrators of domestic abuse, albeit temporarily. However, they emphasised that by supporting the perpetrator to move out of the family home, the victim-survivor had greater choice and agency to stay in the family home with any children if that's what they wanted and it was safe to do so. They felt that it is the victim-survivor and children who are the primary beneficiaries of the perpetrator being supported into alternative accommodation.

> *I think, fundamentally, the point is that my job is to look at how we keep families together, and actually the process of that is important. In actual fact, with this man, it's been really interesting because I think one of the real learning points of this man is that he kept his accommodation, even though he returned to the family home in December of last year. It was him that was saying to us, 'I want to be back home with my missus and my kids, I adore them, I've learnt so much, but I kind of feel as if I need that space just for myself.' He has kept that accommodation and he's giving it up at the end of this month. So for three months, he's had that accommodation in parallel to having moved home full time, practically. For me, that's been a really, really positive thing for his circumstances.*
>
> *Interviewee*

> *If we're not moving her and her children out - those kids that have already been traumatised now have to go to a different school, maybe have six weeks off school while they're waiting for a place, and then go and live in some crappy box room in the refuge for the next three or four months; and that refuge costs, what, £900 a week. If we can move him out where, actually, all we do is pay the first month, or the deposit, and then he has to pay for himself - but it could be a longer-term offer - then cost effectiveness is far cheaper. The kids aren't being retraumatised. She's still around her support networks.*
>
> *Interviewee*

Engaging perpetrators and referring on to longer programmes

At this six-month point, 7 of the 13 cases who have been part of the intensive intervention to date have been referred on to Domestic Violence Perpetrator Programme at the end of the intensive intervention. Some of those 13 are still receiving the intensive intervention, and some have been referred to other services. All of those who have agreed to be referred on to a Domestic Violence Perpetrator Programme have engaged with those programmes.

Interviewees noted that the early intervention programme provided a bridge to engage with perpetrators and get them ready to take part in longer term programmes.

> *I think the value of this project is that you don't have incidents and then we say to men, 'Go on Men and Masculinities[13].' Some people are just not in that space, they're not ready. So actually, the work that was done with the man in question was quite bespoke for him and*

[13] Men and Masculinities is a longer intervention including a 24-week behaviour change programme for men whose relationships have become distressing and damaged by their substance misuse, abusive behaviour, violence or issues of coercive control.

> *his circumstances. I think that was one of the particular values of the project, because I think that what he has been able to achieve with the initial assessment and the one-to-one work is a stepping stone on to looking at the Men and Masculinities programme and being committed to it for a year, as well. I think, without the project, for me, there's a step missing, because we're kind of just almost catapulting men into something that we think they need, which I think they do need, but they have to come to that themselves as well.*
>
> *Interviewee*

All interviewees were clear that this is early intervention, and expected that almost all, if not all cases that come into the programme will need a longer intervention to begin to address the issues underlying their abusive behaviour. Early Intervention practitioners spoke of the importance of group work, where hearing from other men provided a mechanism by which perpetrators can accept and explore their own issues and behaviours.

> *Just guys hearing things from other guys and see themselves in other people. We have a rolling structure with four-weekly or six-weekly intakes with new guys coming in. They come in very angry and blaming, for instance, and the guy that's been there for a few weeks could say, 'I was like that.' It's overall, if you can get the guys talking to each other, more than talking to you, it just feels more effective. Slightly political rather than practical, but the one-to-one colludes with the secrecy, doesn't it?*
>
> *Interviewee*

It is evident from the data and from the interviews that the programme does effectively prepare perpetrators to move onto longer term perpetrator programmes.

> *I think what this project is showing is that you can engage a man in a lot of cases. If you can get hold of them, you can engage them, or we can, practitioners can. Four weeks of intervention is just the start. I think we can get men motivated enough to come into virtual groups, but the longer-term work is the work that's going to affect change over time.*
>
> *Interviewee*

However, it has also been clear throughout the programme that problems arise when a borough does not have a DVPP in place. To date that has been dealt with largely by the Early Intervention practitioners holding cases for longer than was originally intended, until an agreement to fund a place on a domestic violence perpetrator programme can be reached. In some cases, this has meant holding cases for 12 or 13 weeks, when the intention was that this would be 4-week intervention.

There are potential implications for the cost of the programme (or the number of cases it can take on) if Early Intervention practitioners are holding a case for three times longer than planned. Furthermore, evidence to date suggests that holding cases for too long can have a negative impact on perpetrators' willingness to engage in longer programmes.

> *The red tape with local authorities trying to confirm and agree that funding - I had one guy, it took 13 weeks before they agreed it. I held him for 13 weeks but, by that point, he was like, 'No, I'm not doing a programme.' I suppose his thought is if you can't get it going on quick enough, it's not that important, therefore, I don't need to do it.*

Interviewee

Practitioners were very clear that the kinds and levels of risk associated with perpetrators coming into the intervention could not be addressed in 4 weeks, but equally that they cannot drop people if the 4 weeks comes to an end with no programme in place to move them on to.

> *We have to hold on to them then. It may go down to a weekly contact, rather than two or three times a week because that's not sustainable either. Yes, it's not a four-week intervention. We all know that four weeks is not long enough to do anything.*
>
> *Interviewee*

Longer-term work is necessary to address their behaviour, and it is important there is a clear path through to that.

> *I think four weeks would be long enough if, then, the local authority signed an MOU to say they would fund a DAPP, a Domestic Abuse Perpetrator Programme, beyond that four weeks.*
>
> *Interviewee*

Coordinating with support for the victim-survivor

Interviewees noted the importance of there being support in place for the victim-survivor. Practitioners said that in a longer programme they wouldn't work with a perpetrator unless they had details of the partner or ex-partner so that they could be contacted and offered support through an appropriate service.

In the case of this programme and its relatively short intervention that wasn't always possible. One social worker interviewee noted that in their case the victim-survivor was unwilling to engage in the available victim support programme, so the social worker took on that support role, undertaking 1-1 sessions with them and so on. However, the social worker felt conflicted about this, as their primary responsibility is the child.

In one referring borough victim-survivors were able to get support from a victim support service or specialist victim support worker during the intensive intervention. In other boroughs these specialist victim-support services were only available once the perpetrator had transferred on to a structured DVPP.

The project has developed some materials and guidance for social workers to support them working with victim-survivors during the intensive intervention, and these have been well received.

Nevertheless, Early Intervention practitioners noted that it is important for the victim-survivor to have support other than the social worker, because rightly or wrongly social workers may be seen as the person who can take their children away, and so can be unwilling to disclose to them. Social workers also felt that there needed to be someone else, or a separate service, that works with the victim-survivor, because their primary concern and skills are focused on the child or children in the relationship.

Interviewees emphasised the importance of support for the victim-survivor being aligned to and complementing the programme for the perpetrator. They felt it was important that support for each person was linked in some way. One interviewee noted that although the victim-survivor had benefitted from changes in their partners behaviour, they did not really know what had gone on for them.

> *I don't think she really knows what went on for him on the programme, in terms of the process, steps of his engagement and involvement. What I do know is she's experienced a different partner. She's benefited from the work that he's been able to achieve. She wasn't part of that process.*
>
> *Interviewee*

It wasn't suggested that support should mirror the perpetrator intervention, or follow the same steps or stages, more that if the victim-survivor had some or more insight into the work that the perpetrator was doing, it could help with the victim-survivor's confidence that issues underlying abusive behaviour were being addressed. Though clearly there is a need for some degree of confidentiality, and if the perpetrator felt that everything they said was going to be shared with the victim-survivor that could make them reticent to talk openly and accept their behaviour.

One interviewee explained that in their case the social worker and family support worker brought the partners together to talk about the abuse and issues underlying it, and that this was beneficial to them and the family.

> *…we had the working together agreement. The first version of that agreement was dad was not meant to be at home. He agreed that, but he would have contact with the children by phone. Then we had a review, and then we looked at dad remaining not at home, but that there would be contact with the children at a neutral venue, his mum's house. That happened for a while and we reviewed it again, and then we looked at dad coming home. We tried to make the children central to the development of the working together agreement, and mum as well, because what we had was, we had a couple that were saying, 'We remain committed to each other.' Then we had a few sessions where we brought them together and, actually, those were really quite poignant sessions*
>
> *Interviewee*

> *Not looking at how they felt about the affairs that they'd had in the past, and not really resolving those, or reconciling things about those. For me, the project would have additional value by bringing the couple together. I'm not saying to explore those, in terms of counselling, but just get them to maybe reflect more about the domestic abuse and what underpinned it. It wasn't just about lashing out; it wasn't just about what was happening in the moment. It was how had they got to that point, as a couple?*
>
> *Interviewee*

They felt that this was beneficial in their case, and could be beneficial as part of the programme

Actually, I think that if I was to reflect on what the programme needed, I would say that's what it would need. It would need something that… I don't know whether it's with the social worker or what, but there's something about there needs to come a point where the perpetrator and the survivor come together to maybe reflect and review.

Interviewee

Equally though, they were very clear that the perpetrator needed to be able to confront their behaviour in the right context.

…sometimes men perpetrators, abusers need to have themselves heard in the confines of a particular relationship. It's hard enough saying, 'I hit my partner, I feel really angry, I call her nasty names,' and then to have that shared within a kind of wider, multidisciplinary network, I think, would be hard.

Interviewee

So they emphasised that the coming together needs to be around the partners and their relationship.

… the point at which I think there needs to be some conversion is about the partner, the couple, the relationship. That's really important for me because that's almost a stepping stone and building block for partners coming back together, but equally for partners - at one point, I thought that this couple might just happily muddle along in a relationship, but live separately.

Interviewee

Professional understanding of domestic abuse

When designing the pilot there were discussions about who would be targeted for referring into the programme. As it was an early intervention, family support workers doing Early Help were considered as one of the groups to target.

Early in delivery, consultations suggested that some social care practitioners lacked a broader understanding of the dynamics of domestic abuse and may not have been confident engaging with the perpetrator.

An interviewee recounted a case where the social worker called a strategy meeting with around 11 professionals who were involved in the case. The Social Worker had invited the Early Intervention practitioner along to provide their expertise and knowledge from working with the perpetrator. The Early Intervention practitioner was concerned that despite there being three recent incidents, an escalation in violence, and now weapons being involved, the consensus from the professionals involved was that the case could ‘stay at child in need, because they’re all very compliant.’ The Early Intervention practitioner was able to back the social worker up and between them get an increase in the case category agreed. But they

were concerned that amongst these professionals (though not the social worker themselves) there was a lack of understanding about disguised compliance and domestic abuse risk.

I think there's a real lack of understanding. What we should be doing, I think, right now, is any health and social care professional should think abuse. It should be automatic in their thought process. There's some kind of fear attached to it. 'It's really specialist work and I can't do that.'

Interviewee

They went on to note that no-one would be expecting the social care professionals to do the intervention themselves, that would be for specialist domestic abuse practitioners. But they should be able to spot signs of potential abuse and explore those issues. They gave an example of work they had done training drug and alcohol workers on domestic abuse.

I have drug and alcohol workers saying to me, 'This is specialist work. We can't ask him about what his abuse looks like.' I went, 'You're asking him if he's groin injecting. Is his site weeping? Does he have sex and use a condom and, if not, does he have any symptoms and you can't go, how's your relationship?' It's bonkers. It's their fear of what they think it is rather than actually what it is. There are several things that should ring alarm bells in drug and alcohol agencies. If he's got three kids, to three different mums, and he's had seven partners in the last five years, 'Why don't your relationships last? What's going on...?'

Interviewee

Social worker interviewees noted that their involvement in the pilot had affected their practice. One said that they now approach cases with 'absolute sensitivity', are more investigative when allegations are made and balanced when working with victims and perpetrators, and conscious of gender bias as well. They felt there was an opportunity for this project to develop social workers understanding and practice.

Would be really really helpful as well, if through this project could offer training to Social Workers who work with abusive partners on the above issues. How to approach cases with a level of sensitivity, but still be very clear around the expectations and safeguarding concerns.

Interviewee

As a result, the project has produced a webinar and guidance pack of resources to support practitioners to increase their knowledge and awareness of domestic abuse and how to engage with the perpetrator and victim-survivor. Two webinars were created, with social workers consulted on what content would be most valuable. These were delivered live, and recorded for sharing with others.

Intervention modality: Face to face, online and telephone consultations

The programme has taken place during various states of lockdown, and consequently the intervention has been delivered in a range of modalities (face-to-face, online video call, and

telephone). The modality used has depended on the level of lockdown, the needs and preferences of the client, and to some extent, the technology available.

For some cases it is clear that continuing to meet face-to-face was important, and that other modalities would not have worked so well.

> *I think that one of the things that was actually really positive was … not meeting my man virtually. That just wouldn't have worked for him, in terms of his learning needs. So I think that was actually a really positive thing, that we'd arranged it that they would meet here in our offices on a weekly basis, and I think that worked for him in particular.*
>
> *Interviewee*

Practitioners noted that at first they had concerns about doing intervention work online.

> *I think when we first went into lockdown, doing an online offer was all about fear from the practitioners! We believe in a therapeutic relationship, as a practitioner, and we believe you couldn't get that online, which is a bit bonkers, really… We had this fear going on, I think, about, we can't do it online. We can't.*
>
> *Interviewee*

However, in practice, for one-to-one work at least, online was found to work as well as face to face.

> *Yes, I think the one-to-one stuff works just as well online as it would do in a physical space. In fact, better I think, on some level.*
>
> *Interviewee*

Group work wasn't part of this intervention, but the practitioner was delivering group work for other programmes. They felt that this was less successful. Practitioners commented on there being something important about being in the physical space with perpetrators, and there may also be something about it being easier for people to disengage if they are on a group call.

However, even though the online one-to-one intervention was seen to work well in general, practitioners did raise some possible disadvantages.

> *… the biggest risk, I think was the fact he's likely to be in a room in the house with his partner and his children. I suppose, walking home or travelling home from a physical venue gives you that hour's buffer, if you like. Any heightened emotions can be breathed out, if you like, before he arrives home.*
>
> *Interviewee*

And online only worked if the client had reliable access to the internet and an appropriate device. One practitioner typically had to use a telephone to do one-to-one sessions when face

to face sessions were not possible. They found that telephone sessions were less reliable, and it was harder to establish a relationship with the perpetrator.

Although it is only a small sample, it appears that one-to-one sessions can be delivered effectively online, as long as perpetrators have access to the right technology. But telephone sessions do not work as well, and for some clients and situations face-to-face sessions may still be the best option.

Gender of the victim-survivor and social workers

One question that has begun to emerge in the programme is what happens if the victim-survivor is female and the social worker holding the case is male (or vice versa). Will that affect how the victim-survivor feels supported, and how they feel able to engage with the programme? At the time of writing this report a case such as this is just coming into contact with the pilot, so all involved in the project are aware of it as something that needs to be considered.

There is a relationship between this question and the desire from interviewees for there to be a person or service other than the social worker to support the victim-survivor (discussed in previous section). If there was a clear path for the victim-survivor to get support from someone or a service other than the holding social worker, then the gender of that social worker might not matter.

Taking a holistic approach and linking with other programmes

One interviewee noted that their client was also referred to a substance misuse programme at the same time as this early intervention programme. They noted that this individual particularly valued the work and relationship they had with the professional on the substance misuse service.

> *I think that, for this man, he needed to be challenged more, and he said that to me on a couple of occasions. … that's what I was meaning about the … substance misuse programme, because he got quite a lot from that relationship. It might have been that it was about those two workers coming together with the man to explore, these are the things that we've learnt, these are some of the things that we can see are working really well. These are some of the things that could be better, these are some of the things that we see are not working. Drink, substance misuse and violence kind of come together, so maybe having an opportunity to explore that together with him would have been helpful.*
>
> *Interviewee*

The interviewee was not sure if the early intervention programme was linking up to or talking with the substance misuse service, but felt that, in this case at least, there could have been significant value to that, and to looking at things holistically. Other interviewees also noted that abuse often co-occurs with other issues such as alcohol or substance dependence.

5. Recommendations

The context for these recommendations

The pilot has been successful in reducing abuse in the short term, and in engaging perpetrators onto longer term domestic violence programmes. Although originally planned as a six-month pilot, it has received funding to continue for a further six months.

This report has been written in the context of that extension. Some of the recommendations below could be addressed or explored in the remaining months of the pilot, others may be more appropriately explored in a future scaling up of the pilot. Recommendations 1-3 relate to the interface between the programme and other services or systems such as housing, other perpetrator programmes and support for victim-survivors, and so will require coordination and cooperation with policy makers, local authorities and other stakeholders to take forward. Recommendations 4-8 are more directly within the control of the programme itself to address.

Where the pilot has worked well is when it has been able to be flexible. Whether that is flexibility with the accommodation offer, flexibility with the modality (face-to-face, online, telephone) of the intervention, or the flexibility of the service provider to respond to changing demand and the needs of cases. When the intervention has been able to be flexible it has been able to engage clients into the programme and reduce risk by moving the perpetrator out of the family home. This has led to perpetrators engaging in more long-term domestic violence perpetrator programmes, which should in turn reduce abuse over the long term. Accordingly, flexibility is a theme that cuts across a number of the recommendations below.

Recommendations

1. Flexibility in the accommodation offer

Where accommodation has been needed, and where it has been possible to put it in place in a timely fashion, it has been very valuable. Removing the perpetrator from the family home has led to a reduction in abuse, and provided emotional space for them to engage in the intervention and begin to understand and address the issues underlying their abuse.

However, there was widespread agreement that it would be beneficial if the accommodation offer was more varied, with options for longer term support if appropriate, and flexibility in how the accommodation funding is used, e.g. supporting cases into accommodation by paying a rental deposit. To support this, the programme would benefit from establishing closer links to local authority housing teams and establish pathways to rehouse perpetrators where this is in the best interests of the victims-survivors and their families.

Further research or evidence gathering could be undertaken to understand more about what it might be beneficial to include in the housing offer. Interviewees for this report felt that rather than following a one-size fits all model for the accommodation offer, it should be bespoke and tailored to the case. Though still with a focus on cost effectiveness, and with the benefits to the victim-survivor and any children in the family at the forefront of the offer.

2. Having a perpetrator programme to refer on to

The early intervention pilot has been very successful in engaging perpetrators in the intensive intervention, and in preparing them to join longer term perpetrator programmes, with a very high onward referral and engagement rate.

However, where there has not been a domestic violence perpetrator programme in place in the borough this has led to delays. To date the service provider has held cases for longer while arrangements have been made for a place on a longer domestic violence perpetrator programme to be funded.

Some flexibility over how long cases are held in the early intervention is likely to be necessary to tailor support to each case. But holding cases for significantly longer than 4-6 weeks may be unsustainable if the pilot was to scale up and the number of cases increase. In a minority of instances holding cases for a long period has led to perpetrators disengaging before moving on to a structured domestic violence perpetrator programme, because they believe they have ‘done the work’, or perhaps feel the longer-term programmes may not be a priority.

A consideration for the future of the model might be whether the Early Intervention programme would only be made available to boroughs where there is a domestic violence perpetrator programme in place, or where there is an agreement to fund a place on a longer perpetrator programme at the end of the intensive intervention, if necessary for that case.

3. Separate but complementary support for the victim-survivor

All involved in the pilot have been very clear of the importance of support for the victim-survivor while the intervention has worked with the perpetrator. In some cases the victim-survivor has been able to access a support service in or through their borough, but that hasn’t always been possible. Social workers have been able to offer support to the victim-survivor, and the pilot has supported them with that. But some social workers have felt uncomfortable about this, and are aware that their primary responsibility is the child or children.

As the pilot progresses and potentially scales up it should consider how to ensure that all victim-survivors are offered support from a person or service other than the social worker holding the case, and how this support links to or complements the intervention with the perpetrator.

4. Training or other support for social workers

One issue that was identified in the evaluation and in project delivery was that some professionals who come into contact with cases involving domestic abuse may not have experience in this area, and may feel uncomfortable talking to the perpetrator and/or victim survivor about it. Social workers who were interviewed for this evaluation found their involvement with the pilot beneficial to their understanding and their practice when working with cases like this.

As a result of these issues webinars and a guidance pack for social workers was produced by the pilot, and have been in use successfully. Further consideration could be given to when and

how that guidance is updated and shared, and to whether it is used with the wider professional network who are in contact with the family in early help, child in need, or child protection. Consideration could also be given to other options such as training for social workers and/or other professionals.

5. Having a strong and clear identity for the programme

One interviewee, reflecting on their involvement at the outset of the pilot, noted that there have been a lot of names used to refer to the programme and that they themselves were not clear what it was called or how to refer to it.

They also noted that the perpetrator they were working with apparently did not know at the outset that this was a perpetrator programme. They did go on to note that it was possible that the client was being somewhat disingenuous or not willing to accept that they had been abusive. And also noted that there may be some need for ambiguity or flexibility when practitioners are having discussions with clients in the early stages, in order to engage them in the programme.

They understood this, but also felt that it was very important that it was clear to clients from the outset that this is considered a *perpetrator* project, albeit one that is an *early intervention* project to do some *preventative* work with the client to stop incidences from increasing and/or escalating. They felt it was very important for this to be set out clearly and explicitly so that agencies and families are all on the same page and the abuse is not minimised or denied by agencies (whether intentionally or not).

6. Providing the intervention in different languages

One interviewee highlighted the importance of the service being able to work with people from different cultures, and for whom English is not a first language. They noted that even when someone can speak English very well, there can be miscommunication. And in reference to a case they currently held, noted that it is very different talking about sensitive and complicated issues in a second language. They also noted that perpetrators may not want an interpreter involved in something like this.

There is presumably a challenge in finding experienced domestic violence practitioners, who also cover the range of languages that perpetrators might speak. And doing that is likely out of scope in the pilot stage. But considering how to ensure different languages and cultural sensitivities are taken into account is something that might warrant attention for any future scaling up of the model.

7. Linking with other programmes

As noted above many of the cases are complex, with multiple overlapping issues such as substance abuse and alcohol dependence as well as abusive behaviour. As it develops the programme should consider how to ensure that work focussed on abusive behaviour is linked

to, and complements, any other interventions or programmes that clients are engaged with. While acknowledging the right to, and need for, confidentiality around some issues.

Practitioners noted that doing this relies on building good cross working relationships with those teams and being aware of what is available in each borough. Where the service provider already has those relationships, they are able to put this in place. But it is something that is challenging to develop quickly where there are not pre-existing relationships. Therefore, this might be something to consider in future work following this pilot.

8. Understanding the impact on victim-survivors

Due to the relatively small scale of the evaluation we were unable to undertake any interviews with victim-survivors or gather their experiences directly. Through the interviews with social care practitioners we did gather some proxy evidence of their experiences and the impact the pilot has had on victim-survivors. But as the pilot progresses it would likely be beneficial to explore how to gather more evidence of the impact on victim-survivors, either directly or indirectly through social workers or other professionals in contact with victim-survivors. This would also present an opportunity to understand more about the impact the pilot has had on children in the families.

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About this report

This report was produced by SCIE in February to March 2021 as part of the evaluation of the London Early Intervention and Accommodation Project, an early intervention programme for those who are at risk of perpetrating domestic abuse within families already in contact with social services. The project has been funded by the Mayor's Office for Policing And Crime (MOPAC).

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2. Adaptations to the intervention

In accordance with the eight recommendations made by SCIE in the evaluation of the first six months of the trial, project partners made substantial adaptations to the model – now known as 'Restart' – being delivered across 5 London boroughs since November 2021:

- The Early Intervention and Assessment service includes integrated partner support workers to provide risk management and support to victim-survivors.
- Two posts have been created to develop and strengthen the housing response:
    - An Accommodation Practitioner now sits as part of the delivery team, working alongside Case Managers and Partner Support Workers, to support service users with an accommodation need, finding the most appropriate accommodation solution on a case by case basis.
    - Through a partnership with Domestic Abuse Housing Alliance, a Strategic Accommodation Lead is developing perpetrator accommodation pathways in the 5 boroughs, working closely with LA housing teams.
- There is ring-fenced funding for domestic violence perpetrator programmes (DVPPs), so that those who complete the four-week early intervention can progress into longer-term behaviour change support, supplementing existing provision in London. When group work is not appropriate, flexibility has been added to the model to enable the delivery team to deliver "in-house" behaviour change 1-1 support for an additional 12 weeks.
- 'Safe and Together' training will be delivered to up to 400 Children's Social Care practitioners in a year, to improve capacity to identify and respond to domestic abuse. This will cover learning how to partner with survivors and to hold the abusive parent accountable for their behaviour.
- A victim assessment tool co-created with victim-survivors has been created by an independent evaluator and will be used to measure the impact of the intervention on adult victim-survivors and ensure a focus on victim-survivors voice.

3. Lessons learned from co-creation

Including perpetrator voice

Discussion had with the victim-survivor during the co-creation process made clear that speaking directly to perpetrators about the impact of interventions on their personal attitudes and behaviours, as well as on their family, should be prioritised in any future evaluations. As the primary service users of the intervention, the perpetrators' perspective was considered important for carrying out an accurate intervention, and providing a picture of impact across the family.

Adopting a trauma-informed approach

The process of recognising personal experiences as abusive and acknowledging oneself as having been a victim-survivor of domestic abuse can take different forms. Therefore, it was emphasised that interviews should be sensitive to this, acknowledging that the interviewee might be in a different stage of their process to other victim-survivors interviewed, and they may be comfortable acknowledging certain topics, but not others. Asking victim-survivors about how their perceptions changed before and after the intervention was also highlighted as important.

Creating a safe space

Crucially, it was emphasised that creating a supportive, safe, and non-judgemental space during interviews with victim-survivors was essential. If conducted online, interviewers should carry out safety planning to ensure perpetrators cannot hear what is said and this should be clearly communicated with participants. Interviewers should ensure victim-survivors understand how their data will be handled and explain that no information provided in the interview would be shared with social services or other agencies, unless evaluators felt the safety of a family member was at immediate risk.

In addition to clear communication, it was suggested that the interviewer should remind the victim-survivor that they are the experts by experience and that their emotions and concerns are of upmost importance to this process and the research.

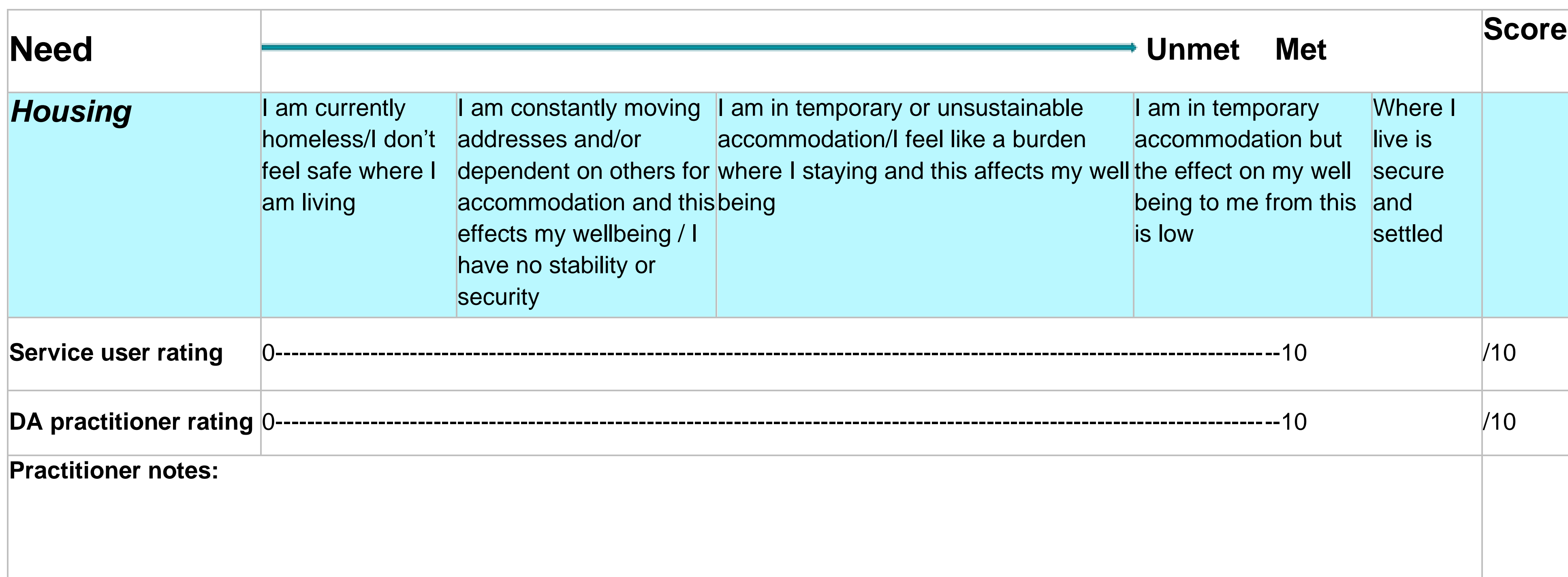
4. Needs Analyses Matrix

Early Intervention Practitioner Name: Early Help Practitioner signature: Date:

NEEDS ANALYSES MATRIX

Name: Reference:

Date: Practitioner:



Need	Unmet			Met		**Score**
Housing	I am currently homeless/I don't feel safe where I am living	I am constantly moving addresses and/or dependent on others for accommodation and this effects my wellbeing / I have no stability or security	I am in temporary or unsustainable accommodation/I feel like a burden where I staying and this affects my well being	I am in temporary accommodation but the effect on my well being to me from this is low	Where I live is secure and settled	
Service user rating	0--10					/10
DA practitioner rating	0--10					/10
Practitioner notes:						

Physical Health	I have chronic poor health due to abuse or illness. I am not getting GP or health support	I have poor health and I don't feel able to look after my health needs/I don't feel able to ask for help as I don't think people will understand them	I have poor health, I try to look after my health needs but need support	I am taking action to address my health needs I am making progress on a healthier lifestyle	I am maintaining good health / I have health needs but I manage these well	
Service user rating	0 --10					/10
DA practitioner rating	0--10					/10
Practitioner notes:						
Education, Training and Employment	I have no employment, I am not in training or education/ I believe I have no employment opportunities/ I don't think I will be an asset to any employer due to no confidence and self worth.	I have occasional employment – it is poorly paid and/or largel y to satisfy benefit requirements / it is not suitable for my needs – health, family etc	I have some employment, but it is cash in hand and/or unfulfilling/ po orly paid	I am in reliable employment but I am not satisfied in my career/ I am a full time carer and I would like to be able to return to work	My job is reliable, fulfilling and pays enough for me to live comfortably or meet my needs eg family/I am in education or training/ I am a satisfied, full time carer	

Service user rating	0---10					/10
DA practitioner rating	0---10					/10
Practitioner notes:						
Substance Misuse	My use of drugs or alcohol is out of control and significantly impacting on my life and is a risk to myself and/or others	My use of drugs and alcohol is out of control and it is impacting on my family / friends / work/day to day life	My use of drugs and alcohol is out of control but I am working to address this / it has some impact on my family / friends / work/day to day life	My use of alcohol/ drugs is high but not out of control, I minimise the impact this has on risk to myself and others	My use of drugs or alcohol is not affecting anyone negatively/I don't use drugs or alcohol	
Service user rating	0---10					/10
DA practitioner rating	0---10					/10
Practitioner notes:						
Finance, Benefits and Debts	I have significant financial problems or I am dependent on income from crime or misclaiming benef its	I have financial problems but I am addressing these, income	I am coping financially but – I go into debt / borrow money frequently/I have problems handling money & would welcome help to help me budget	I am coping financially – I go into debt / borrow money occasionally	I have no financial concerns	

		from crime is supplemental				
Service user rating	0---10					/10
DA practitioner rating	0---10					/10
Practitioner notes:						
Children and Parenting	I don't have contact with my children/I don't have a connection with my children (physical/emotional)	I struggle to look after my children as they need/ I would like and I need some help	I look after my children as well as I can but it doesn't always feel like I am parenting as I would like to	Overall, I feel that we are doing ok as a family. There are times when I need help but I know how to get that support	I am happy with my parenting. My children are well adjusted and my relationship with them is loving and supportive/I don't have children	
Service user rating	0---10					/10
DA practitioner rating	0---10					/10
Practitioner notes:						

Social/family and Community Support	All my friends, family or social networks reinforce abusive behaviour and blame me for the abuse / friends and family have totally distanced themselves from me	Some of my networks are supportive but many still reinforce abusive behaviour and blame me for the abuse	My networks are supportive but I am isolated from them	I have supportive associates but my relationships aren't strong/I have a good support network and although they don't understand the abuse but continue to support me	I have strong, supportive relationships with my associates and friends and I am involved in community activities	
Service user rating	0--10					/10
DA practitioner rating	0--10					/10
Practitioner notes:						
Fulfilling Activity	I have no structure or planned activities in my day	I have some structure and planned activities in my day/I would welcome more structure & Activities	I have planned activities but I would like them to be more fulfilling	I am happy with the amount of activity in my life and generally it feels fulfilling	I am actively engaged with fulfilli ng activity and I	

		in my life and would be willing to go to groups			balance this with my other needs	
Service user rating	0---10					/10
DA practitioner rating	0---10					/10
Practitioner notes:						
Mental health and emotional well-being	My GP or other health professional has suggested I may have issues with my MH but I am currently getting no support for this	I acknowledge I have mental health needs but cannot access the best support	I recognise my mental health needs and I try to address them	My mental health is generally ok but I am not confident that I can maintain this	I have a sense of well being most of the time and I feel confident in maintaining this	
Service user rating	0---10					/10
DA practitioner rating	0---10					/10
Practitioner notes:						
Identity (sexuality/ethnicity and other issues)	I do not get the help that I need or that suits who I am eg my community / ethnicity / sexuality, this impacts on me and I do	I am struggling to identify who I am/I have issues around my identity and I	I have some uncomfortableness with identity issues and I recognise these and am working to address them	I am largely comfortable with my identity and I have external and community support	I am comfortable, with my identity and feel supported by my community	

	not know how to address this	feel that I could work to address them				
Service user rating	0--10					/10
DA practitioner rating	0--10					/10
Practitioner notes:						
Self-Assessment score identified by Service User:						/100
Score by practitioner:						/100
Service User signature …………………………………………… **Practitioner signature** ………..…………………………………… **Review Date:**						