



Evaluation of Early Intervention Models for Change in Domestic Violence: Northern Rock Foundation Domestic Abuse Intervention Project, 2004–2009: Executive Summary.

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Foreword

Northern Rock Foundation is interested in supporting research and evaluation to learn about new approaches. When the Foundation launched its Domestic Abuse Initiative in 2004 our aim was to demonstrate a model of working which encouraged multi-agency working and ensured that families got the support they needed, when they needed it. This evaluation sheds light on the realities of different agencies trying to work together and the challenges of delivering services in a rapidly changing policy environment.

The Initiative supported work in the rural area of Carlisle and Eden in Cumbria and the urban area of Gateshead in Tyne and Wear and the evaluation highlights some clear differences between work in rural and urban areas. Initiative projects were early adopters of the Co-ordinated Community Response and the evaluation includes some indications of the impact of services, both on victim safety and on attrition rates in the criminal justice system. The multi-agency partnerships in both areas struggled to engage with perpetrators to the extent they had originally intended and the research team draw some important conclusions about how perpetrators are viewed and dealt with, particularly by social care agencies. One of the strengths of this evaluation is that it goes beyond the usual aggregate presentation of findings, undertaking a micro-level analysis to explore some of the (sometimes complex) explanations for recorded outcomes.

The over-arching aim of the Initiative was to learn all we could collectively about how best to provide joined-up services to families affected by domestic abuse. We would like to applaud the commitment to learning shown by the two multi-agency partnerships who participated in this longitudinal study. Being open and honest about the things that went wrong as well as the things that worked out is not easy, especially in a challenging economic climate. Service provision in both areas has moved on a great deal since the time period covered by this evaluation and both partnerships are to be congratulated for their on-going commitment to best practice in this field.

We at the Foundation have also learnt a great deal over the last five years. Independent funders are always keen to find ways of maximising the impact of our investments and this experience will inform our future work. Most of all we, the partnerships and the evaluation team have all learnt the importance of good base-line data when seeking to evidence impact.

Domestic abuse is a complex social problem with deep roots. We continue to be deeply concerned both by its prevalence and by its long-term impact on families. As a community of practitioners, policy-makers, academics and funders concerned with eradicating domestic abuse we know that the road is littered with setbacks, unintended consequences and sudden breakthroughs; this too has been our experience with the Initiative. This evaluation report provides detailed information about the impact of services in this area. It contains evidence both about what works well and about what works less well and we commend this as a contribution to the growing body of knowledge in this area, upon which we know others will build.

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Executive Summary

1. Introduction

In 2004 the Northern Rock Foundation (NRF) Domestic Abuse Intervention Project (DAIP) provided £3.5 million to two Multi-Agency (MA) partnerships to address domestic violence in innovative ways. The aims were to provide holistic, early intervention, specialist services to victim/survivors of domestic violence, their children and perpetrators. New services were created to act as a hub to liaise with and coordinate MA working with the eleven partner agencies that, together with the new service, constituted each Project. In Gateshead the new service was developed within an existing one, Safer Families. In Cumbria the Project was set up as a pilot in rural Carlisle and Eden with Letgo as the new service. The objectives were to improve the health and wellbeing of victim/survivors and their children, increase perpetrator accountability and promote MA working by focusing on early intervention at crisis. In the Gateshead Project this resulted in the police being the sole referrer to the new service. In the Cumbria Project this meant that the police were the primary but not the only referral source.

Both Projects provided tailored, one-to-one support to victim/survivors, both one-to-one and group work for children and voluntary perpetrator programmes. Independent Domestic Violence Advisors (IDVAs) undertook a risk assessment (RA), offered safety planning and undertook an assessment of need, the outcome of which resulted in referrals to, and acting as an advocate with, appropriate partner agencies. Contact with victim/survivors varied in frequency and type depending on need. IDVAs also provided emotional and practical support and undertook regular reviews of victim/survivors' risk.

2. Impact of the Early Intervention Model for Victim/survivors and their Children

The Gateshead Project: Outcomes for Victim/survivors

The police operated an opt-in system of consent: victim/survivors gave consent for a referral to Safer Families and this resulted in approximately 12% of police incidents being referred to Safer Families. Four hundred and sixty victim/survivors were referred to Safer Families during the evaluation period of which 340 (61%) engaged, the vast majority of whom were women. This resulted in an engagement rate of 105 per 10,000 of the Gateshead population. The average age of referrals was 32 years.

Eight indicators of effectiveness of the early intervention model suggested that the Project had a positive impact for victim/survivors of domestic violence. The first three focus on engagement and indicate that the early intervention model had some success engaging victim/survivors at an early point in their help-seeking. The remaining five indicators focus on the outcomes for those victim/survivors who engaged with the Project.

1. Repeat referrals. Engagement with Safer Families reduced the likelihood of repeat referrals as 96% of referrals arising from a first police report were the sole referral for the victim/survivor during evaluation period. This suggested that risk reduction was sustained over the evaluation period.

2. The engagement rate of victim/survivors depending on risk assessment. Engagement rates were higher for those assessed at standard and medium risk. This suggests that the early intervention model had some positive impact and provided an opportunity to prevent further escalation in these cases.
3. Identifying domestic violence. There was evidence that engagement with the Project enabled some victim/survivors to recognise their experience as domestic violence. This has been identified as a crucial step on the journey to help-seeking and addressing domestic violence.¹

I didn't realise until Safer Families showed me the power and control wheel. I really didn't realise I was experiencing violence to tell anyone. Louise, April 2008.

4. Risk reduction. This was experienced by the majority for whom it was calculated (61%, N=96 of 157). Most victim/survivors interviewed (N=31) also said their risk had reduced (86%, N=26).
5. Most victim/survivors had between three and five sources of support from partner agencies. MA working was positively correlated with both those victim survivors at the highest risk and with risk reduction which suggests that MA working can be effective in reducing risk. MA working increasingly focused on criminal justice system (CJS) agencies, the Multi-Agency Risk Assessment Conference (MARAC) and housing. The involvement of other agencies, e.g. health and children's services decreased. This may, in part, be explained by the fact that these agencies were represented at the MARAC, however it might be expected that these agencies would also be in contact with Safer Families outside the MARAC. In addition not all of those at high/very high risk were referred to a MARAC which may indicate an issue of capacity for the MARAC. Given the average age of victim/survivors (and their children) engaging with Safer Families, it may be of some concern that MA working with health and children's services decreased.
6. Confidence of victim/survivors in the Project. The majority (59%, N=33 out of 56) of repeat referrals engaged every time and all of those interviewed said that Safer Families provided a good or excellent service.
7. Improved health and well-being. Over half of those interviewed who responded to the question (62%, N=16 out of 26) felt that their health and well-being had improved and most felt safer (83%, N=24 out of 29) as a result of their engagement with the Project. Emotional support was identified by the majority as the most important type of support received.

[T]hey helped me, calmed me nerves. Helped me get through it. [since her contact with Safer Families she felt safer with] somebody else to understand. [Before contact with the Project she had felt at increasing risk]: very at risk, I had a broken jaw, black eyes and all sorts. [She felt at less risk because] I get to know about court and [IDVA] rings us and asks how I'm feeling; if I'm good. Beryl, April 2008.

8. Confidence in future help-seeking. The majority of those interviewed (68%, N=21 out of 31) said they felt more confident contacting sources of support after engaging with Safer

¹ Hester, M. & Westmarland, N. (2005). Tackling domestic violence: effective interventions and approaches (PDF). Home Office Research Study 290. London: Home Office.

Families. This suggests that engagement with the Project made it more likely that victim/survivors would seek help in the future.

I felt much safer. I always ended up going back [to the perpetrator] 'cos I didn't know what to do or where to go. If it wasn't for them I'd gone back again this time. I think honestly Safer Families are excellent; I'd never heard of them before and I tell everyone about them now. They're excellent. I've gone from trying to jump off the bridge to now feeling absolutely smashing! They're excellent! Sonia, October 2008.

The Gateshead Project: Outcomes for Children

Twenty-eight of the interviewed victim/survivors were mothers of 57 children who had an average age of eight years (17 [30%] were under five years, 36 [63%] were 5–16 years, and five [9%] were over 16 years). Mothers were reluctant to talk about the impact of domestic violence on their children and many cited their children's relative youth as a protection from ill effects.

Between August 2006 and January 2008, Safer Families provided one-to-one work with 81 children and group work with six children indicating that this service was filling a gap in provision. Thirteen mothers interviewed said their children had received a service from Safer Families and nine rated the service as good or excellent indicating their confidence in the service provided.

My daughter had support, a girl came out from Safer Families; she was absolutely brilliant. She would take her out once a week even though it was for a limited time. This afternoon for a final time she's coming to do a final assessment.' She came out after I went to Safer Families. I've noticed her [daughter's] confidence has gone a little bit up 'cos I've noticed she was very angry, now not as much as she was. Patty, October 2008.

The Cumbria Project: Outcomes for Victim/survivors

Letgo received 751 referrals from multiple sources. Of these, 303 victim/survivors (40%) engaged (the vast majority of whom were women with an average age of 36 years), giving an engagement rate of 61 per 10,000 population in the Letgo area. Letgo worked with victim/survivors of adult couples and other familial relationships.² For adult couple relationships the engagement rate was 43%. Police in Cumbria operated an opt-out system of referral which assumed every victim/survivor would be referred unless they stated otherwise. Two thirds (66%) of the recorded referral sources to Letgo were from the police. The engagement rate of all police referrals was 34% and for adult couples it was 40%.

Eight indicators of effectiveness of the early intervention model suggested that the Project had a positive impact on victim/survivors of domestic violence. The first two focus on engagement and indicate that the early intervention model had some success engaging victim/survivors at an early point in their help-seeking. The remaining six indicators focus on the outcomes for those victim/survivors who engaged with the Project.

1. In the majority of incidents of domestic violence reported to the police (57%), for which records exist, victim/survivors reported only one police incident. Letgo had a policy of

² Sibling relationships and, usually, mother/son relationships. These are not in the analysis unless stated.

encouraging victim/survivors to report incidents to the police so this suggests that the early intervention model had some measure of success in preventing further reported incidents. In addition, nearly half of the 118 victim/survivors for whom there were records registered with Letgo within seven days of the first reported police incident. This suggests that the early intervention of Letgo resulted in early engagement by victim/survivors.

2. Recognising domestic violence. There was also evidence that engagement with the Project enabled some victim/survivors to recognise their experience as domestic violence.
3. Risk reduction. Risk reduction occurred in the majority of cases where it was possible to calculate (using one measure, 86% (N=107), experienced risk reduction; and with another the largest group (N=61, 49%) experienced risk reduction.³) Victim/survivors were engaged, on average for 8 months which suggests that risk reduction was sustained in the medium term. IDVAs also recorded their perception of victim/survivors' risk at four monthly reviews and 78% of the victim/survivors for whom there was a record were perceived to be at significantly or moderately less risk at review than at their first RA. The majority of victim/survivors interviewed (N=25) also felt at less risk (N=13, 57%) since their engagement with the Project.

I don't feel like I'm putting people out, they've encouraged me to keep in touch and got me a flat. They've made me feel safe. There was no phone box nearby and I couldn't run so now I've got a phone. They mentioned an alarm but I don't need one. Tanya, April 2009

4. Factors affecting risk reduction. Analysis of victim/survivor characteristics identified four groups of intimate partner relationships for whom outcomes were different:
 - Typical (45%, N=137): heterosexual women who experienced domestic violence from their male partners. These required least Project effort, were most likely to experience risk reduction and were engaged with the Project for the least amount of time.
 - Complex–Typical (35%, N=106): heterosexual women who experienced domestic violence from their male partners and had complex needs: drug/alcohol use (also correlated with drug/alcohol use of the perpetrator); a child 'at risk'; disability; housing need (who tended to also be younger); a history of previous abusive relationships; unemployment; perpetrator with a previous criminal record. This group required more Project effort, remained engaged for longer, and were less likely to experience risk reduction.
 - Complex–Atypical (11%, N=33): those in same sex relationships; heterosexual relationships where the male partner is identified as a victim/survivor; heterosexual relationships where the victim/survivor is also identified as a perpetrator. The majority in this group had complex needs. Effects experienced by the Complex–Typical group were increased for those in Complex–Atypical relationships and these victim/survivors were most likely to experience an increase in risk. The length of time

³ These data, along with the perceptions about risk reduction and increased safety of IDVAs and victim/survivors respectively, support level and changes made were all kindly shared with this evaluation by the Henry Smith/SigHestia IDVA evaluation: Howarth, E.; Stimpson, L.; Barran, D.; Robinson, A. (2009) *Safety in Numbers A Multi-site Evaluation of Independent Domestic Violence Advisor Services*, London: The Henry Smith Charity.

victim/survivors stayed engaged was significantly correlated to the changes they made suggesting that Complex–Typical and Complex Atypical groups required more time to address their needs and make changes.

- Non-intimate partner relationships (9%, N=27) typically involved parents (usually mothers) being abused by their child(ren) (usually their son[s]); and some sibling relationships.

Complex needs were not correlated with the RA fields and suggest that a more systematic checklist of victim/survivors' needs might assist operational, strategic and funding agendas.

5. Multi-agency working. Most victim/survivors had between four and seven sources of support from partner agencies. MA working increasingly focused on CJS, housing and children's services. Other agencies' involvement (e.g. health, benefits) decreased.⁴ Referrals to the MARAC were also low (27 over the 18 months since the MARAC had started) and fewer than the numbers being assessed as high/very high risk. This may reflect an issue of capacity for the MARAC process. There was no correlation between the support given and risk reduction. This may have been because only a small proportion of victim/survivors who engaged with the Project were assessed at high or very high risk (15%, N=41 over the three year sample period), which meant that there were fewer with demonstrable risk reduction that could be statistically linked to the support given.
6. Improved health and well-being. At review, victim/survivors were asked whether they felt safer and of those whose perception of safety had been recorded, 93% (N=73 out of 79) said they felt much or a bit safer. The majority (80%, N=20) of interviewed victim/survivors felt their health and well-being had improved and 80% (N=20) felt safer as a result of engagement with the Project. At review, IDVAs assessed victim/survivors' use of alcohol/drugs, housing, their networks, their coping and their use of pattern-changing course. The most common changes made by victim/survivors were in coping, housing and networking which again indicates the impact of the Project on victim/survivors health and wellbeing. Emotional support was the most cited form of support received.

If it wasn't for them being there I wouldn't be here today. I can't fault them, they're brilliant.
Sharon, July 2008

7. Confidence in the Project. Confidence in the Project was expressed by the majority of victim/survivors (N=24, 96%) who said Letgo provided a good or excellent service.

Excellent. Just for the back up and support as and when you need them. They've been so helpful to me from what they've given. Vera, April 2009

8. Confidence for future help-seeking. The majority of those interviewed (63%, N=15 out of 25) said they felt more confident contacting sources of support subsequent to engaging

⁴ This may be the result of inconsistencies in recording.

with Letgo. This suggests that engagement with the Project made it more likely that victim/survivors would seek help in the future.⁵

The Cumbria Project: Outcomes for Children

The Project provided a service to 177 children/young people, 40% of whom were referred by statutory agencies in health, education or children's services. This suggests that these children/young people may not have received a service if the Project had not been available. Twenty-four of the women interviewed were mothers of 56 children who had an average age of 10 years (10 [12%] were under five years, 36 [68%] were 5–16 years, and seven [13%] were over 17 years). Of the 11 who said that their children had received a service from Letgo, 10 rated the service as good or excellent. The majority of those who answered the question (eight out of ten) said their children's health and wellbeing had improved as a result of engagement with the Project.

The eldest had [a skin condition] and after six months it cleared up. She's so confident and open now and before she was so clingy. I took them to [martial arts] and the coach was shouting so loud that they all burst into tears, but now they're all fine . . . It [Letgo children's work] gives the kids someone else to talk to outside of the situation. If they're getting things said to them by their dad it gives them someone else to make sense of things. Liz, April 2009.

3. Points of Comparison between the Gateshead and Cumbria Projects

Different Engagement Rates

Safer Families' higher engagement rate raises interesting questions about the opt-out/opt-in referral systems: perhaps the opt-in system encouraged self-motivated referrals who were more likely to engage. However, two further factors should also be considered:

- The age of the victim/survivors: The Letgo victim/survivors were older than Safer Families' which may reflect living/material circumstances that make relationship changes more difficult and a reluctance to engage with services. It is also possible that domestic violence has been experienced for longer and/or may be more severe which may also make accessing help more difficult.
- Rurality: this can make decisions to engage with services and/or leave an abusive relationship more difficult because of the problems of transport, alternative housing (with potential additional problems of accessing schools) and close-knit communities in which privacy is difficult to achieve.

Working with children

The difference in the average ages of victim/survivors and their children may have different implications for each Project.

- Nine percent of the Letgo workload was non-intimate partner relationships, most of whom were mothers abused by their sons. This together with the relatively older age of victim/survivors and their children may require different approaches to children's and young people's work.

⁵ The low response rate to this question may be explained by the fact that Letgo accepted referrals other than the police and these victim/survivors may not have sought formal help before engaging with the Project.

- In Safer Families the relative youth of children may also have implications for the type of service offered but also for work done with parents to sensitively encourage them to see that, regardless of their children's ages, living with domestic violence may still have an impact on their health and well-being.
- Most of the few negative comments about both Projects were made in relation to the work with children but not in relation to the service received. These comments were more related to issues of capacity – waiting times for appointments or referrals – and reflected issues both Projects had with staff recruitment and absences.

4. Impact on Perpetrator Accountability

Another way of understanding the significance of repeat referrals is to focus on perpetrators. In Gateshead, 35% of perpetrators were responsible for 62% of the referrals. In Cumbria, 39% of perpetrators were responsible for 67% of reported police incidents. This impact is substantial and provides evidence for the need to sustain work promoting perpetrator accountability.

The positive impact of the Projects was seen in the substantially increased workloads of the police and Crown Prosecution Service during the evaluation period. In the Gateshead Project the number of cases finalised increased from 180 in 2005/06 to 393 in 2008/09. For the Cumbria Project the number of cases finalised increased from 29 in April 2006 to 111 in 2008.

In the Gateshead Project sentencing might not reflect the fact that the Project increasingly worked with high/very high risk victim/survivors: of the convicted cases where the victim/survivor was referred to the Project just under a quarter (N=8, 24%) resulted in imprisonment compared to just under a half (N=11, 46%) of cases where the victim/survivors was not referred to the Project (though numbers are small and conclusions are tentative).

Whilst discontinuances as a whole decreased in both areas, those identified as the result of reasons identified as victim/survivor related increased in Gateshead, Northumbria and Cumbria but decreased in the Letgo area. This may be the result of the combined impact of the IDVA service and Specialist Domestic Violence Court (SDVC) in Cumbria. This reflects findings from other research⁶

5. Including Perpetrators

The original intention of the Gateshead Project to expand the remit for working with perpetrators was stalled by a lack of credibility afforded the work from within the CJS; and fears that intentions to participate with a voluntary perpetrator programme (VPP) would be used in mitigation within the CJS. Subsequently, work with perpetrators focused on the provision of voluntary perpetrator programmes. However, both Projects found this aspect of the work the most difficult to promote. Whilst in the Gateshead Project the numbers referred and assessed compared favourably with other VPPs they were not as high as expected given the increase in resources resulting from the NRF funding. In the Cumbria

⁶ Home Office (2008) *National Domestic Violence Delivery Plan*. Crown: London.

Project the referrals of perpetrators was very low, partly because the VPP was perceived as somewhat separate to the work of Letgo. Other reasons for the low numbers of referrals to both Projects included: the belief of many partner agencies that work with perpetrators is the remit of CJS agencies; the belief of CJS agencies that perpetrators should be criminalised; the remit of some partner agencies which was to work with victims and not perpetrators of crime; those partner agencies whose remit could include men as perpetrators, because their remit was work with families, in reality understood this to mean work with mothers and children; a reluctance, by predominantly female practitioners, to engage with potentially violent men, especially when their work was conducted in the homes of their clients. The exceptions to this were some social workers in both Projects who said they referred perpetrators to the programmes and some police officers in the Cumbria Project who said they promoted self-referrals of perpetrators.

6. Multi-Agency (MA) Working

Setting up new MA working initiatives can be understood as two-phased. In the development phase, which occurs in the pre-launch period, developmental factors indicate how robust the MA partnership is. The importance of this phase cannot be underestimated as the degree of partnership resource an initiative has may dictate its ability to be effective in the operational phase. The Cumbria Project was able to establish more effective MA working than the Gateshead Project because the following developmental factors were present giving them a positive partnership working resource to draw on when the Project was launched:

- Strong existing MA working relationships across partner agencies;
- Strong domestic violence infrastructure in the Strategic Management Board and Domestic Violence Project Manager;
- Processes for the development of the new Project which promoted shared ownership of the Project, particularly at senior management and strategic levels;
- Processes for management of (including accountability within) the new Project;
- Processes for monitoring the new Project;
- Taking account of the scope/size of the new initiative.

The Cumbria Project was able to achieve success in developing monitoring systems within Letgo but not any other partner agencies. This continued into the operational phase of the Project.

In the operational phase, when a new initiative is launched, operational factors concerning issues of communication, power and resources can arise that prevent or assist MA working. These factors were faced by both Projects but Letgo was able to respond more successfully to them because of its existing partnership ethos.

- **Communication:** Gateshead particularly faced challenges with communication between and within partner agencies, including about the aims and objectives of the Project and each agency's role within it; service level agreements between partner agencies; and information sharing protocols.
- **Power:** Practitioners in both new services faced some challenges to their credibility in the early years of the Project and were seen as a threat to other, voluntary sector, agencies. Both Projects faced challenges securing senior enough management representatives of health and children's services at the strategic boards. Gateshead faced further challenges including achieving shared ownership of the Project, having

senior enough management from other partner agencies involved at the strategic level; having clarity about structures of management and accountability, particularly within Safer Families; and having MA working relationships that were inclusive and non-hierarchical.

- Resources: Both Projects also faced recruitment and staffing challenges.

7. Recommendations

The Early Intervention Model

1. There was evidence that the early intervention, specialist model was effective in Gateshead in terms of its impact on victim/survivors and, through the work of the police and CPS, perpetrator accountability. The Project should be funded to continue the work they do with victim/survivors and on perpetrator accountability.
2. The numbers of children provided a service by the Projects indicated that the children's services were filling an important gap in provision and should be maintained.
3. Early identification of Complex and Atypical victim/survivors using a needs assessment checklist could benefit strategic, funding and operational agendas to more purposefully:
 - a. plan equitable workloads of IDVAs recognising the extra effort and time needed with Complex-Typical and Complex-Atypical victim/survivors;
 - b. target partnership working and identify gaps in provision;
 - c. develop funding strategies.
4. Training should be developed to build confidence in practitioners to motivate and undertake preparatory work with perpetrators so that they engage with voluntary perpetrator programmes. The question of which practitioners might have the remit to undertake this work is a moot one but social workers, health visitors, probation workers, practitioners in youth offending teams and GPs might all be considered.
5. New MA initiatives require a development phase in which to test the robustness of developmental factors. This should also include a lead-in period, the length of which depends on the scope and size of the initiative, which would allow an incremental increase in staff teams and drawing down of funding. Having clear structures of management and accountability are crucial to the effectiveness of MA working so that operational factors can be more effectively addressed.

Monitoring and Evaluation

6. Monitoring and evaluation systems should be agreed and embedded in new initiatives as early as possible, and management and practitioners should be encouraged to recognise the usefulness of monitoring for operational as well as strategic, funding and evaluation agendas.
7. MA initiatives wishing to monitor and evidence the impact of complex issues such as domestic violence should explore ways of 'stitching together' and tracking cases across as well as within agencies to facilitate monitoring the trajectory of cases both individually and globally.
8. The numbers processed through the CJS are small, making conclusions tentative. However, further monitoring of sentencing could confirm a need for focused work on sentencing.