

‘GREEN SHOOTS OF CHANGE’:  
SAFE & TOGETHER - EARLY  
ENGAGEMENT AND  
INTERVENTION WITH  
DOMESTIC ABUSE  
PERPETRATORS EVALUATION  
REPORT YEAR 1

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## EXECUTIVE SUMMARY

The Safe & Together - Early Engagement and Intervention with Domestic Abuse Perpetrators (from here S&T) was funded through the Home Office perpetrator programme 2021-22. It extended work in Waltham Forest and Hackney to three additional boroughs – Redbridge, Tower Hamlets and Newham. The five became the East London Partnership with Respect as a core delivery partner.

### **The Safe and Together approach**

S&T is a trade-marked globally recognised programme based in the US, all implementations must be delivered through a formal partnership with the Safe and Together Institute. It seeks to transform responses in child welfare services – children’s social care in this instance – through a focus on perpetrators. This approach shifts the focus on victim-survivors, which often makes them responsible for the safety of their children, to one which recognises domestic abuse as an unsafe parenting practice and requires change from the perpetrator. Key principles within the framework are: keeping children safe and together with the non-offending parent; partnering with the non-offending parent; intervening with perpetrators. It is delivered through training and tools to upskill and increase confidence in workers: holding perpetrators to account for the harms they have caused through engagement and offering opportunities to change. Three trainings are offered: a one-day *Overview*, an introduction to the S&T approach, *Core* training is four days laying the foundation for ‘domestic abuse-informed practice’; and a one day course for supervisors on how to endorse S&T and embed it within teams.

### **The East London Partnership**

The partnership developed the funding bid together, which included each borough contributing 20% of the cost for the final four months on the project. Towards the end of this period, funding for a subsequent 8 months of funding for Year 2 was achieved. Collectively the boroughs are amongst the most diverse in London. A project manager was appointed early on and layers of oversight created through an operations group that met fortnightly, a steering group meeting monthly and a smaller performance monitoring group to track progress and problem solve.

### **The evaluation**

The application included a range of outcomes drawn from the Mirabal Project<sup>1</sup> which explored the effectiveness of behaviour change programmes: these were not appropriate for a project focused on changing the approach within children’s social care. One of the first steps in the evaluation was to work with the partnership to develop a theory of change and

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<sup>1</sup> [Mirabal \(projectmirabal.co.uk\)](http://projectmirabal.co.uk)

outcomes that were more appropriate (see Appendix 1). The evaluators have been part of the project from the outset and attended all meetings.

The data that sits within this report includes:

- baseline and change data for each of the boroughs children's social care departments;
- evaluation of all training courses and their implications for practice;
- phased interviews with the project manager, borough leads, implementation leads, Respect staff, and providers of interventions with perpetrators;
- the activity logs of the implementation leads;
- interviews with practitioners.

### **Process evaluation**

The project had to 'hit the ground running' with implementation beginning before the staff were in place. The time pressured nature of a year long project means that delivery took precedence over reflection. Having to deliver the Core training via a hybrid model, partly due to Covid and partly because there were no UK based S&T trainers who could deliver it, created layers of complexity for the training and resources manager. Accessing the Institute learning platform was not straightforward for many, and a significant proportion were not able to complete the e-learning component due to workloads, despite negotiating extensions. A number of participants also raised issues about finding watching videos of others being trained unsatisfactory. This feedback led the team to prioritise staff team members becoming accredited S&T trainers and revising delivery for Year 2 - omitting the e-learning component.

Despite the practical challenges there was a surge of enthusiasm from project staff and practitioners alike, underpinned by an appetite for systems change and different ways of working which do not responsabilise victim-survivors. This enthusiasm created fertile ground on which to implement S&T and the project team's commitment, expertise, and experience in the VAWG sector underpinned the project's success in achieving so much within such a short time frame.

Implementation activity in Year 1 was strategically designed to establish the foundations for embedding sustainable change. The role of implementation leads was essential and effective in ensuring learnings from training could be put into practice. There was consensus across project staff and professionals that effective and sustainable implementation relied on whole borough support, with senior leadership and management 'buy in' being essential to embedding the model. Without this ongoing 'scaffolding' there was a sense that S&T could become 'just another training'.

### **Outcomes evaluation**

Complexities in accessing data coupled with timeframes means significant claims to changes in practice based on baseline and change data are not possible. There are however signs that

the direction of travel is on track with increased identification of DA, but decreased numbers of children on care plans and taken into care where DA was a factor in four of the boroughs. Current case management systems do not enable documentation of specific interventions with perpetrators - enabling this is a priority for Year 2.

The content of trainings and the S&T principles were welcomed by the vast majority of those attending, the only ambivalence came from practitioners who thought that they already worked in this way. In contrast there were far more for who the content and the concepts spoke to a discomfort they had had with the focus on victim-survivors to change. Whist Core training undoubtedly increased confidence in working with perpetrators the development by Respect of a new Working with Perpetrators course, rooted in the S&T principles, built and extended this. There were also some reports of this confidence transferring into practice changes in line with S&T.

The implementation leads needed time to build networks, understand local systems but over the last six months the offer of case consultations has been picked up and feedback from practitioners shows that they are welcomed and appreciated, enabling the principles of S&T to be explored in relation to the complexities of specific cases. The leads have also used their role to promote the model in local team meetings, encourage take up of training and the marketplace.

The marketplace was designed to extend options for interventions with perpetrators, but was not fully implemented until relatively late in the year, making tracking take up something to be prioritised in year 2. Most of the current offers extend access across the boroughs to Respect accredited interventions that were previously only available in one. There remain gaps in provision, especially with respect to black African/Caribbean/British men. The intention to increase resources for practitioners has morphed into a wider remit of a toolkit, which will be launched in October.

There are clear and strong 'green shoots of change' across the boroughs as a direct outcome of the S&T project, these need to be consolidated over the next year, including gaining wider understanding and support for the model across a wider set of stakeholders. Our recommendations cover adaptations of the evaluation and for the project as a whole.

## **Recommendations**

### ***For the evaluation***

- Continue assessing training and phased interview with borough leads, project staff and providers of behaviour change options with perpetrators.
- Agree a smaller set of key indicators for change data and how to include engagement with perpetrators in case management systems.
- Develop with Respect an ongoing case audit process for Year 2.
- Develop with Respect and providers an evaluation plan for the marketplace and toolkit including how to capture referrals from children's social care and their quality.

- Create four action learning sets with children’s social care practitioners and managers to explore the challenges and successes of embedding S&T.

***For the project***

- Explore how to create space for reflection on learning in the staff team.
- Offer overview training to a wider group of stakeholders within the now six<sup>2</sup> boroughs.
- Use the marketplace to increase provision of behaviour change opportunities for African/Caribbean/Black British perpetrators.
- Ensure that the use of the toolkit is measured including page visits and counting downloads of tools.
- Revisit the plan for learning exchange webinars.

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<sup>2</sup> Hammersmith and Fulham have now joined the partnership

## CHAPTER 1: THE SAFE AND TOGETHER APPROACH

Funded by the Home Office perpetrator programme 2021-22, the Safe & Together - Early Engagement and Intervention with Domestic Abuse Perpetrators (from here S&T) extended work in the London boroughs of Waltham Forest and Hackney where S&T has been implemented for 2 years (Phase 1). Three additional boroughs – Redbridge, Tower Hamlets and Newham – joined and the five became the East London Partnership (Phase 2). A key implementation partner across both phases was Respect, the UK organisation that supports and accredits safe and effective interventions with domestic abuse perpetrators. S&T is a trade-marked programme based in the US and as such all take up has to go through the Safe and Together Institute<sup>3</sup> and be delivered in formal partnership with them. S&T now has global reach with significant adoptions in Australia and the UK. Previous implementations according to the Institute have seen a 44-66% decrease in domestic abuse related removals of children and almost a third reduction in re-referrals into children welfare organisations. Waltham Forest and Hackney recorded increased identification of DA and an increased focus on perpetrator behaviours in Phase 1.

Recent evaluations show that it can reduce the throughput into formal child protection procedures (Humphreys & Nicholson, 2017) and that it changes the framing of victim-survivors reducing the extent that they are held responsible for protecting their children (Mitchell, 2017). A core concept in this evaluation is ‘responsibilisation’ – the ways in which people are made responsible for change in their lives: it has been applied to domestic abuse to illustrate how policy and practice, through an emphasis on risk assessment and short-term risk reduction, has increasingly held women responsible for their own and their children’s safety (Coy & Kelly, 2019). Hadjimatheou (2022) makes a similar argument, showing how domestic abuse disclosure schemes, originally envisaged as an empowerment process, are increasingly shaped by children’s social care, used as a lever to make victim-survivors responsible for protecting children. Both studies document a shift away from the recognition in the 1990s that woman protection could be the best form of child protection and both note that in the process perpetrators become invisible – a reality S&T explicitly seeks to change.

### THE SAFE AND TOGETHER MODEL

S&T is an internationally recognised systems change intervention, combining a training programme with linked tools and resources to improve responses to domestic abuse. The fundamental premise is that it is the behaviour of perpetrators that sits at the heart of domestic abuse, which have a range of consequences for victim-survivors and their children. Too often it is the consequences which are identified as problems by professionals – resulting in responses to symptoms rather than the cause. The model was developed to apply specifically to child protection (referred to as child welfare in the US) systems, as it is here

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<sup>3</sup> <https://safeandtogetherinstitute.com/>

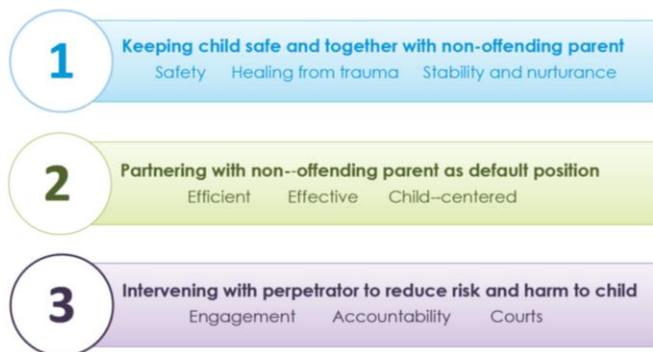
that a large proportion of DA cases become known to statutory agencies and there is a danger of child protection trumping woman protection. S&T seeks to change both practice and systems through three basic principles:

- keeping children safe and together with the non-offending parent
- partnering with the non-offending parent
- intervening with perpetrators.

Figure 1 shows these as the principles of the S&T approach.

**Figure 1: Safe and Together principles**

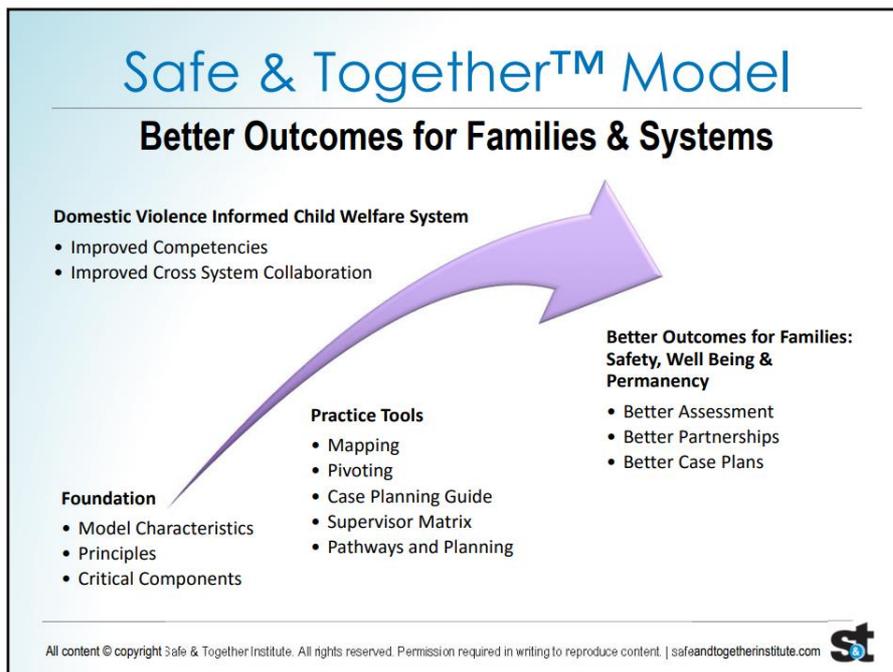
## Safe & Together™ Principles



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Figure 2 depicts the process through which the model works with training establishing the foundations and providing tools and resources to change practice, which then result in better outcomes for families and for child welfare/protection systems. The goal is to move along a continuum to become a 'domestic violence proficient' institution (see Figure 3).

**Figure 2: The Safe and Together process**



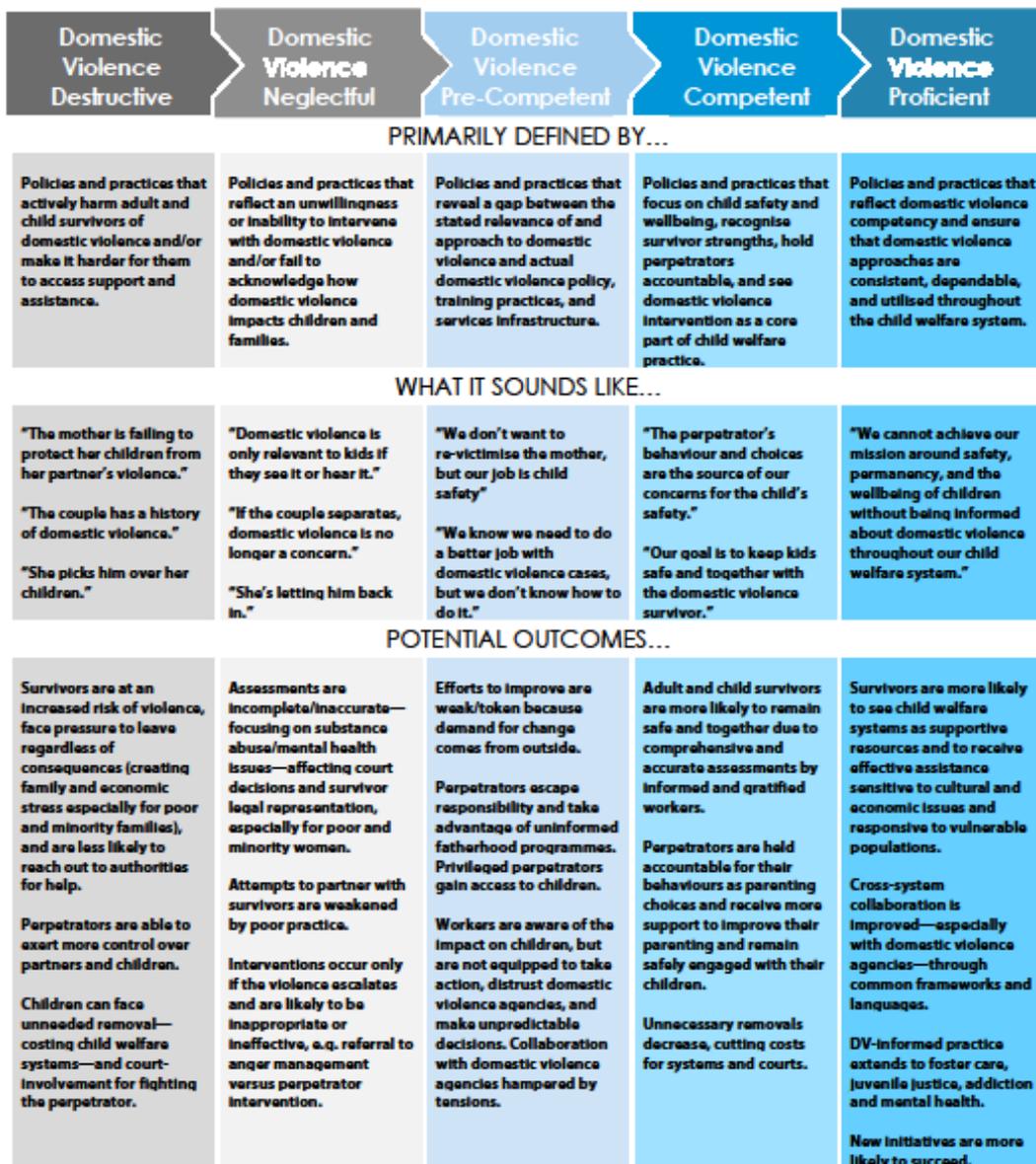
Key elements in this are that S&T defines domestic violence as a chosen parenting practice by perpetrators and that this only becomes visible through tracing and recording the pattern of abuse and its impacts over time – this is the context in which victim-survivors are acting, in which their ‘space for action’ (Kelly, Sharp, Klein, 2014) is relentlessly diminished over time by the behaviours of perpetrators. The concept of ‘pivoting’ offers a route away from notions of ‘failure to protect’ to asking questions about the behaviour of perpetrators and its influence on victim-survivors and children: training content on mental health and substance misuse, in particular, draws on this concept. A practice that holds perpetrators to account for the harms they cause does not mean that the only response is a punitive one, S&T envisages that practitioners find ways to engage and offer opportunities to change.

The training programme offered by S&T is designed to fill a gap in children’s social care staff education and training - even if they have input on domestic abuse, it is rarely intensive and even less likely to address working with perpetrators. Three trainings are offered by the Institute. A one-day Overview is designed as an introduction to, and overview of, the S&T approach. Core training is four days and offers foundations for creating domestic abuse-informed practice through exploring: the impact of domestic abuse on children and family functioning; fact-based assessments of the perpetrators’ patterns of behaviour; partnering with adult survivors of domestic abuse; intervening with perpetrators; how domestic abuse intersects with other issues like substance abuse and mental health. A one-day course for supervisors to endorse S&T and embed within teams is also offered as part of the overall package. The Institute and its website also offer additional resources.

Figure 3: The Safe and Together Domestic Violence Informed Continuum of Practice



DOMESTIC VIOLENCE-INFORMED CONTINUUM OF PRACTICE



## CHAPTER 2: THE EAST LONDON PARTNERSHIP: AMBITIONS AND ORGANISATION

The five boroughs which make up the partnership have a population of 1.5 million, with significant minoritised communities. Each has a children's social care department, services for victim-survivors and responses to perpetrators, but these are configured differently. The short overviews below illustrate this diversity. The demographic data is drawn from Greater London Authority (GLA) and the Office for National Statistics (ONS) sources both of which are based on census data<sup>4</sup>.

### **Hackney**

Hackney's population is estimated at 259,200 people<sup>5</sup>, with a quarter under 21. A culturally diverse area, with significant 'Other White', Black and Turkish/Kurdish communities, Hackney is home to a number of smaller communities, with the largest group of Charedi Jewish people in Europe. It also has larger proportion of lesbian and gay residents than many London boroughs<sup>6</sup>. It is an area of growing economic opportunity, which sits alongside significant deprivation. In 2019 the Index of Deprivation Affecting Children Index (IDACI)<sup>7</sup>, indicated that 25% of children in the borough are in income deprived households<sup>8</sup>. Domestic violence provision in the borough includes the in-house Domestic Abuse Intervention Service (DAIS) which works with survivors and perpetrators of domestic abuse aged 16+. A large number of specialist NGOs are located in the borough: Claudia Jones Organisation and Sistah Space support African Caribbean heritage women and children; Galop for LGBT+ people; Jewish Women's Aid; Latin American Women's Aid, IKWRO Iranian and Kurdish Women's Rights Organisation and IMECE working with Turkish, Kurdish and Cypriot Turkish women all allocated in Hackney as is Nia working across VAWG.

### **Newham**

Newham is the largest borough in the partnership, and 3<sup>rd</sup> largest in London, with an estimated population of 351,100<sup>9</sup>. Newham has one of the highest population churn in London with large numbers of people moving into the borough for very short periods<sup>10</sup>. One of the most ethnically diverse areas in London, with 64.2% of people from a minoritised community<sup>11</sup>. Support for survivors is provided by Hestia, IDVA and refuge spaces.

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<sup>4</sup> There are no official statistics at local authority level regarding sexuality, but the 2021 census has collected this for the first time and were still not available at time of writing.

<sup>5</sup> <https://www.ons.gov.uk/visualisations/censuspopulationchange/E09000012/>

<sup>6</sup> [Subnational sexual identity estimates, UK - Office for National Statistics \(ons.gov.uk\)](#)

<sup>7</sup> measures income deprivation separately for children

<sup>8</sup> A Profile of Hackney, its People and Place, LB Hackney Policy and Insight Team August 2020

<sup>9</sup> ONS, 2022 <https://www.ons.gov.uk/visualisations/censuspopulationchange/E09000025/>.

<sup>10</sup> <https://compostlondon.org.uk/wp-content/uploads/2021/11/Key-Newham-Statistics-2021-1.pdf>

<sup>11</sup> <https://www.newham.info/newham-facts-and-figures/>

Minoritised women are covered by London Black Women's Project. The borough has a perpetrator programme, Caring Dads and prior to S&T had trained social work staff in the Healing Together approach. Newham's domestic abuse innovation programme was closed in 2020, but the legacy of Operation Encompass - direct work with children and working with men toolkits, training and consultation for staff is in place.

### **Redbridge**

Estimated at 310,300<sup>12</sup> Redbridge's population is 58% white British, Indian and Pakistani with smaller communities of Chinese, White Irish, and Black African and Black Caribbean British<sup>13</sup>. As with many areas a surge of 20% in contacts about domestic abuse at the start of the pandemic has been maintained since. The Reach Out service was established in April 2020 which undertakes screening, safety planning and signposting with victim-survivors of domestic abuse, paralleled by an in-house perpetrator intervention, the Spotlight Programme, funded by the Home Office, which in June 2022 was the first local authority programme to achieve Respect accreditation<sup>14</sup>.

### **Tower Hamlets**

The population of Tower Hamlets is estimated at 310,300 in 2022<sup>15</sup>. The borough is ranked as the 16<sup>th</sup> most ethnically diverse local authority in England, with more than two thirds of the borough's population belonging to a minority ethnic group, the largest (32%) being Bangladeshi<sup>16</sup>. Household composition differs from other boroughs, in that one in five households is made up of more than one family, and 7% of households have more than six people. A domestic abuse working group developed an overall approach – REPAIR: there is an in-house domestic abuse service, Positive Change, with group work provided for victim-survivors and children and a perpetrator programme. Staff development takes place through monthly learning sessions, Learning Wednesday.

### **Waltham Forest**

Waltham Forest is home to an estimated 278,400 residents<sup>17</sup> and is one of the most diverse areas in the country. An estimated 53% of residents are from a minority ethnic background and the top five languages spoken locally other than English are: Urdu, Polish, Romanian, Turkish and Lithuanian. The population is relatively young, with 28 per cent of residents being

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<sup>12</sup> <https://www.ons.gov.uk/visualisations/censuspopulationchange/E09000026/>

<sup>13</sup> <https://www.redbridge.gov.uk/about-the-council/the-story-of-redbridge/slide> 14

<sup>14</sup> [https://www.publicsectorexecutive.com/articles/first-authority-london-receive-domestic-abuse-accreditation?utm\\_source=Public%20Sector%20Executive&utm\\_medium=email&utm\\_campaign=13403338\\_Newsletter%2012%20Aug%202022&dm\\_i=IJU,7ZA2Y,Q2AIVN,WML4X,1](https://www.publicsectorexecutive.com/articles/first-authority-london-receive-domestic-abuse-accreditation?utm_source=Public%20Sector%20Executive&utm_medium=email&utm_campaign=13403338_Newsletter%2012%20Aug%202022&dm_i=IJU,7ZA2Y,Q2AIVN,WML4X,1)

<sup>15</sup> <https://www.ons.gov.uk/visualisations/censuspopulationchange/E09000030/>

<sup>16</sup> [https://www.towerhamlets.gov.uk/lgnl/community and living/borough statistics/Borough profile.aspx](https://www.towerhamlets.gov.uk/lgnl/community%20and%20living/borough%20statistics/Borough%20profile.aspx) (population)

<sup>17</sup> <https://www.ons.gov.uk/visualisations/censuspopulationchange/E09000031/>

21 or under<sup>18</sup>. RISE provide a perpetrator behaviour change programme, with all partners being referred for support to Solace. Other services offer counselling for adult women, men and children; specialist LGBTQ+ counselling; group work for adult women; domestic violence awareness workshops via ARISE; IDVA support and peer support group for adult women (Women's Voices).

## AMBITIONS

The funding application summarised the ambitions of the East London partnership as:

*... to enable investment within all 5 social care teams to equip the partnership to improve engagement with perpetrators at an earlier point in order to maximise the behaviour change opportunities and reduce harm.*

To achieve this a number of activities for the project were outlined for Phase 2, the first set were new, the second were expansions of what had taken place in Phase 1.

### **New Activities**

- Workforce development on engaging with perpetrators of domestic abuse delivered through training, peer practice development groups and access to expert advice and support at Respect.
  - 1000 perpetrators will be engaged in interventions - 200 in specialist interventions
  - To reach 2500 women and children.
- New social workers and key staff in agencies working with children's services have training on the S&T model
  - training to reach over 400 social workers in the first 8 months
- Improve integrated working between perpetrator interventions and social workers
- Case audit and management oversight to drive increased perpetrator engagement
  - 20 cases audited by July 2022
- Working with multiagency partners to interrupt perpetrators opportunities to continue to abuse where required
- Establish a marketplace of behaviour change interventions to allow targeted/ tailored interventions across the region.

### **Extended Activities:**

- Extension of weekly Safe and Together case consultation forums to support frontline staff to embed S&T in their practice.
  - 720 case consultations across five boroughs over 48 weeks.

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<sup>18</sup> [Statistics about the borough | London Borough of Waltham Forest](#)

- Embedding two Safe & Together Practice Leads across the five Local Authorities
- Increase the specialist perpetrator intervention provision across boroughs and ensure robust pathways.

Engagement with perpetrators was envisaged as a 'core competence', to be mainstreamed through increasing capacity, confidence, and competence. This increased focus needed to be accompanied by an expansion of opportunities for perpetrators to engage in behaviour change with the marketplace intended to widen access to existing provision across the partnership and the development of new possibilities. A toolkit of resources accessible across the partnership was intended to supplement the Institute materials, access to some of which are limited to those who have completed the core training. The application also referred to enhancing access to 'culturally specific' provision: this concept is a matter of debate, with some noting the twin risks of homogenising minoritised communities and/or implying that there are no supports for domestic abuse in majority cultures. To avoid both we refer here to community or language specific interventions: to undertake behaviour change in community languages makes the work accessible and enables joint exploration of meaning, community specific also includes work with LGBT perpetrators. Both types of provision make possible exploration of the specificity of gender norms and models of masculinity in play. For all groups it is crucial to explore not only ideas and beliefs that support abuse, but also those which challenge it. Practice based knowledge<sup>19</sup> further suggests that diversity in groups can offer different opportunities for learning.

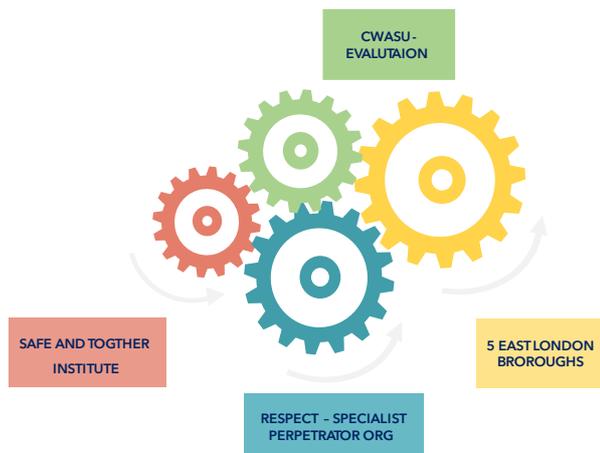
## THE STRUCTURE OF THE PARTNERSHIP

The Home Office funding lasted only for 8 months (01/08/2021-31/03/2022) covered 75% of budget with the rest being met by the partners. Matched funding from 4 boroughs added an additional four months April-July 2022. Year 2 funding allocated is covering a further 8 months, with permission to use match funding to bring Year 2 period up to 12 months. The evaluators were treated as a partner and attended all project meetings, including regular performance monitoring meetings to discuss implementation and challenges meaning they could be tracked in real time. (see Figure 2:1).

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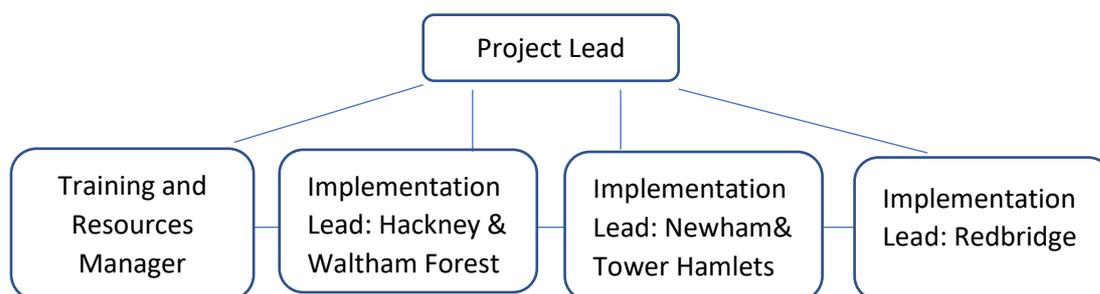
<sup>19</sup> One of the authors was involved in 17 roundtables for another project on developing standards for perpetrator interventions concurrent with this project.

**Figure 2.1: Partnership structure**



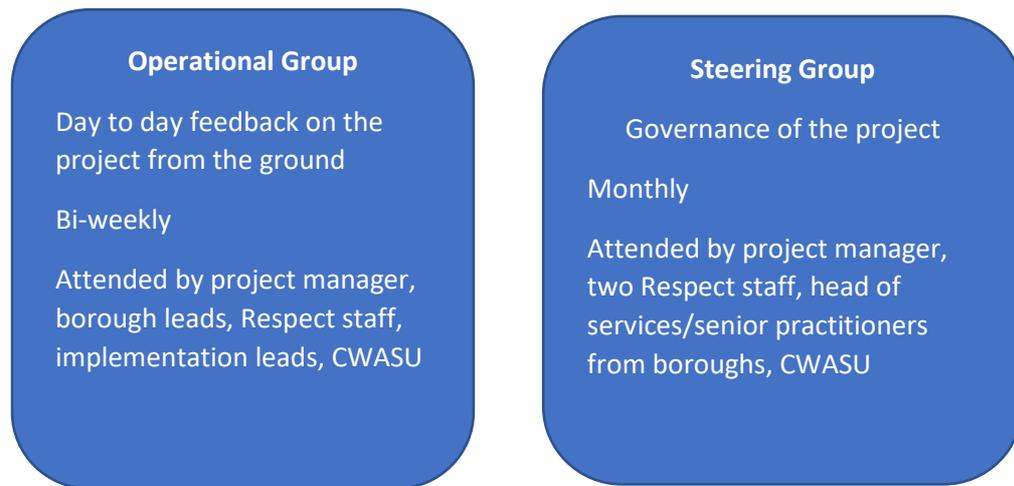
In terms of staffing S&T required a project manager located in the Waltham Forest VAWG team, who was responsible for overall implementation and co-ordination. Respect were responsible for workforce development and expanding interventions with perpetrators. Funding covered two staff members in Respect, one with responsibility for S&T overall (a separate project involving five other London boroughs ran concurrently) and a new post of training and resources manager to facilitate the relationship with the Institute and deliver the training programme and to develop the marketplace and toolkit. In addition, three implementation leads were allocated to the five boroughs. Their role was to embed the model through offering case consultations and other activities and undertaking case audits as part of the assessment of change (see figure 2.2).

**Figure 2.2: Structure of Respect team**



Two cross borough working groups (see Figure 2.3) were convened to oversee implementation, alongside a smaller performance management group (project manager, two Respect staff and the evaluators) who met weekly to stay connected and at up to speed on changes to workflow and timelines.

**Figure 2.3: project working groups**



## CHAPTER 3: THE EVALUATION – METHODS AND DATA

The outcomes in the application were, to a large extent, drawn from the Mirabal<sup>20</sup> project on perpetrator programmes, which followed samples of perpetrators and victim-survivors for 18 months after completing a 26+ week programme. The time scale of this project made those measurements impossible to operationalise, and arguably some were not appropriate to a project targeted at systems change and upskilling workforces. One of the first activities of the evaluation was to produce a theory of change which linked the project activities to outcomes (see Appendix 1 for both) that could be measured. During the workshop, existing data sources within the boroughs and project were identified, as well as those that needed to be created to monitor and evidence process and progress. The consensus on what the evaluation should address covered:

- building a shared framework for improvement across managers and frontline staff in social care and the wider intervention network;
- increased worker confidence and engagement with perpetrators;
- increased options for behaviour change for perpetrators across the five boroughs;
- increased actions for perpetrators in social care plans;
- increased identification of domestic abuse in social care assessments;
- shifts in the language and approach to survivors, a decrease in making them responsible for change.

The time frame is also too short to meet the long term aim of transformation – but it is possible to explore the direction of travel – is there an increase in knowledge and confidence, a move towards systems change, less making victim-survivors responsible, earlier engagement of perpetrators and expanding opportunities for behaviour change. These are the key elements that this evaluation sought to trace.

The evaluation team were considered part of the project attending all implementation (bi-weekly) and steering groups (monthly) and the performance management (bi-weekly) meetings. This meant that the challenges and creative adaptations within implementation were observed in real time and progress on the evaluation was a regular agenda item and emerging findings were fed into these meetings.

Alongside the agreed outcomes outlined above the evaluation also sought to address a series of process questions.

- What adaptations have been necessary and why?
- What were the wider contexts that affected implementation?

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<sup>20</sup> <https://projectmirabal.co.uk>

An obvious wider context is that much of Phase 1 and all of Phase 2 took place during the Covid 19 pandemic. This affected both implementation and evaluation.

## METHODOLOGICAL APPROACH AND DATA COLLECTION

A multi-methodological approach, combining both process and outcome evaluations, and multiple layers of data was used. Both qualitative and quantitative data were gathered to enable triangulation and strengthen findings (see Table 3.1). Each borough provided baseline and change data, on key indicators in children's social care. Phased interviews were used to capture perspectives of the range of project staff and stakeholders at different stages of the project: these were also used to explore the usefulness of a range of project activities. Surveys were administered to those attending training, with a pre and post for the Core training. The activity logs of implementation leads and their case audits were sources to explore the process of embedding S&T

Evaluation was an embedded part of implementation from the outset, which allowed us to work in partnership with project staff on elements of evaluation design, and to collate existing and collect original data. We also embedded ourselves as much as possible across project activity to deepen understandings of implementation and the project as a whole: this included observing S&T training and attending working group meetings.

**Table 3.1 Data collation and collection**

Data Collection Activity	Details
Monitoring Data: Baseline and change	<p>Anonymised data on identification of domestic violence in children’s social care cases and interventions with perpetrators 2019 &amp; 2020</p> <p>The same data for Sept 2021- June 2022 to track any changes</p>
Activity Tracking	Excel spread sheet used by implementation leads to record case consultations and other activities
Training Evaluation Surveys	<p>Post training survey for Overview and Working with Perpetrators</p> <p>Pre and post surveys Core training</p>
Interviews with social care professionals and reflective practice forums	<p>Interviews with including social workers, early help teams, family therapists, and intervention workers.</p> <p>Space after each cross borough reflective practice sessions for evaluator facilitated discussions.</p>
Phased Interviews with project staff and local authority leads	<p>Three phased interviews with the project manager and two core Respect project staff - early, mid-way to track progress and at the end to reflect on learnings</p> <p>Two phased interviews with borough and implementation leads</p>
Interviews with specialist providers	Interviews with perpetrator intervention providers on the difference S&T had made for their work.

**Table 3.2: Data collected**

Data source	Number achieved
<b>Training Evaluation Surveys</b>	
<i>Overview training</i>	139
<i>Pre core training</i>	118
Post core training	42
<i>Working with Perpetrators training</i>	73
<b>Interviews</b>	
Social care and intervention professionals	10
Phased Interviews with project staff	11
Phased interviews with Implementation Leads	6
Phased interviews with Local authority leads	10
Interviews with specialist providers	4

## ETHICAL APPROACH

We work to the British Sociological Association’s ethical framework<sup>21</sup>, which pivots on professional integrity and building relationships characterised by trust. As far as possible our approach to evaluation is based on collaboration and building partnerships. Ethical approval was granted by London Metropolitan University’s Faculty of Social Sciences and Professions research ethics review panel. A data sharing agreement was devised early on and was adhered to throughout, and all data is anonymised to ensure confidentiality<sup>22</sup>. Data was

<sup>21</sup> [https://www.britisoc.co.uk/media/24310/bsa\\_statement\\_of\\_ethical\\_practice.pdf](https://www.britisoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf)

<sup>22</sup> Research participant quotes have been attributed as follows: professionals using their job titles/roles; core project staff (Respect team and project manager) as ELP staff member.

stored on a firewalled section of the university data storage system only accessible by CWASU staff and IT support.

Interview and survey participants were provided with clear information about what taking part would involve, enabling them to give informed consent, which was renegotiated at different stages of data collection. Research activities were planned to be accessible and flexible so as not to encroach too much on work time, and to afford some form of reciprocity: both interviews and surveys were designed as reflective spaces in which participants were encouraged to think with us.

## CHALLENGES AND LIMITATIONS

The tight timeline affected the evaluation, there was, for example no time to return to the theory of change in the light of learning as delivery was the priority for the working groups.

The baseline and change data proved much more problematic than expected to collate: each borough had somewhat different key indicators on identification of domestic abuse and how they recorded interventions. In the case of the latter actions or steps would be numerically recorded, at times differentiated by children and parents, but never in relation to perpetrators specifically. This is a core indicator for the effectiveness of S&T and has been flagged as an issue to resolve in Year 2. One borough had complex data protection questions which were not addressed in the data sharing agreement for the project; as a consequence their data was not received until August 2022.

The post Core training survey was designated as for those who had completed the training, it was only in July 2022 that it became apparent through returns from the Institute that a significant proportion had not completed the e-learning elements and had therefore not been invited to complete the post training survey.

Fewer practitioners have been interviewed than intended -a target of 20 was set – due to pressures of workloads. This was however met and supplemented by the evaluators attending the reflective practice sessions for a half hour facilitated conversation. A further 9 practitioners took part through this method.

## CHAPTER 4: THE PROCESS EVALUATION

We report on the project activities in later chapters, here we explore the process of implementation, by presenting findings from phased interviews with project staff, borough leads and our participation in the implementation and steering groups.

Even with the short time frame the partnership had to begin work before any of the project specific staff were in place, and implementation activity began immediately. Indeed, a number of staff were not appointed until several months from the start date, reflecting the challenges in recruitment that have been encountered in the wider VAWG sector. That progress was made from day 1 can be attributed to the fact that the partnership had built the application together and two of the boroughs had already partnered with Respect on S&T. That said projects such as this need at least three months for start-up.

### DIFFERENT STARTING PLACES

The fact that two of the boroughs had been part of Phase 1 was evident to the implementation leads, who noted a marked difference in the language used and the extent to which the S&T approach was endorsed by managers and supervisors. There was a strong sense that leadership in both boroughs were invested in and driving S&T as standard practice. There was however also a recognition that the six months hiatus without case consultations had been a loss, suggesting that embedding something as challenging as S&T takes time.

Two of the new partners had developed in-house approaches in the previous two years; in one case S&T was understood as an addition to this, in the other it was understood as more of a challenge. The latter meant that there was less commitment to S&T from the outset. Broadly however, across boroughs the approach was met with enthusiasm creating a fertile ground for implementation.

### BEGINNINGS: 'A SURGE OF ENTHUSIASM'

*It's always been a social work dilemma...how to work with perpetrators and domestic violence. (Implementation lead)*

Early Interviews revealed a cross borough 'surge of enthusiasm' for S&T from social care professionals. In part, this was attributed to the approach meeting a 'social work dilemma' of how to work with domestic violence, with social workers finding themselves in the uncomfortable position of making victim-survivors responsible for protecting children. That S&T defines perpetrator behaviours as chosen parenting practices and offering practical tools to shift focus and language were described as an empowering relief, which held immediate appeal and potential effect for their work. This was also born out in later interviews with children's social care professionals (see Chapter 5).

*There's value in the model in simplifying complexity and tensions, it's like a hot knife. (Borough Lead)*

*... it's grabbable- immediate changes to language in letters to family for example. So you can get hold of it. (Implementation Lead)*

For project staff, and some practitioners the model was not an entirely new approach.

*There was nothing hugely new to me. (Implementation Lead)*

*I saw this model and I'm like "are you kidding me, you're in my brain" (Implementation Lead)*

*Safe and Together's not rocket science, If you're a DV practitioner it would be how we would want to work anyway. (Borough Lead)*

Whilst for a few this evoked cynicism about what was seen as the commercialisation of a long-established feminist approach to DV, a similar surge of enthusiasm was detectable from project staff, but it was built on different foundations. It was the cross-borough partnership that evoked excitement for 'real systems change'; a possibility to extend beyond the skilled and knowledgeable practitioners to a coordinated and sustained shift in practice at scale. This enthusiasm from both the partnership team and social care professionals set the backdrop to implementation and shaped high levels of commitment and sustained hard work. Early on however, unrealistic timeframes for implementation were a central challenge

'WILL TIME WIN'?

*Unfair timelines feel like we're being set up to fail... I'm here for the change; we need time to do it well. (ELP Project Staff)*

Initially the extended partnership project was funded for a period of eight months from August 2021 – March 2022, with a subsequent four months match funding from five boroughs. A recurring concern amongst project staff was not having enough time to achieve the work plan, with the marketplace and toolkit particular points of tension. Early and mid-way interviews highlighted pressures of not having lead time for recruitment and set up, with one interviewee describing the initial three months of the project as 'hitting the ground running', and another reflecting that 'we didn't have time to really sit down and plan'. Implementation leads were recruited into post at varying points, with some beginning work three months into the project. Subsequent delays in gaining access to borough IT systems, remote working also posed challenges in terms of building relationships and gaining insight on borough structure and practice. This was a particular challenge for those with responsibility for two boroughs.

*Differences in structure across boroughs can be a challenge, in terms of levels of organisation... challenges in findings out who is who and how to navigate (Implementation lead).*

Interviews with staff at the end of the project reflected that time constraints were navigated by the 'sheer commitment' of staff across the partnership, who were agile in adapting to challenges. This commitment was underpinned by a dynamic project management style focussed on regular staff meetings and ensuring the team felt they could vent and share anxieties. Interviews also suggested a unique alchemy across key project staff based on an overall shared vision and appetite for systems change on a large scale. That many of the core project staff had long professional histories in the VAWG sector provided energy, expertise, and enthusiasm. This undoubtedly drove how much was achieved in such a short space of time.

'SHIFTING SANDS'

*I think it's a classic grant funded situation, you don't have continuity and clarity. (Borough Lead)*

Some staff reflected that towards the end of the project the funding structure meant communication became confusing, which left some project staff insecure in their roles as well as making workflow and planning difficult.

*... some of the timeframes have been a bit vague, it's felt a bit shifting sands at times, I haven't quite known what we're doing and when, and that's partly because decisions have been made at different levels and so it's been a difficult to keep up. (Borough Lead)*

*It's very difficult for the [implementation] leads to have had the uncertainty of whether or not their contracts would be extended... it's quite hard for us to plan. (Implementation Lead)*

The funding structure exacerbated the challenges posed by unrealistic timeframes, creating insecurity and pressure for both work streams and staff.

*... you also don't have a proper understanding from the funder, and possibly they can't do it because maybe they're under some kind of financial duress, but it's just that thing about financial years and how that doesn't fit with practice really. (Borough Lead)*

The match funding element also created small fractures within the partnership towards the end of the initial time period, with one borough considering leaving the partnership and not contributing financially to the extension. Some staff thought that implementation had to be rushed to fit into unrealistic timeframes.

*it's been a bit too rushed really; it would have been great to have stretched it out. (Implementation Lead)*

There was a consensus that two clear years of funding would have given a clear runway to plan and execute implementation and to embed the model sustainably. Subtle differences between implementing and embedding the model were drawn by project staff. While implementation was seen as a process of time pressured tasks, embedding the model was a longer-term strategy of change, hinged on having space and time to plan.

*... the Respect team would have been gone by March. And so, it's like the Home Office giving us this little piece of money and being like, 'Start', and then being like, 'You pick up the pieces', and this is why I'm like it needs to be funded for two solid years as opposed to this six-month piece of work. It's actually quite strenuous. (ELP project Staff)*

*... everything feels so squashed together and I think to some degree it's even unfair on workers to be like, we've got this new model if we can't embed it. (ELP Project Staff)*

Time pressures meant that staff had to be agile, and make decisions about activities, which sometimes felt illogical, but were in effect responsive strategies of prioritisation.

*I would have loved for us to have a launch, then the training, but we were having training, then the launch, because of time. (ELP Project Staff)*

Phased interviews highlighted not only the issues time held for implementation, but also for the project staff themselves. Early interviews were characterised by energetic anticipation and focus, but towards the end of the project some seemed to be paying a personal cost for the levels of commitment and the work they had invested in the project. News that the project was to be funded for a subsequent year however meant the prospect of having the space and time to realise their aims and build on their work, which reignited both focus and energy.

## STAFF RETENTION IN SOCIAL WORK

*There's a start again syndrome all the time undermining social work in the country really, particularly in London. (Implementation Lead)*

Many of the project staff outlined staff retention on social care teams as a potential challenge to effective and sustainable implementation: high staff turnover, meant that it was difficult both to guarantee trainings recruited well and ensure that a tipping point was reached within workforces of the proportion with S&T foundations.

*... we've had some instability of staffing there which created some problems around identifying people for the training, we got a bit behind. (Borough Lead)*

Staff retention was understood as a broader issue reflecting large caseloads, limited funding and resource which resulted in high levels of burn out.

*it's a symptom of a wider problem... that same problem that makes our job so difficult because we are trying to implement something new with people who are effectively burned out and traumatised. I'm not coming across any practitioners that aren't operating under the framework of just a complete starvation of resources. (Implementation Lead)*

Inadequate domestic violence training on social work courses also featured as a potential issue for effective implementation. This was echoed in interviews with some social workers at the end of the project, who outlined how little training they received compared to how much domestic violence features in their work.

*I was thinking, that actually you come into social work... and the majority of families that you're working with, there is some level of domestic abuse, whether it's current, whether it's historical, whether the parents have experienced it as children, they say that whatever the percentage is, triple it, it's most of the cases.... We don't actually get much focused conversations on training on it, so I would have had some quite basic domestic abuse training on what are the signs, what does abuse look like. (Social Worker)*

Project staff and partners were aware that this was the context of workforce development within which they were operating, and it was operationalised in implementation strategies by aligning training with recruitment.

*... we've got our ASYE group and we've actually trained all of them on the core training so that the new social workers are coming in from the very beginning with understandings of Safe & Together as the model of working. So, what we've done is align Safe & Together training with our recruitment approach so that we've got our new social workers expecting their managers to be talking about Safe & Together. (Borough Lead)*

For some practitioners that their foundational training had been inadequate to meet complexities and volume of domestic violence in their work enhanced their passion and commitment to the approach. Rather than a challenge to implementation, this lack was in effect met by S&T and underscored the surge of enthusiasm described earlier, moving many

social workers into often-difficult reflections on their previous practice, and strengthening their commitment to S&T.

## KEY LEARNINGS

While unrealistic timeframes posed many challenges, other contexts of implementation represented fertile ground on which to begin. This included a strong partnership team with expertise and commitment and an appetite for change from professionals. Key learnings are listed below:

- Unrealistic timeframes linked to conditional funding structure meant that implementation was a tense and time pressured process.
- Project funding needs to provide at least three months set up time.
- The layers of governance and co-ordination, alongside a problem-solving approach provided spaces in which challenges could be creatively and jointly addressed.
- A unique staff alchemy and commitment linked to shared histories in the VAWG sector enabled implementation.
- Appetite for change and clear need in social care to address domestic abuse in ways that did not make victim-survivors responsible provided fertile ground for the S&T approach.
- Pressures of social care profession and inadequacies in previous DV training were a potential barrier to effective and sustainable implementation but the relevance of the S&T approach filled a gap and fuelled enthusiasm.

## CHAPTER 5: THE TRAINING PROGRAMME

The training programme is the fundamental building block on which implementing S&T is based. As already noted this has to be undertaken in conjunction with the Institute who conduct their own feedback and evaluation. This chapter outlines the training offer and delivery and presents survey and interview data with social care professionals to assess its effectiveness. The surveys reported on here were additional to those used by the Institute, and response rates may have suffered because of the doubling up.

Three training courses were offered as part of Phase 2 from October 2021-July 2022: Overview and Core were delivered by the Institute via their learning platform and working with Perpetrators was delivered by project staff. The institute delivered sessions required all attendees to be registered, receive the link and for many be supported to access the tech. These tasks were all the responsibility of the Respect Training and Resources Manager and absorbed considerably more of her time than expected. Local authority leads and once in post implementation leads undertook promotion and initial recruitment.

### **Overview**

Overview training was delivered online and was non-interactive, accommodating up to 200 participants<sup>23</sup> and ran six times. The course is one day but given the context of Covid 19 and the online delivery it was split into two half days for this project.

The course offers an introduction to the model providing information about creating a domestic violence-informed child welfare system, the principles and components of S&T and information about the framework behind competency-building in child welfare around domestic violence.

### **Core**

As a four-day course with some interaction, core training is provided to up to 40 participants per course. CORE was delivered across 4 days (5/6 hours each day) of self-guided e-learning, required in advance of 4x90min virtual sessions with a S&T Trainer. Ten blocks of Core training were offered as part of this project.

The course offers in depth training on the skills and strategies of S&T including: identifying the impact of domestic abuse on children and family functioning; fact-based assessments of the perpetrators' patterns of behaviour; partnering with adult survivors of domestic abuse; intervening with perpetrators; how domestic abuse intersects with other issues like substance abuse and mental health. Specific attention is given to documentation and case

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<sup>23</sup> 100 spaces for the East London Partnership and another 100 for a different project housed within Waltham Forest

planning and several key tools that reorient practice, including plotting the pattern of perpetrator behaviour and pivoting.

### **Working with Perpetrators**

An additional Working with Perpetrators training was developed by Respect based on experiences in Phase 1, as this was the arena that practitioners sought additional input on. It was designed to enhance skills, explore what safe engagement with perpetrators consists of, and how to unpick some of the messy and contradictory aspects of domestic abuse cases. A two-day course delivered online with e-learning embedded within the allocated time, with a greater proportion of content interactive, this course could accommodate up to 30 participants per course and ran ten times.

#### SETTING UP

Given the tight timeframe, recruitment for training began before all project staff were in post or the implementation group had developed clear modes of communication. As a result, borough leads were not all clear that they should recruit managers to the first rounds of overview and some thought there would be specific trainings for managers. This misunderstanding was addressed early on. Nonetheless, boroughs targeted different layers of staff for overview, in the case of Hackney and Waltham Forest to widen the profile of staff who had access to S&T training given they had participated in Phase 1. In other boroughs a wider focus for overview included voluntary sector partners, commissioners, police, health workers, housing whilst prioritising adult and children's social care managers and team leaders.

#### OVERVIEW TRAINING

The numbers for the overview training is presented in table 5.1, showing that 100 places were made available to each borough; unsurprisingly take up was higher in the three boroughs which had not been part of Phase 1. Disappointingly, almost half the places were unused, despite being booked. This is one of the downsides of online delivery, it often results in higher proportions of no shows, attendance at online webinars compared to registration for example is estimated at between 40-60% for 2022<sup>24</sup>.

A total of 287 attended the trainings.

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<sup>24</sup> <https://findstack.com/webinar-statistics/>

**Table 5.1 Overview training participants**

Borough	Offered	Booked	Attended	Unused
Hackney	100	69	40	60
Newham	100	123	69	31
Redbridge	100	77	48	52
Tower Hamlets	100	82	61	39
Waltham Forest	100	60	37	63
<b>Total</b>		411	255	245

The evaluation survey was completed by 139 participants<sup>25</sup>, although not all answered each question. Over three-quarters were located in children’s social care (78%) with 5 per cent from health, other attendees were from housing, education, adult social care and the voluntary sector. This is an older cohort than attending other trainings, with three-quarters aged 36-65, possibly reflecting the intent to recruit managers. An even higher proportion were female (87%), the vast majority were heterosexual, with one lesbian, one gay man, one bi-sexual and one participant identified as non-binary.

Most of the questions in this survey were open ended but the first asked participants to rate their knowledge about perpetrators on a scale of 1-9 before and after the training – this showed an overall increase: that the training increased knowledge (see Table 5.2). This was true even for those who began high, with gains in the scale from 7 to 8 or 9.

**Table 5.2: knowledge on perpetrators before and after overview training**

	1-3 (low)	%*	4-6 (middling)	%	7-9 (high)	%
<b>Before</b>	21	16	65	51	47	33
<b>After</b>	03	02	37	29	78	61

\*Percent calculated on 128 respondents

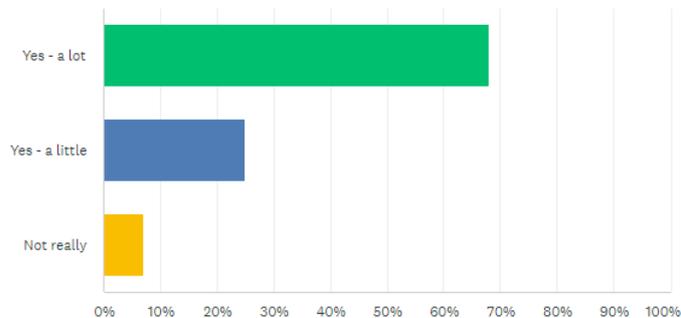
We asked if the training had made participants think differently about responses to domestic abuse, and Figure 5.1 shows that over two thirds (68%) thought the training had made them rethink their response to domestic violence at lot, with a further 23% a little. A question on rethinking responses in children’s social care showed similar responses.

<sup>25</sup> It was not made clear to the evaluators that the overview would include participants across ten London boroughs, as Respect had a second S&T project running concurrently. There was no question on which borough participants came from, so it is not possible to say how many were from the East London Partnership. Participants were primarily from children’s social care, so the findings are relevant across both projects.

**Figure 5.1 Impact of training on children’s social care responses to domestic abuse**

Did the training make you think differently about responses to domestic abuse in children’s social care?

Answered: 128 Skipped: 11



A free text box offered space to explain these responses, a selection of the most frequent responses are included here, showing that the key principles of S&T were absorbed and reflected on.

*I like the holding perpetrator to account as well as offer them some intervention, which I think in the long run will have some impact on outcomes for children and their family who are facing domestic abuse. (Overview survey response)*

*It helped me to see the perpetrator as a parent who makes a choice to behave in abusive ways. (Overview survey response)*

*During the training we looked at two case notes and I was amazed at how different they were, the second one being a lot more detailed and not targeting the victim as much but sharing the type of abuse she is experiencing and how this has impacted on the child. It was good to think about how we need to bring the accountability to the perpetrator... I feel that this will help me to change the focus of responsibility from victim to perpetrator. I will think about our assessment and plans, ensuring they are not reflecting blame on the victim. I also feel that I will focus on the language I use... This is definitely something I would share with my team and encourage them to access this training. (Overview survey response)*

*The importance of putting the perpetrators behaviour at the centre of what needs to change rather than always looking to the survivor to be the protective factor. (Overview survey response)*

*In children's services, we can put a lot of responsibility on the survivor. There needs to be more emphasis on the perpetrator and their responsibility. (Overview survey response)*

*How case notes and assessments are written. It has also made me think about the pressures and expectations put on the victim/survivor whilst the perpetrator often becomes invisible. It has made me think of ways to engage perpetrators. (Overview survey response)*

Two revealing contributions showed firstly how S&T is a 'refreshingly different' approach to the orthodoxy of holding victim-survivors responsible and the fundamental challenge that this represents, and secondly how even someone who had worked with perpetrators found themselves being drawn into organizational culture of the children's social care approach.

*I've always worked in organisations where the focus has been on what the mum is doing/not doing to protect her children. This was a refreshingly different approach which fits more closely with the way I want to work but I'm not sure if team managers/senior management are ready for it! (Overview survey response)*

*Worked with perpetrators for many years but for the past 4 years have worked in DASV support service and whilst I firmly believe that perpetrators should be held accountable it is easy to slip into CSC model of focusing on the changes that the victim-survivor needs to make and it is good to go back to ensure This training was very beneficial to the work that I do. It has really made me think about how I approach families and rewording my case notes. (Overview survey response)*

There was a single response, which suggested this participant learnt little, but they were the exception.

*I am already working in a restorative way, and using the wording already. (Overview survey response)*

These data confirm that current practice tends to make victim-survivors responsible for protecting children and that S&T offered a recognised and welcome different starting point and possibilities for practice. These were significant shifts after a single day training.

## CORE TRAINING

Ten blocks of Core training were offered with 309 booking onto the course, and 205 attending. As this took place over a longer time frame the evaluation involved a pre-training survey sent out before joining and a post training survey that it was agreed would be sent to those who completed the course. The issue of many not completing due to the amount of e-learning (discussed later), means that the post response is much lower than those who began the training. Respect offered a reflective space within the Core training and downloaded the

responses, we present some here to show the range of responses and some contributions which explain why completions were lower than anticipated.

*The training was the best training I have ever done! My sister is currently doing the course too... She is really enjoying it! Thanks so much.*

*I really enjoyed the course and spent a lot of time doing the home learning and would like a formal recognition of this. Admittedly, it was my fault for not completing it within timeframe – apologies for that. I thought I would ask!*

*It's just been really helpful, the whole course has been really helpful and the handouts as well, I've found them particularly good so looking forward to using the model going forward.*

*I think for me personally making it perpetrator based is something I've not really thought about so it definitely gets your mind thinking and can obviously help in practice in a positive way for how to engage with perps even when they are not engaging but obviously having the hope that using some of the tools will help, so thank you so much.*

*I am so sorry that I have not been able to attend today's training or send my apologies. I have a safeguarding issues that I needed to attend to at 12pm and could not get to my computer to email you or the trainer. I will read the course material and try to catch up. Please send my apologies to the trainer*

#### PRE-CORE DATA

118 completed the pre-Core survey between November 2021 and February 2022. Virtually all (98%) were located in children's social care, and this is a somewhat younger cohort compared to the Overview with over three-quarters (78%) aged 26-50. Participants were diverse in terms of race/ethnicity with 36% white British/Irish/European and 56% percent minoritised, with by far the largest group Black British/African/Caribbean. The sample was overwhelmingly female (92%) and heterosexual with one lesbian and five bi-sexual. One participant identified as non-binary and two as queer.

The first question asked them to rate their knowledge about perpetrators on a scale from 1-9: the average score was 4. When asked what more they needed to know the largest response (n=36, 31%) was about how to engage effectively with perpetrators, followed by much lower numbers on: the research/knowledge (n=12); the right interventions (n=10); tools (n=9) and how to support victim-survivors (n=6).

*I need to know how best to work with the perpetrator in a child centered way rather than working with them outside of the family. (Pre-core survey response)*

*I would say evidencing the abuse. How to write about what is being written in a way that is appropriate for court, especially evidencing coercive control. Also language when speaking with perpetrators. (Pre-core survey response)*

*Managing the complexities of procedures and statutory guidelines in a way that does not place the victim as responsible, as regardless this tends to happen due to the mother caring for the children and father not wishing to engage. (Pre-core survey response)*

We were interested in what participants thought the role of children’s social care was in responding to domestic abuse. The most frequent responses were: accountability of perpetrators (n=18); safeguarding children (n=16); getting perpetrators to understand the impact on children (n=13); enabling perpetrators to change (n=12); assessing and managing risk (n=10) signposting/referring (n=9); supporting families(n=8); supporting perpetrators (n=7). These responses are a mixture of S&T principles and current practice.

When asked to assess how confident they were working with perpetrators on a scale of 1-10, the average response was 4, with a range of 1-5. Phase 1 found confidence to be a barrier to be engaging with perpetrators, to explore this further a question asked what three emotions came up when thinking about this work, Figure 5.2 presents the first response in a word cloud, and this is similar to the second and third responses. Anxiety was by far the most common response, followed by fear – for themselves and of potentially making things worse for children and victim-survivors. Anger and frustration also featured. All of these emotions are not conducive to being able work effectively with perpetrators, and an increased confidence would show some had been allayed.

**Figure 5.2: Word cloud of first emotion when thinking about working with perpetrators**



POST CORE DATE

There were 42 completing this survey, just over a third (36%) of those who completed the pre survey: the proportion is however much greater of those who completed the core between November 2021 and August 2022 (n205). The demographics were similar to the pre-Core with the exception that a much higher proportion were white (61%), suggesting that completing the e-learning may have been more a barrier for minoritised staff.

The first question asked about assessing knowledge on a scale of 1-7. The average was over 5 with a range of 4-7: a clear increase from the pre-survey scores. When asked what more they needed to learn most referred to putting what they learnt into practice. Several of the responses here also alerted us to the issue of hybrid delivery.

*I think the course provides very good information but the way the course is delivered is not conducive to learning. I understand having participants watch Youtube video's saves money but I do not think it is beneficial to have participants watch a recording of a training day, it is not engaging or interesting. In addition, the Youtube videos are not culturally appropriate. It is a recording of training in the US being watched by participants in the UK. The individuals being recorded often talk about services that are not provided in the UK and there is a big focus on working with individuals who use guns, this is not a widespread issue in the UK. (post-core survey response)*

Whilst recognising the points made, which were discussed in the project implementation group, the more common responses were similar to this.

*I learnt so much and found it really insightful. I had very little knowledge with a very different mindset that has been explored and challenged. (post-core survey response)*

Responses to the role of social care here are much more in line with the principles of S&T and showed a clear focus on placing perpetrator behaviour at the centre.

*... holding them accountable for their behaviour and how it impacts on the child and family functioning. (post-core survey response)*

*To try and encourage perpetrators to recognise their behaviour is not acceptable, to try and encourage perpetrators to take responsibility for their behaviour and make the changes needed to stop the unacceptable behaviour. (post-core survey response)*

*Holding them to account and creating behaviour change. (post-core survey response)*

*To ensure that they understand fully, how their behaviour is impacting the children, and how they must redress these behaviours. I am now using the Safe and Together Model, when working with perpetrators. (post-core survey response)*

*To engage them in discussing the impact of their behaviour on their children and family functioning. To set high parenting standards and make plans with them to achieve this. (post-core survey response)*

An open-ended question on what three things participants had learnt also showed a strong pick up of S&T content and concepts with the most frequent being: a strength based partnership with victim-survivors; planning and engaging with perpetrators; accountability; domestic abuse as a parenting choice; perpetrator patterns; language and documentation. A

follow on question on how the training had changed their practice also showed pick up of the key elements of the S&T approach alongside increased confidence.

*I am more confident when working with families where DV is a concern, my recording of strengths/concerns/plans has got better. (post-core survey response)*

*Language used, recording of information, partnering with non-offending parent to communicate that to the survivor that the perpetrator is 100% responsible for their own behaviour. (post-core survey response)*

*Using the same language as the model gives me the confidence of competence. (post-core survey response)*

*I would focus my assessment on the perpetrator's pattern of behaviour. I will consider some of the things the survivor had to do to keep the family safe I would consider how the abuse is destabilizing the family. (post-core survey response)*

*The 'language' I now use in DV cases. Much more aware of that now. Strength based practice with the adult survivor. Holding onto; 'Adult Survivor is NOT responsible for the Perpetrators behaviour'. My persistence to engage the Perpetrator will be far more robust, than before the training. My case recording, will demonstrate the Perpetrators Behaviour and how these are his parenting choices. (post-core survey response)*

Clearly the skills and tools that S&T Core training offers had been picked up and in some instances were already in use. Few thought there was anything missing in the training, but some were still to test their knowledge in practice. One participant also put in a plea for a different format.

*As much as I enjoyed the training, and it was certainly the best set up online training I've been on, it can't compete with attending this course in person. The length and number of videos made it hard to continue to concentrate and doing all the activities on my own wasn't as useful as it would have been in a group setting. (post-core survey response)*

This learning has been taken on board for Year 2, where training will be delivered by Respect staff and implementation leads, who in year 1 gained the accreditation as trainers from the Institute and there will be no e-learning component.

## WORKING WITH PERPETRATORS

There were 73 participants in this survey which was completed at the end of the ten trainings from February 2022 to July 2022. Participants were spread across the boroughs, but with much lower participation from Tower Hamlets. Almost 80% worked in children's social care, three-quarters were aged 26-50, 88% female and 70% minoritised. The majority were

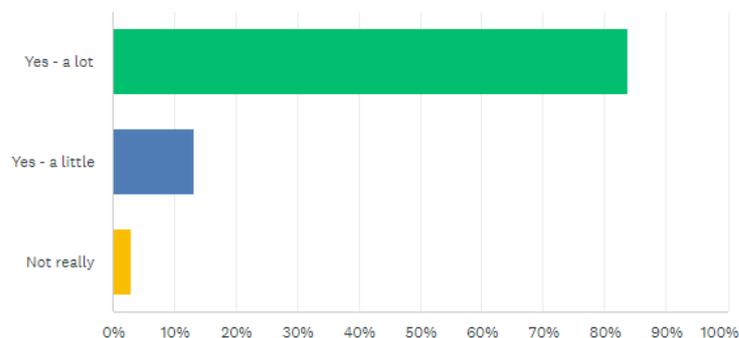
heterosexual with two lesbians, one gay man and four bi-sexual. One identified as non-binary and one as queer.

Knowledge pre and post training was assessed on a scale with the average 4-5 at the outset and 7-8 after the training, a clear and strong increase. More than three-quarters (see Figure 5.3) said the training made them think differently how to respond to perpetrators.

**Figure 5.3: Impact of training**

Did the training make you think differently about how to respond to perpetrators of domestic abuse?

Answered: 68 Skipped: 5



There was also consistency in what participants learnt, with many of the responses being skills based, but at the same time rooted in a clear framework of S&T principles. The most frequent responses here were: how to engage with perpetrators; pattern of behaviour; interviewing skills/techniques; stance/position; language in case notes and with perpetrators; case planning with perpetrators; safety planning.

*Stance - stay grounded and calm. Set direction before session. (Post training survey response)*

*Talk about the impact of their behaviour on the children and what they would do differently. (Post training survey response)*

*X hit Y rather than Y was hit by X and being clear in documentation. (Post training survey response)*

*Interviewing skills and sequencing strategy. (Post training survey response)*

*Case planning - clear expectations for change and setting them. (Post training survey response)*

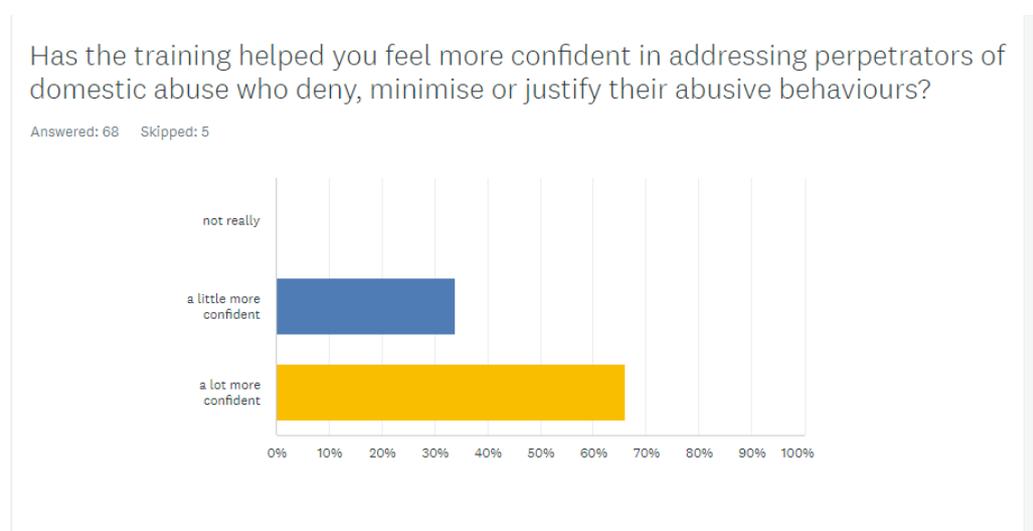
*Be really clear about the BEHAVIOURS and documenting. (Post training survey response)*

*Thinking about perpetrator patterns and getting them to do the tool, to either add info, understand their sense of denial, or acknowledge behaviour which will motivate change. (Post training survey response)*

*To focus on the well-being of the child in conversations with the perpetrator. (Post survey response)*

The intention of the course was to increase confidence and three questions explored this. Figure 5.4 shows that all bar one thought their confidence had increased in relation to addressing denial and minimization: these proportions were echoed in responses to questions about enabling perpetrators to identify non-abusive behaviours and all bar two had more confidence in motivating perpetrators to change.

**Figure 5.4: How the training affected confidence**



*The benefits will be helping perpetrators to look at their abusive behaviour and be willing to make positive changes and engage with appropriate programmes to embed the changes needed to stop being abusive. This in turn will reduce DVA going forward. (Post training survey response)*

*Being able to have conversations about their behaviour more confidently and have a 'toolkit' of methodology behind me. (Post training survey response)*

These findings suggest that the content of this course reinforced the S&T principles whilst offering space to build confidence in working with perpetrators.

## REFLECTIONS AND CHALLENGES

A number of issues emerged about the Core training, especially the amount of e-learning involved which many practitioners found impossible to complete given the urgent demands of their roles, which was made worse by COVID-19. Overall, practitioners found the time demands too high, specifically the prerequisite of 5/6 hours of independent learning before each online session.

*I had to have some extra days because I couldn't fit it into my work life. So I did it at the weekend (Interview with Social Worker)*

*I am so so, so sorry I have to pull out of the training today. I registered and started the learning online last night, and I really want to be able to do this course and have heard from my colleagues this is the best training they've had, but I am really struggling with capacity and know that I can't do it justice. I know that it would be important to allow myself the time to do the online learning but I have so much at the moment that I feel really stretched. Is there any chance that I can sign up to a future course?? I would love to if possible so I can give it my full attention and time to learn. I'm so sorry and hope I can join in another round? (Email from social worker).*

*I got Covid and was unwell in the run up to Christmas and so did not complete the e-learning for Day 4 of the CORE training – is it possible to be able to access the e-learning platform again for a short period so I can complete this and get the certificate of completion? Let me know if you need any further information from me (Email from social worker).*

Data from the Institute was not always prompt meaning that this was not picked up until midway through Year 1. The training and resources manager in Respect negotiated extended time frames for completion, but despite this many failed to complete the Core training. Interviews with practitioners and the reflective practice sessions revealed that many found the taught elements unsatisfactory as their participation was limited to a chat window and they were in effect watching other groups being trained in the S&T approach and the US context and content was off-putting for some and hampered their learning.

*I did not love those videos at all. I'm sure everyone has said that. I had to look up the acronyms because it was all North American (Interview with senior social worker).*

While some found online delivery convenient, many described the actual style of delivery as unengaging and isolating. Overall, interviewees outlined that a more dynamic, interactive delivery style would have been more conducive to learning and, in particular to sharing practice and building connections with others.

*... for me personally, training is hearing other people's experiences, this type of training for me, it requires trust and it requires all those sorts of things in order to help you feel that you're engaging. (Interview with social worker).*

*It's awful how clinical it is. It doesn't inspire and it's just so unengaging. (Interview with social worker)*

*We couldn't make connections with each other. (Interview with senior social worker)*

It is revealing that despite these limitations the actual content and the model were welcomed and embraced.

*I really like the model, and for me it was quite revolutionary. And when I say that I'm a little bit embarrassed to say that because when you actually break the ideas down, they're really quite logical, they're really quite straightforward. (Interview with family therapist)*

Here, practitioner perspectives contrasted between it being either a familiar approach or a revelation, with both recognising it as valuable. For those who worked in specialist domestic violence roles, or had experience in the field, the model was not entirely new and in the main the training served as an affirmation. That the model was being rolled out across the East London partnership represented a relief that 'finally we have a voice here'.

*I think there were useful things about the training that confirmed how I process. The things that they were saying I'm like, "Okay I'm on track, that's what I do". (Interview with social worker)*

*... the model has just confirmed everything in the way that we have actually always worked. So, whereas it was just us before, shouting from our little corner to advocate for families, actually Safe & Together has just like, boom, and it's spread out across the borough. Social workers have been on the training. They've got it. They understand. (Interview with intervention manager)*

*It's different because we've got more people on side. We've got more ambassadors for the belief of the model. And it isn't because it's a Safe & Together model, it's because we were operating in that way anyway and the Safe & Together model has just helped enhance it. (Interview with intervention worker)*

For many, especially social workers, the Core training was an illuminating and transformative revelation, with both personal and professional impacts. The content challenged what were described as deep-rooted practices in which perpetrators are invisible, and victim-survivors are held responsible for on-going abuse and their children's safety. Language was identified as one of the main ways this becomes normalised in practice.

*... somehow in practice I fell into this trap of just adopting language that everybody uses, which is really harmful, and I think Safe and Together really brings attention to gosh, wow, how powerful is it that we have been using these phrases, which I don't think anyone means to do. Those are the waters that we swim in, those are the reports we're reading, that's how chairs are talking, that's how managers are talking, you just find yourself adopting it. (Interview with family therapist)*

*I can't believe that we practiced like we did before, it just seems ludicrous, the whole thing about mum, you've got to do this... it's like putting it all on the victim. 'You go there, you've got to go to this service', I can't believe that we practiced like it before. I think it's amazing. (Interview with intervention manager)*

## INVESTING IN SOCIAL WORKERS TO CHANGE PRACTICE

Our survey and interview data intentionally offered spaces for reflection on what difference S&T, and the training in particular had made. The initial challenge was for social care workers to see this as work they had a clear role in.

*I still think the overriding view is 'let's refer out', we've got a DV case, let's refer out. I can't do anything as a social worker, not my specialism. So I think a lot of the work in conversations with managers and social workers is about trying to get social workers to see themselves as part of the DV work with families. (Interview with senior social worker)*

Echoing findings from Phase 1 one of the most challenging issues was knowing how to work effectively with perpetrators, lacking the language and tools to meet perpetrator's strategies of denial and minimisation. Implementation set out to meet this training need; to improve both competency and confidence, and many professionals described how the core training had indeed increased their confidence, which led to practice-based application with positive outcomes.

*Just in the confidence that I have now, working with families working around this topic, that is what it's done for me so far. I feel that any case that I have with DV I would be able to approach it with much more confidence. (Interview with social worker)*

*I felt that using this tool, the questionnaires from Safe & Together and also the mapping tool to actually draw together all the issues that impact on the family functioning... that made me much more confident to engage the perpetrator and he owned up. He owned up for his actions! (Interview with social worker)*

Beyond confidence building, the training was seen as enabling more effective and satisfying work, leading to deeper investments from professionals to continue working with families; to 'seeing themselves as part of the DV work'.

*... to me it's about being able to provide the best outcome for the family, that's it what really does it. Because when the family has a positive outcome then you feel, "Oh, I'm not wasting my time" and you feel also appreciated for the effort you are putting into it. Not only does it build the confidence, but it also shows that you are not just wasting your time. (Interview with social worker)*

*I think there was a big shift for mum. I think she was like survive, survive, survive, and then just reframing it "God, you're doing everything you possibly can, and this isn't good enough for you". Not in a blaming way, but in a this isn't okay what you're experiencing... from our position mum's done everything that she can, so this case won't close until we're satisfied that you [perpetrator] can engage with us in these conversations about change, and at the moment you don't seem brave enough to be able to have those conversations with us. It's that kind of no we're not leaving; the responsibility is on you. (Interview with social worker)*

The shift in focus to holding perpetrators to account for their parenting and applying a strengths-based approach to victims-survivors was powerful and the difference it made palpable.

*It's been, it's just outstanding, I just can't believe it really to be honest, and I know that sounds dramatic, but partnering with her it's changed how she's talking to professionals, what's she's sharing, she's more confident, yes, thus far it's been brilliant. (Interview with senior social worker)*

This shift in focus was also perceived as potentially lessening an added burden of blame and racist scrutiny for victim-survivors from minoritised communities. The 'concrete solutions' such as the mapping tool, pathways to harm, perpetrator interview schedule, were described as having immediate appeal and effect in practice. However, many also spoke about the broader systems of support needed to help them embed S&T in their work, including, consistency in approach across colleagues and the wider intervention network. Contexts of work were also reported as bearing influence on buoyancy for change, in terms of heavy workloads and lack of resources posing potential challenges.

*I know it's something we say all the time, "lower caseloads" but practitioners are effectively doing the role of a family support worker, of a health visitor, they are the multi-disciplinary, multi-faceted practitioners as social workers, they're doing everything where the resources have been reduced. (Family therapist)*

Challenges in embedding S&T are discussed further in the next chapter, relevant here is how in a professional context where new training is a regular feature and often seen as a burden on time, S&T deeply resonated with practitioners, and garnered strong responses of positivity, energy and ultimately relief for a 'grabbable' solution to what was seen as an entrenched problem in practice. The training helped many practitioners realise and articulate

their discomfort, which led to them investing strong commitment to the approach and change.

## KEY LEARNINGS

- Having so much e-learning as part of Core was not effective and meant that many did not complete all the training.
- Where possible training should be delivered by trainers familiar with the UK context.
- The framing of DA as a parenting practice offers an easy and relevant way in for children's social care staff.
- Both the Core and Working with Perpetrators trainings increased confidence.
- Many of the core concepts - such as partnering with victim-survivors, pathways to harm, holding perpetrators accountable for their behaviour- and the S&T tools were welcome and useful.
- Social workers who had begun to put the S&T model into practice felt more effective and satisfied.

In summary, all of the trainings achieved the goal of challenging approaches that make victim-survivors responsible for children's safety and placing perpetrator behaviours at the centre of intervention. It appears that is the combination of principles, tools and skills that make a difference. Despite all the limitations, our data show that the trainings proved powerful for many social workers in destabilising what on reflection were framed as entrenched harmful approaches, with S&T equipping them to work differently. The context of Covid 19 and limited certified S&T trainers in the partnership meant that hybrid training was the only option in Year 1, these limitations will be addressed in Year 2, where Core will not have any e-learning components and it will be delivered by project staff who have, as part of year 1 become accredited S&T trainers.

## CHAPTER 6: SCAFFOLDING FOR CHANGE - EMBEDDING S&T

*You can't do it on your own; you need scaffolding*  
(Implementation Lead)

As already outlined the biggest challenge for the project was the tight timeframes for implementation, reflected in how project and children's social care staff viewed the process of embedding the approach: a long-term process, hinged on having enough time and structural support to effect sustainable change. This chapter discusses how far implementation activities contributed to embedding S&T into practice across the boroughs in Year 1. It draws on the baseline and change data from the five boroughs, the activity logs of the implementation leads and interview data.

There was consensus across project staff and professionals that effective and sustainable implementation relied on whole borough support, with senior leadership and management 'buy in' being essential to embedding the model. Without this 'scaffolding' there was a sense that S&T could become 'just another training', that initial enthusiasm and support would wane, superseded by the 'next thing that comes along'. High level promotion would enhance practitioner confidence and ensure change was not hampered by 'having to fight battles, to justify and educate senior staff'.

*... this is not just some good training that you go on... it has to have the borough buy in, it has to be top down and bottom up... it is a culture shift (Implementation lead).*

*Bottom-up top down, we need to be living and breathing this (Social worker).*

Consistency across both professionals and statutory and non-statutory settings was also identified as important to sustainable systems change.

*We need to go broader, so for example, early help staff, nurseries, schools, the police, family courts (Social worker).*

*We need a clear pathway for domestic abuse cases that's supported by management and process. Everyone singing from the same hymn sheet... so when the QA team do their quality assurance on cases, that that's the standard that it's matched to (Family therapist).*

One thing that laid heavy was that inconsistent approaches across broader intervention networks would undo any advances in practice and trust the model may affect, with detrimental impacts for professionals and victims-survivors alike. This was evident in interviews with social workers, where inconsistency led to professional unease and a sense that they had let victims-survivors and their families down. This practitioner makes clear the

tension between the existing framework and S&T, and how much additional effort has been required to put the principles into effect.

*I've had experiences of feeling a bit like, I've been working with survivors in a certain way, and they go into a meeting like a child protection conference meeting, and they are being spoken to very differently and they leave feeling not very good about themselves, and I've left feeling uncomfortable that maybe I've almost, not deceived them but led them, I don't know (Social worker).*

In particular there were tensions for practitioners between S&T and statutory definitions and measurements of safety, and safeguarding processes more broadly.

*I've had safety plans criticised, not criticised but questioned I guess, because things that I'm learning from Safe and Together to recognise as a way of being safe, doesn't mean that other agencies see that also. So yeah, that's been a bit tricky (Social worker).*

The need for broader engagement was recognised early on by the partnership, with criminal and family court staff being encouraged to attend overview training. The partnership was also underscored by a recognition that changes in practice needed to be held by broader systems change which, for many, was also linked to organisational culture change around gender and sexism to build a conducive context to imbed S&T. One of the boroughs leads noted how S&T had already begun to provoke such reflections.

*It's opened up a conversation around gendered practice, an opportunity to talk about the environment that we work in and the amount of institutionalised sexism and gendered practice that there is in every big organisation, but in [borough name] specifically. I think these are the kind of conversations that we're beginning to have, and they're needed (Borough lead).*

Much work was done early on during the mobilisation phase of the project to ensure borough buy-in, including awareness raising and stakeholder engagement activities focussing on social care and early help directors, statutory safeguarding partners and where relevant, borough Violence Against Women and Girls (VAWG) partnership boards. Project staff and professionals alike reported positive borough buy-in and knowledge of the project as an enabling factor in their work, and many professionals said they had detected shifts in overall approach and support in domestic violence work across their boroughs.

## BASELINE AND CHANGE DATA

Chapter 3 noted the complexities in accessing the children's social care data that was agreed early on as a vital indicator of change. Appendix 2 presents the baseline and change data from each borough. It has not been possible to build a shared framework for this which needs to be picked up in Year 2.

That said both Hackney and Waltham Forest continue to have higher identification of DA, and lower numbers of children on care plans or taken into care where DA is a factor in the case: both were attributed to S&T in Phase 1. In both Redbridge and Newham the data moved in the expected directions that has already been recorded in Hackney and Waltham Forest: increased identification of DA, but decreased numbers of children on care plans and taken into care where DA was a factor.

## GREEN SHOOTS OF CHANGE

Changes in practice were detected and attributed to S&T enabling confidence and competency in social care staff. Towards the end of Year 1, for example, changes in language on case planning notes, improved quality of referrals to perpetrator interventions and improved relationships between families and social workers were reported across interviews with professionals and implementation leads.

*I hear from the clients... and certainly what I have noticed is that actually clients are not really moaning about the social workers as much as they used to... I think actually that there is a little bit more pre-work before the referral comes to the men's service. So, in other words, the standard thing, who can we refer this family to? I think that the social workers have been doing some kind of pre-work and talking to them about the men's programme. Which means that they're taking on board what they might have learned on the Safe & Together training (Behaviour change programme manager).*

One professional described these as 'little green shoots of change', which she, along with implementation leads, believed would take time and broader systems change to embed.

*I think there's little green shoots of change happening. I just hope that we can keep it embedded. Ideas are put in social care then thrown out quite quickly, I just think we need to run with this for a few years (Family therapist).*

Project staff were cautious not to overclaim impacts of S&T, believing that more time was needed to embed and maximise changes in practice. This caution was formed around an expertise that the changes required for embedding the model extended way beyond social

care practice to the scaffolding described earlier, and this expertise shaped implementation activity.

## IMPLEMENTATION LEADS

Three implementation leads were located across the five boroughs: the role was to promote the model and available trainings, provide case consultations and other relevant activities, and conduct case audits using a combination of the Institute tools and issues specific to the UK agreed in consultation with the evaluators. This work is currently in process and will be reported on in the Year 2 report: case audits were postponed in order for the implementation leads to do the S&T training for trainers qualification.

Implementation leads kept activity logs to capture their workflow. Activity varied with multiple ways to publicise and support implementation, including delivery of workshops on different aspects of the model and attending group and one to one meetings with borough staff and leads to deliver briefings on S&T. Implementation leads offer a lot of support for borough staff on many aspects of their work with DV, including interviewing, case planning and safety planning. Support is also offered outside of the borough to promote multi agency working, including workshops around intersectionality and direct work with children that are open to schools, to promote partnership working and culture change.

That the implementation leads were working across different contexts in slightly different ways means that the information captured on their logs was not uniform across boroughs. However, all recorded information on case consultations. These one-to-one sessions were offered on a voluntary basis, and gave opportunities for social care staff to discuss cases and seek guidance on how to ensure their practice reflected the S&T approach. Similarly, implementation leads hosted seven monthly cross borough reflective practice sessions between January-July 2022, where practitioners were invited to attend group sessions, to share and reflect on how to apply S&T in practice.

**Table 6.1: Case consultation across the five boroughs**

Borough	Number of Case Consultations
Hackney	81
Waltham Forest	99
Redbridge	19
Tower Hamlets	27
Newham	38
Total	<b>264</b>

Table 6.1 outlines the number of case consultations each borough undertook. For Hackney, Waltham Forest, and Redbridge, from November 2021-July 2022, and for Tower Hamlets and Newham from December 2021 to June 2022, linked to the appointment of leads. That

Hackney and Waltham Forest have much higher figures reflects that they were part of Phase 1 and that role and usefulness has already been established.

Across the five boroughs, between November 2021 and July 2022, a total of 264 case consultations were held with professionals working across early help and family support teams and in various roles including student and senior social workers, and family therapists. Echoing interview data, the recorded feedback from case consultations show that having one to one expert facilitated space to discuss and work through cases enhanced confidence to apply the model and strengthened understandings of it. One of the main reported benefits of the consultations was the way the sessions afforded more space to unpick what had been learnt through the training, and workshop and apply it to specific cases. In particular the sessions equipped professionals to better approach perpetrators of abuse and partner with victim-survivors by deepening understandings of and how to apply a child focused and strength-based lens. The quotes below are practitioner responses to such sessions.

*I will be calling you all the time for advice! The session was very helpful in preparing me to speak with the perpetrator. I will remember that I always bring back the focus to the children. I will recommend the consultation to other colleagues (Family intervention team member).*

*Wow I am so happy we had this conversation. I feel that I will be better at my work now, especially with my confidence around interviewing the perpetrator. The child focused questions are amazing - they will help a lot! I will arrange a meeting with you again for sure! Thank you! (Child protection assessment team member).*

*Very helpful way to interview perpetrator with the child focused questions. All the questions and suggestions on how to approach all family members has been very helpful. It is a very complex case but after this conversation I feel like I can get more details with a different approach and encourage engagement from everyone (LAC team member)*

*I just had a really useful conversation with the VS that we had a consultation on this morning, and I directly used some of your suggestions and it made for a productive and reflective discussion. I wanted to thank you for your excellent consultation and direction (Social worker).*

*This is actually the best consultation I have ever had at work. I have been a social worker for eight years and you're like an angel coming*

*down to me and saying all the things I've always thought about DV practice. I feel so energised about doing this strengths work with mum and showing the court all the things she's doing despite his abuse (Social worker).*

These responses echo findings presented in Chapter 5, where the training offered relief for practitioners, by addressing what was termed a 'social work dilemma', conceptually linked to responsabilisation: practice and approaches to DV which make victim-survivors responsible for the abuse they experience. While the training offered relief and a different lens for practitioners, implementation leads and case consultations offered support to apply it in practice.

The role of Implementation leads and case consultations proved to be vital to the embedding process. That the individuals appointed were highly skilled and experienced enhanced their effect and function across the project. This was shown through evaluator observations at cross borough reflective practice forums, where all three leads created uniquely supportive spaces, offering expert guidance on the model rooted in pre-existing knowledge and experience in the VAWG sector which underscored their grasp and capacity to support implementation of S&T. That the partnership made the decision early on to train implementation leads to deliver core training, gaining S&T trainer accreditation, helped amalgamate their existing expertise with S&T. This aspect also contributes to embedding and sustaining the model across the partnership and addresses some of the concerns raised in the training feedback that some of the material was contextually confusing given its US focus.

## MARKETPLACE AND TOOLKIT

The development of the marketplace and toolkit was an ambitious undertaking and framed by project staff as central to embedding and sustaining the approach. The marketplace sought to extend opportunities for behaviour change options for perpetrators and fill gaps in provision in terms of access in community languages, for female and LGBT perpetrators. The original timeline for the marketplace proved unrealistic as recruitment of implementation leads and completion of training had to be prioritised. The creation of a template for applications took more time than anticipated, with providers encouraged to consider expanding access to the whole partnerships of existing provision and exploring new potentialities. Given the timelines those selected were Respect accredited (or in the process of accreditation) and expanded their offer to the partnership.

The final marketplace offers access to a range of behaviour change for perpetrators of domestic abuse across the five boroughs (see table 6.2). As intended services include one to one and group work and meet a diverse range of needs across the partnership including age, sex, gender identity, ethnicity, faith, sexual orientation and relationship status of the perpetrator and/or survivor(s). That said, there remains a gap in the offer for behaviour change options for men from African/Caribbean/Black British communities. All Perpetrator

Intervention Programmes in the marketplace also have an integrated survivor support service.

**Table 6.2 The marketplace Services**

Programme	Details
Hackney DAPP	A 26-week programme for male perpetrators which is delivered in a number of community languages
Men and Masculinities	24-week programme delivered by Cranstoun
PIPA delivered by RISE	Five-week course for standard and medium risk intended as an early intervention/motivational process before attending a DAPP
Female Awareness and Domestic abuse (FADA)	A course for women, both perpetrators and those using violent resistance delivered 1 to1 over 8-12 weeks, delivered by RISE.
Respectful Partnerships (RP)	A 1 to 1 course for men in same sex relationships, delivered by RISE.
Adult to Parent Familial Abuse (APFA)	Delivered by RISE, offering 6-8 weeks to parents/victims and 8 weeks to perpetrators.

The marketplace has been publicised across boroughs via ‘lunch and learn’ sessions, but the fact that it only went live in the last stages of the project means that it is not possible to track enhanced take up in this report, but this will be a focus in Year 2. That said, the Redbridge Spotlight DAPP reported that within S&T roll out not only has the quality of referrals improved, there is also greater engagement with the intervention suggesting increased practitioner confidence in working with perpetrators – one of the intended outcomes of the project. Emerging findings can also be detected in Tower Hamlets, who reported that 3 men were referred into Hackney DAPP behaviour change through the marketplace.

#### THE TOOLKIT

Previous data has shown how useful practitioners found the tools offered by S&T Core training. However, these are all trade-marked and only available to those who have undertaken the training. Embedding the approach requires tools and resources that can be accessed by all staff in the five boroughs, hence the toolkit. Initial negotiations with the Institute to use extracts from the videos on their website proved unsuccessful, necessitating the production of new material. This involved hiring a theatre company and working on scripts, meaning this material was still in production at the time of writing. Early learning has been that the interactive offer – cross borough Reflective Practice have not had as high take up as expected and that feedback from the Core training stressed how useful static tools have been. This led to a re-think of the shape of the toolkit. The toolkit will launch in October

2022, with the training offer, marketplace and access to implementation leads embedded alongside resources for practitioners and managers/supervisors.

## REFLECTIONS

For some, the end of Year 1 represented a space for reflective planning and strategizing on how to continue: 'to really begin the deep long-term work'. Here the theme of time recurs as a central challenge to implementation, a year is far too short a time to create the kind of institutional shifts that S&T suggests. That the project gained extended funding meant that the marketplace and toolkit development could continue, the implementation leads remained in post and more staff could access training. A number of Year 1 learnings have already been discussed and adaptations to implementation, especially with respect to the delivery of the Core training, have been taken into account. The implementation activity in Year 1 was strategically designed to establish the foundations for embedding sustainable change. The role of implementation leads was essential and effective in ensuring learnings from training could be embedded within practice.

## CHAPTER 7: KEY FINDINGS AND LEARNINGS

In this chapter we re-visit the theory of change (ToC), assess how far the activities were implemented, milestones reached and outcomes achieved. We also note the key learnings from Year 1 and set some goals and adaptations to the evaluation for Year 2.

The problem that the TOC sought to address was:

*Survivors of domestic abuse are too often made responsible for their own and their children's safety. This means perpetrators are seldom held to account for abuse and their parenting. Children's social care workers are not confident about engaging with perpetrators.*

The end point that implementing Safe and Together sought to move towards was:

*There is a shared framework, increased worker confidence, and expanded options with perpetrators across the five boroughs which creates a more consistent and effective response to domestic abuse that does not responsabilise survivors, increases engagement with perpetrators and protects children.*

In this section we return to the activities, milestones and outcomes in the theory of change and draw on all the data and analysis we have conducted to assess whether they have been met fully or in part. Where the evidence base is not yet strong enough, we refer to this as unclear. The commentary field in the tables offers some contextual explanations, where relevant. All of the tables should be read through the ambition of this project to transform responses to domestic abuse in five London boroughs whilst still coping with Covid 19.

**Table 7.1: Activities from the Theory of Change**

Activity	Extent implemented (full/partial)	Commentary
Launches to create buy in	Full	Launched in each borough
Create implementation and steering groups	Full	Meetings took place regularly throughout the year with regular attendance and input from boroughs and project staff
Overview training for 500 staff	Partial	287 attended overview training
Core training for 80 staff per borough, 400 in total	Partial	309 booked with 205 attending
Implementation leads offering case consultation	Full	Case consultations are offered in all five boroughs and in some take up has been substantial
An expanded marketplace of options for work with perpetrators	Full	There is a marketplace and it will be expanded in Year 2
Resource pack (became toolkit)	Partial	Toolkit is an expanded vision and will be launched in October 2022

None of the activities have not been implemented, the numbers of staff who booked but did not attend training and barriers to completion of the Core training have been discussed and a new mode of delivery should address this in Year 2. There are also a number of additional activities which were added as the project evolved. 138 attended the additional two day Working with Perpetrators training and the three implementation leads completed the training for trainers courses in order to deliver core training in Year 2.

How far the milestones have been met are presented in Table 7.2, evaluation data showed that all were fully or partially met, apart from the changed style and content of supervision, where there is some qualitative data, but it is weak evidence, especially when combined with practitioner feedback that they are encountering some resistance to the S&T approach. That said, most of these references seem to relate to multi-agency contexts suggesting that more needs to be done to explain the model to a wider group of stakeholders.

**Table 7.2: Milestones from the Theory of Change**

Milestone	Extent met (full/partial)	Commentary
Meeting the training targets across the 5 boroughs	Partial for overview Full for core	Setting the numbers across all 5 boroughs as the same did not take into account that a proportion in WF and Hackney had already taken overview and core
Increased identification of DA in children’s social care	Partial	Higher identification remained in WF and Hackney, echoed in Redbridge and Newham. Data from TH is difficult to interpret
Changing style and content of supervision	Unclear	There is some qualitative evidence supporting this – to be addressed in Year 2
Shift in perspective on DA Less making victim-survivors responsible More holding perpetrators to account Increased perpetrators known to LAs	Partial	Strong evidence from training feedback surveys and interviews that the key messages of S&T had been absorbed alongside the implications for practice. The delay of the case audits and the fact that no local authority currently records in an easily retrievable format interventions with perpetrators means that evidence here needs to be strengthened in Year 2
Take up of case consultations	Full	Case consultations are available and used in all boroughs
Increased referral to perpetrator services	Partial	Strong evidence for this in Waltham Forest, and that referrals are of higher quality in Redbridge. Referrals lower in Tower Hamlets

The extent to which the hoped for outcomes have been achieved is presented in Table 7.3. Here the caveat about time needs to be born in mind - that this report covers 12 months, three of which were needed to establish the project. As evaluators we are looking for evidence of moves in the intended direction of travel.

**Table 7.3: Outcomes from the Theory of Change**

Outcome	In the right direction of travel	Commentary
More actions for perpetrators in care plans and less references to failure to protect (case audits)	Unclear	No local authority case management system records this in a retrievable way and the case audit process was postponed
Practitioners can describe what has changed in their thinking and practice (interviews and focus groups)	Yes	We have evidence from surveys, interviews, and reflective practice groups that practitioners 'get' the foundations of S&T and the implications for practice. That the case consultations have been taken up, and are appreciated by those who use them is further evidence of movement
Increased identification of DA at final assessment	Partial	Some of the local authority data indicates this, in others the data submitted did not address this issue
Greater engagement with and by perpetrators	Partial	Again, we have no clear measure of this, but the feedback from both the Working with Perpetrator training, and the case consultations suggests movement in this direction

There is no doubt that a shift is happening within the five boroughs, but more time is needed for this to be strongly scaffolded around how domestic abuse is dealt with in children's social care, and for this to be understood in wider stakeholder circles. All the training courses increased worker confidence about engaging with perpetrators, and while some interview data reflects that for some professionals this has translated into practice, making the transition from idea to practice was still noted as a challenge by many. This makes the case consultation and implementation leads a vital component of the project and these should be even further promoted in boroughs in Year 2. It is worth noting here that take up was greatest in Waltham Forest and Hackney – the two boroughs which have had longer to embed S&T.

There is no doubt that the harms and injustice of making victim-survivors responsible for their own safety and that of their children was recognised by most who took any of the trainings. This, unfortunately, is not enough to change practice and systems and nor is a single year enough to embed such a profound shift in thinking: many of our interviewees were anxious that this not become 'just another training', that the high level support and buy in and ongoing resources enabled the model to embed and sustain going forward.

## KEY LEARNINGS

Time poverty was the primary challenge of this project, and in part has shaped both the process of implementation and evaluation. Short term funding needs to allow time for set up – twelve months is too short a timeframe to both establish and show results for a complex multi-site project. Unrealistic timeframes placed considerable pressure on the project staff and offered limited space for reflection on learning. It was their existing knowledge and commitment which was part of creating a unique alchemy which drove the project delivery and built a shared approach to problem solving. This is evidenced in how much was achieved in the short project term and how many of the issues arising in Year 1 have already been addressed in planning for Year 2; the partnership ‘hit the ground running’ and continue to keep the pace into Year 2. A number of Year 1 learnings have already been discussed and adaptations made for Year 2, especially with respect to the delivery of the Core training. Undertaking the S&T training virtually with a requirement of ‘homework’ had a number of drawbacks, and has been adapted for Year 2, made possible by a number of the project staff becoming accredited S&T trainers. Implementation leads are an important addition to the training, enabling embedding in practice. The role of the training and resources manager is the fulcrum of the entire project and should not be underestimated, and entailed many unanticipated demands, for example having to offer technical support to many participants to access learning portals, supporting withdrawals from the training and renegotiating deadlines.

There is an undoubted appetite for change within social care staff which the S&T approach and training spoke to: that perpetrator’s behaviour is framed as a parenting practice offered an easy and relevant way in. Many of the core concepts - such as partnering with victim-survivors, pathways to harm, holding perpetrators accountable for their behaviour - and the S&T tools were welcome and useful. Social workers who had begun to put the S&T model into practice felt more effective and satisfied and were undoubtedly working hard at partnering with victim-survivors. The shift in emphasis represented a relief from discomfort social workers felt for orthodoxies of holding victim-survivors responsible for children’s safety and well-being; a revealing finding. The ‘green shoots’ of change reported in this evaluation need to be tended in Year 2 and scaffolded by continuity in approach across broader intervention networks and beyond. The latter relies on knowledge of and support for S&T across borough structures, as well as within wider stakeholder groups.

Complexities in accessing data coupled with timeframes means significant claims to changes in practice based on the baseline and change data are not possible. There are however signs that the direction of travel is on track with increased identification of DA, but decreased numbers of children on care plans and taken into care where DA was a factor. Current data systems do not enable documentation of interventions with perpetrators - enabling this is a priority for Year 2.

This project was underpinned by the knowledge that effecting long term change involves strategies to embed and sustain it across the boroughs. Year 1 has seen considerable strides in this respect with case consultations and the marketplace and toolkit. Implementation

absorbed considerable amounts of time, making the creation of webinars to share learning more widely impossible to deliver, this is a priority for Year 2. The marketplace and toolkit were ambitious undertakings, and while timeframes meant some limitations and delays on their development and delivery both have been achieved and will continue to be developed into Year 2.

## MOVING FORWARD: RECOMMENDATIONS

We will continue to assess the training using the same methodology as Year 1, and the phased interviews with borough leads, project staff and providers of behaviour change options with perpetrators. We recommend the following adaptations and additions to the evaluation.

- Agree a smaller set of key indicators for change data and how to include engagement with perpetrators in case management systems.
- Develop with Respect an ongoing case audit process for Year 2.
- Develop with Respect and providers an evaluation plan for the marketplace and toolkit including how to capture referrals from children's social care and their quality.
- Create four action learning sets with children's social care practitioners and managers to explore the challenges and successes of embedding S&T.

## FOR THE PROJECT

- Explore how to create space for reflection on learning in the staff team.
- Offer overview training to a wider group of stakeholders within the now six<sup>26</sup> boroughs.
- Use the marketplace to increase provision of behaviour change opportunities for African/Caribbean/Black British perpetrators.
- Ensure that the use of the toolkit is measured including page visits and counting downloads of tools.
- Revisit the plan for learning exchange webinars.

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<sup>26</sup> Hammersmith and Fulham have now joined the partnership

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# APPENDIX 1: OUTCOMES AND THEORY OF CHANGE

The outcomes in the original application

## **Expected outcomes: Perpetrators**

1. How perpetrators see and relate to their current/ex-partner(s) and/or how they talk about violence/ abuse has improved
2. Improved understanding of domestic abuse as inextricably linked to their parenting capacity
3. Earlier engagement and increased motivation/ capacity to engage with behavioural change interventions
4. Cessation and/or reduced frequency and severity of violence, abuse and/or controlling behaviour towards partner
5. Reduction in re-arrest/charge/caution/prosecution for domestic abuse-related offences
6. Greater engagement with childcare /children's social care and how they see/relate to their children has improved
7. Greater understanding of the impact of their violent/abusive behaviour on their partner/ex-partner and/or child/ren
8. Better management of intersecting areas of risk and need e.g. substance misuse/ mental health challenges

## **Expected outcomes: Survivors & Children**

9. Increased trust and improved relationships/engagement with children's social care professionals
10. Increased capacity to access appropriate sources of support for intersecting areas of need
11. Increased safety, freedom and 'space for action'<sup>27</sup> which restores their agency, autonomy and well-being
12. A reduction in feelings of isolation and an improvement in safe, positive and shared parenting.
13. For children, safer, healthier childhoods in which they feel heard and cared about.

## **Expected outcomes: Children and Family's workforce/ Systems Level**

14. Reduction in re-referrals of DA and a reduction of the number of children taken into care as a result of DA

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<sup>27</sup> [Costs of Freedom Report - SWA.pdf \(endviolenceagainstwomen.org.uk\)](https://www.endviolenceagainstwomen.org.uk/Costs_of_Freedom_Report_-_SWA.pdf)

15. Increased social worker competency (improved case recording leading to more meaningful care plans) and systems level change demonstrated by an increased level of confidence/ reduced fear when engaging with/working with perpetrators.
16. Improved availability of DA perpetrator intervention (and improved evaluation of perpetrator intervention)
17. Enhanced synchronicity between managers and case workers; an increase in shared frameworks for improvement

The theory of change developed within the project

Where are we now	Activities	Milestones	Outcomes	Where do we want to be
Survivors of domestic abuse are too often made responsible for their own and their children's safety. This means perpetrators are seldom held to account for abuse and their parenting. Children's social care workers are not confident about engaging with perpetrators	<p>Launches to create buy in</p> <p>Create Implementation and steering groups</p> <p>Overview training for 500 staff</p> <p>Core training for 80 staff</p> <p>Implementation leads offering case consultation</p> <p>An expanded marketplace of options for work with perpetrators</p> <p>Resource pack</p>	<p>Meeting the training targets across the 5 boroughs</p> <p>Increased identification of DA in children's social care as issue to be worked with</p> <p>Changing style and content of supervision</p> <p>Shift in perspective on DA *Less making victim-survivors responsible *More holding perpetrators to account *Increased perpetrators known to Las</p> <p>Take up of case consultations</p> <p>Increased referral to perpetrator services</p> <p>-</p>	<p>Shared framework for across managers and frontline staff in social care and the wider intervention network</p> <p>Greater engagement with and by perpetrators *Increased actions for perps in social care plans</p> <p>Increased identification of DA in final social care assessments</p> <p>Increased confidence in social care staff to engage with perpetrators</p> <p>Change in the language and approach to survivors and perpetrators</p> <p>Greater availability and range of resources to engage with perpetrators</p>	There is a shared framework, increased worker confidence, and expanded options with perpetrators across the five boroughs which creates a more consistent and effective response to domestic abuse that does not responsabilise survivors, increases engagement with perpetrators and protects children.
<b>Evidence</b>	<b>Evidence</b>	<b>Evidence</b>	<b>Evidence</b>	
Baseline data  Interviews with borough leads	Phased interviews with project team and borough lead interviews	Track changes in focus and language through case audits	More actions for perpetrators in care plans and less references to failure to protect (case audits)	

<p>Measure confidence and concerns in pre-training surveys</p>	<p>Evaluators attending steering group meetings</p> <p>Marketplace offering more linguistic and culturally appropriate options</p>	<p>Training take up and assessment of what it changes for participants</p> <p>Measure confidence and shifts in understanding and practice through post training surveys, interviews and focus groups</p> <p>Case consultation tracker</p> <p>Take up of marketplace and other perpetrator options</p> <p>Increased identification and less children on care plans and taken into care where DA a factor</p>	<p>Practitioners can describe what has changed in their thinking and practice (interviews and focus groups)</p> <p>Increased identification of DA at final assessment</p> <p>Greater engagement with and by perpetrators</p>	
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## APPENDIX 2: BASELINE AND CHANGE DATA FOR EACH BOROUGH

A pro-forma with selected basic fields was created early in the evaluation following a discussion in the operational group. The key data fields were:

- identification of DA at referral and after assessment;
- child protection plans where DA was a factor;
- admissions into care where DA was a factor;
- interventions with perpetrators.

A second data set for providers of behaviour change work covered referrals, assessments, acceptance and completions. Baselines of 2019 (pre-Covid) and 2020 were set, with change data for three quarters of data from September 2021-June 2022 (8 months, compared to 12 months in the baseline). All data sets are affected by Covid 19 from 2020 – both in terms of the disruptions in practice and the uptake in help-seeking for DA. There are also issues about time frames with local authority data being for financial years, perpetrator services across their contract periods if not provided in house: neither map onto the year for Phase 1 of S&T.

Revealingly even in Waltham Forest and Hackney, where S&T has been in place for two years, this data was not easily retrievable, especially with respect to interventions with perpetrators within children's social care. This has been discussed in the project. Moreover, the data that was received was not always in the agreed format, but rather that used within local monitoring processes, so the data are presented here for transparency in Year 1, with a view to increasing comparability in Year 2. Waltham Forest and Hackney data are presented first as they have been working with S&T for two years and have already seen increased identification of DA and a decrease in child protection plans and taking children into care where DA is a factor in assessment.

### WALTHAM FOREST

Baseline data here was limited to child and family assessment and strategy discussions where DV was identified – with the data set and practice clearly disrupted in 2020 due to Covid. The data is, therefore, indicative and is also limited in that 'steps' are recorded in relation to children and young people and parents/carers, making it impossible to identify which were expectations of non-abusing carers or perpetrators. Moreover, the same step may have been counted across several indicators (see Table 2A1).

The baseline data show for 2019 and 2020 a large increase in both identification and in steps following the introduction of S&T: the clearest indicator here is the more than doubling of total people recorded as affected by DV from 499 in 2019 to 1113 in 2020.

**Table A21: Domestic violence identification in children’s social care cases Waltham Forest**

Data category	2019	2020	Sept 2021-June 22
Parent carers identified	277	880	
Total steps for	398	935	
Children and young people identified	0	522	
Total steps for	0	575	
Child and family assessments	0	314	
Total steps for	0	317	
Strategy discussions	127	215	
Total step for	134	238	

We also received data from RISE (Table 2A2) which provides perpetrator interventions in the borough. This dataset is produced to calculate charging according to the service contract, and is, therefore, limited with respect to referrals, assessments, and levels of engagement for those accepted onto behaviour change programmes. As with all datasets for this project there is a disruption in 2020 and 2021 due to Covid. All partners of men involved with Rise are referred to Solace Women’s Aid who provide support. The referral data field was empty in this dataset so it is not possible to assess how many came through children’s social care. The most recent information provided at an operational group meeting was that over the first year of S&T referrals has increased substantially from children’s social care.

**Table A22: Referrals to and completion of behaviour change programme**

RISE Year	Referrals	Assessments		Start on programme		Completion of 75%	
		N	%*	N	%**	N	%***
2019/2020	46	36	78	22	61	14	64
2020/2021	103	48	47	19	40	15	79
2021/2022	71	45	63	16	36	12	75

\*Percent of referrals, \*\* percent of assessments \*\*\* percent of starts

The data here is mixed, with a clear increase in referrals over the last two years – but more of them being assessed as ‘unsuitable’ for the programme, which notes in the dataset link to denial: men who do not accept that they have a problem are not accepted as they do not see that their behaviour needs addressing. Work was undertaken in 2019-2021 to firm up referral criteria and pathways and one would hope that the embedding of S&T would

increase referrals of perpetrators who recognise their behaviour is harmful. There has been an increase in the proportion completing 75% of the programme in the last two years.

## HACKNEY

Hackney was affected by a cyber-attack on their systems in 2020, meaning what they were able to provide for the baseline was limited. The number of children’s social care cases where domestic violence is flagged was 1838 in 2019-20, 1297 in 2020-2021. Direct referrals for domestic violence were 940 for 2019-2020 and 691 in 2020-2021. These data show that DV is present in half as many cases again as are referred for that specific reason, confirming the importance of enhancing identification.

On 25/11/2021 27 children were being supported through a care plan where DV is recorded as an assessment factor and three children were being looked after (in each case the assessments were completed after 12/10/2021). At the end of April 2022 there were 19 children supported by a care plan from an assessment after 01/12/2021 and no children since that date had been taken into care where DA was a factor. These data consolidate the direction of travel noted in Phase 1.

Data on interventions with perpetrators, currently provided through an in-house DAPP is presented in Table 2A3, all were men apart from four woman (one declined to work with DAPP and two were assessed as suitable for targeted interventions through 1to1 work). The most recent data (June2021-March 2022) looks like over a 12-month period the number of referrals will increase, but the disruption of Covid 19 is still evident.

**Table A23: Perpetrator interventions in Hackney 2018-21**

	2018-19	2019-20	2020-21*	July 21- March 22
			Q1	
Referrals to DAPP	98	81	51	73
Assessments	61	46	24	25
3-way intervention meetings	28	16	0	19
Pre-programme 1-2-1 motivational interventions	5	2	18	
Programme Starters	26	24	0	7
Assessed as Unsuited	19	19	6	11
Completion of programme	2	13	2	4

\* The programme was suspended in March 2020 and began accepting referrals again in January 2021

## NEWHAM

The process of accessing the data in Newham proved challenging – highlighting that key fields are frequently not easily searchable or retrievable. The baseline and change data is presented in Table 3A4.

**Table A24: Newham children’s social care data 2019-2020, 2020-021**

	April 2019-March 2020	April 2020 -March 2021	Change data to Oct 21- March 2022
Referrals where DV identified at outset	494	1347	569
Assessments where DV identified as a factor	1248	1419	1773

These data show that just six months data where S&T was being implemented identification is considerably greater than the baseline from the previous two years. There also appeared to be a reduction in the number of child protection plans where DA was a factor over the first six months of the project. Both are the intended movements anticipated by S&T.

Perpetrator interventions are delivered through the Caring Dads programme operating since September 2021. The referrals and interventions are presented in Table 2A5.

**Table A25: Referrals and actions for Caring Dads in Newham Sept 2021-February 2022**

Month	Referrals	Accepted	Group	1-1
Sept 2021	9	9	9	
Oct 2021	19	15	9	2
Nov2021	12	11	6	3
Dec 2021	15	12	8	2
Jan 2022	9	8	7	2
Feb 2022	10	8		
Totals	74	63	39	9

A higher proportion of referrals are accepted compared to provision in other boroughs, with over a third (n=48, 65%) either starting group or 1 to 1 work, all of whom had children who were the subject of Child in Need or child protection plans. First language groups are delivered in smaller groups of 3 and some 1to1s are offered in Spanish, Urdu, Punjabi and Dhaka.

There are men on the waiting list for first language work in Romanian, Polish, Sylheti, Gujarati, Tamil and Tagalog and these are a high proportion of the waiting list, with efforts being made to train facilitators who can deliver these.

#### REDBRIDGE

The data from Redbridge was the last to be received due to concerns about data protection and data storage.

**Table A26: Redbridge children’s social care data 2019 -2022**

	2019	2020	Sept 2021- June 2022
Cases where DA flagged at intake after assessment**	2344*	2821*	2548
	2328	2800	2345
	1048	1108	1457
Child protection plans and admissions into care where DA an issue	251	246	
Protection plan			133
Taken into care			51
Interventions with perpetrators	None		
Referrals		144	219
Completions		31	70***

\*Includes contacts or assessment

\*\* includes cases where DA was not recorded at intake, identified through assessment plus cases where DA was an issue on intake, and this was confirmed during assessment

\*\*\* includes still open, ie attending group or 1to1

Here (see Table 2A6) the data show movement in the directions that might be expected with an increase in identification of DA after assessment and an increase in referrals into perpetrator interventions. The number of children on protection plans (from 103 Q1 to 52 Q3) and taken into care (from 30 Q1 to 27 Q3) declined over the three quarters when S&T was implemented. There are also reports that the quality of referrals to the in-house perpetrator programme, Spotlight, have improved after the introduction of S&T.

#### TOWER HAMLETS

Tower Hamlets provided overarching data for children’s social care and the percentages that involved domestic violence for 2019-July 2022 (see Table 2A7). What is interesting here is the increased proportion that specify domestic violence in 2020, perhaps reflecting the documented increase in DV help-seeking during the first year of Covid.

**Table A2:7: Tower Hamlets children’s social care data 2019 -2022**

	2019	2020	2021	Jan -April 2022
Contacts	15,006	13,514	16,650	5405
Progressing Referral	4,288	3,319	4,433	
No. of referrals Completed	5,377	5,086	5,724	
DV Referrals	1,356	1,637	1,305	1018
<b>% DV Referrals</b>	<b>25%</b>	<b>32%</b>	<b>23%</b>	<b>21%</b>

Data was also provided by the Positive Change Service (PCS) which provides behaviour change perpetrator work (and support for victim-survivors and children) in the borough. The group work takes place in English and Bengali speaking groups. Over the three years referrals increased from 32 in 2019, to 114 in 2020 to 234 in 2021. And, as yet unexplained, reduction has taken place with 95 referrals up to June 2022. A high proportion of men either deny they have a problem or refuse the offer or disengage at an early point. The data suggest that it was more possible for this to happen during 2020 and more cases were closed by children’s social care in that year, which seems to have meant some did not take the offer of behaviour change work. The project database conflates a series of case outcomes in the same field making calculating completions of behaviour change difficult, but it suggests that a higher proportion of Bengali speaking men complete. Two female perpetrators were worked with 1to1 and four couples undertook parenting work together. The most recent data showed that marketplace was being used with 13 men referred to the Hackney online early intervention course.

### **Reflections and learnings**

In both Redbridge and Newham, the data moved in the expected directions that has already been recorded in Hackney and Waltham Forest: increased identification of DA but decreased numbers of children on care plans and taken into care where DA was a factor. The data from Tower Hamlets did not enable us to look at these key indicators.

None of the boroughs currently record which of their children’s social care actions/ interventions are specific requirements or expectations of perpetrators – this is important data to collect if the impact of S&T is to be tracked systematically.

In Year 2 we will revisit the change data template and reduce it to a smaller number of key variables to increase comparability, track the uptake of the marketplace offers and develop a consensus across the partnership as to how work with perpetrators by children’s social care can be recorded in case management systems in a measurable way.

