



Evaluation of Early Intervention Models for Change in Domestic Violence: Northern Rock Foundation Domestic Abuse Intervention Project, 2004-2009

Executive Summary for the Gateshead Project

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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. 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.

Safer Families 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. The Early Intervention Model and Outcomes for Victim/survivors and their Children

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 also suggests 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. MA working was positively correlated with both those victim survivors at the highest risk and with risk reduction which suggested that MA working could be effective in reducing risk. Most victim/survivors had between three and five sources of support from partner agencies. 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 [Safer Families worker] 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 Families. This suggests that engagement with the Project made it more likely that victim/survivors would seek help in the future.

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

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.

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.

[N]ow I've contacted Safer Families, there's been an improvement. He's worked with [children's worker] discussing Safety Plans, his emotions and his confidence at school. When [children's worker] first saw him it was the 6 weeks holiday but then she went into the school. The school's been fine, they were better when [children's worker] explained it. They were a little apprehensive at first. I told them briefly [about the domestic violence] before contact with Safer Families but the Head Teacher didn't know to what extent, until [children's worker] explained it. The school have been fine. Overall Safer Families has been a great help. Trudy, October 2008.

3. 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. This impact is substantial and provides evidence for the need to sustain work promoting perpetrator accountability.

The positive impact of the Gateshead Project was seen in the substantially increased workloads of the police and Crown Prosecution Service during the evaluation period. The number of cases finalised increased from 180 in 2005/06 to 393 in 2008/09. 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, those identified as the result of reasons identified as victim/survivor related increased in Gateshead and Northumbria. Reasons for this may include the circumstances related to their being assessed as high or very high risk

which make it more difficult to pursue a court case together with the fact that the Specialist Domestic Violence Court (SDVC) was not set up until the end of the evaluation period. SDVCs fast track domestic violence cases, which reduces the opportunities for pressure to be exerted on victim/survivors to withdraw cases, and have been shown to be effective elsewhere.²

4. 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 perpetrator programme would be used in mitigation within the CJS. Subsequently, work with perpetrators focused on the provision of voluntary perpetrator programmes. However, this aspect of the work was the most difficult to promote. Whilst the numbers referred and assessed compared favourably with other voluntary perpetrator programmes they were not as high as expected given the increase in resources resulting from the NRF funding. Reasons for this were: 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 focus was on 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 who said they referred perpetrators to the Project.

5. 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 Gateshead Project faced considerable challenges developing MA working because the following developmental factors were not sufficiently in place:

- Strong existing MA working relationships
- Strong domestic violence infrastructure
- Processes for the development of the new Project
- Processes for management of (including accountability within) the new Project
- Processes for monitoring the new Project

The scope/size of the new initiative had a substantial impact on the attainment of these factors.

In the operational phase, once a new initiative is launched, operational factors concerning issues of communication, power and resources can arise that further challenge MA working. Because the Gateshead Project had a less well developed existing partnership ethos these factors were less well responded to:

² Home Office (2008) *National Domestic Violence Delivery Plan*. Crown: London.

- Power: Practitioners in the new services faced some challenges to their credibility in the early years of the Project and were seen as a threat to other partner agencies. The Project faced challenges securing senior enough management representatives of partner agencies at the strategic boards and achieving shared ownership of the Project; having clarity about structures of management and accountability, particularly within Safer Families; and having MA working relationships that were inclusive and non-hierarchical.
- Communication: The Gateshead Project 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.
- Resources: Safer Families faced recruiting and staffing challenges.

6. 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.
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. 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.
4. 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

5. 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.
6. 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.
7. 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.