

# Whole family domestic abuse programmes: six lessons learned

An analysis from recent evaluations of Department for Education Children's Social Care Innovation Programme projects

November 2020



# Introduction



This document highlights lessons learned from three evaluations completed by Cordis Bright on whole family domestic abuse interventions.



All three were funded via the Department for Education Children's Social Care Innovation Programme. Reports are published [here](#).

# An overview of projects



## Newham NewDay

A non-statutory service taking a non-judgemental, consent-based approach. Offered to families facing situational violence not connected to controlling behaviour. Consisted of four parts accessed separately or in combination: (1) short-term interventions to children, victims-survivors, and users of abuse; (2) Caring Dads, a 17-week group programme with perpetrators; (3) planned sessions with both parents informed by systemic practice and the work of Vetere and Cooper (2001); (4) school-focused support for children and young people.



## Slough Domestic Abuse Assessment Response & Recovery

The DAARR workstream aimed to offer: (1) an enhanced assessment phase; (2) the Inspiring Families Programme: a 10-week 'psycho-educational' group programme that aimed to work with both victims-survivors and perpetrators; (3) training to the workforce on domestic abuse; (4) a recovery toolkit for adults and children, offering a trauma-informed framework for working with families affected by domestic abuse.



## Doncaster Growing Futures

The Growing Futures programme was a new partnership approach and way of working led by Doncaster Children's Services Trust. The main principles underpinning the programme were taking a whole-family approach through multi-agency working. Key activities included: the appointment of Domestic Abuse Navigators (DANs); mentoring and training of professionals in allied services; workforce development through embedding Signs of Safety; development of a new domestic abuse strategy; funding of a perpetrator worker and funding a borough-wide parenting co-ordinator.

# Lesson 1. A robust needs assessment can help decide on priorities & benchmark future performance

- Our evaluations demonstrated the importance of a robust needs assessment. This is supported by the [Ministry of Justice](#) and the [National Institute for Health and Care Excellence](#), amongst others.
- It helps to ensure that any new or enhanced intervention:
  - Is based on local need, and what families experiencing domestic abuse are experiencing
  - Reflects the different [typologies](#) of domestic abuse
  - Takes into account the needs/experiences of different sub-groups (e.g. victim-survivors, perpetrators, children and young people; Black, Asian and minority ethnic groups, LGBTQI groups)
  - Avoids duplicating existing services
  - Encourages engagement with, and involvement of, the full range of local partners
  - Addresses any gaps in outcomes, quality of inter-agency relationships, and provision/services
  - Is matched to reasons for escalation within and between services
  - Builds on existing strengths and enablers
  - Takes into account effective practice and [‘what works’](#)
  - Is clearly prioritised in terms of how resources are spent
- A robust needs assessment also provides a baseline against which future developments can be benchmarked and compared.

## Six steps to an effective needs assessment:



## Lesson 2. There is a need & demand for whole family approaches to tackling domestic abuse

- There is a need and appetite among those affected by domestic abuse for responses which consider the needs of the whole family, and the wider context in which domestic abuse takes place. Historic approaches have not effectively met this need. This view is supported by a wide range of professionals working with families.
- A whole family approach is more likely to recognise the multi-faceted nature and impact of domestic abuse.
- To be successful, such an approach is likely to need to be:
  - **Multi-layered**, i.e. providing support to individuals, to couples and to the family as a whole (where safe to do so).
  - **Multi-disciplinary**, i.e. a team with knowledge and understanding of domestic abuse, and with the capacity to offer a range of flexible and targeted support including but not limited to social work and therapeutic input. The ability to engage proactively with other professionals to raise awareness and transfer skills was also key.
  - **Multi-agency**, i.e. involving the full range of partners who may provide support to families experiencing domestic abuse. Involvement ideally needs to be at multiple levels, including strategy, governance, decision-making, resourcing and staffing.
  - **Multi-setting**, i.e. able to operate in a range of different settings, e.g. family home, school, primary health care setting.
- Our evaluations highlighted the following levers that support effective multi-disciplinary working:
  - Reflective supervision
  - Group supervision
  - Group case management
  - Shared language and terminology
  - Shared model(s) of practice\*
  - Common approach to assessment, planning and review
  - Shared record keeping

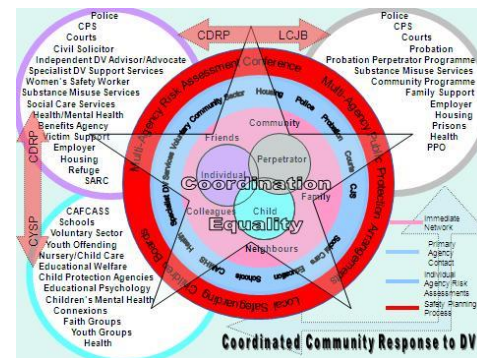
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\* What is a model of practice? A blueprint or framework to guide the practice of staff, with a particular focus on how to create and sustain change/impact. Ideally, these models deploy proven techniques that are based on either a theory of behaviour or why problems arise and/or evidence of 'what works'. These models help to ensure that people with similar types of need, strengths and preferences are supported in similar and joined-up ways, i.e. practice is replicable and transferable.

# Lesson 3. As well as whole family, approaches are likely to be most successful if they are whole system

- A whole system approach\* recognises that domestic abuse is a complex problem with multiple causes and significant and wide-ranging implications for wellbeing. It acknowledges that there is no single solution. Tackling such an ingrained problem requires a long-term, system-wide approach that makes domestic abuse everybody's business, is tailored to local needs and works across the life course.
- The three projects that were evaluated were relatively discrete interventions that bolted-on new or additional support or ways of working. That said, some lessons were learned about how to work in a whole systems way:
  - Clearly articulate how the new model fits into the continuum of support on domestic abuse. A new way of working will not be a panacea, though given the shortfall of services for families facing domestic abuse that often exists in local areas, there will be tendency for stakeholders to want it to be so. There will be pressures for it to work with as many families as possible, with a wide range of need and different levels of risk. Anticipating this in advance by clearly articulating what the service can and cannot do and how it fits in the spectrum of support will help ensure that there are realistic expectations across the system.
  - To further help with this, ensure that you communicate frequently and accessibly about purpose and progress so that the system can adapt accordingly. Also regularly reinforce the message that responsibility for identifying and responding to domestic abuse should not be restricted to specialist services or roles and that everyone has a key part to play.
  - Build-in time and resources to improve the knowledge, understanding, skill and confidence of other professionals. Evaluations highlighted weaknesses in the capacity and capability of existing services to work with families facing domestic abuse, and especially engagement with perpetrators.
  - Assess the current strength of the 'host' organisation and other partners. New ways of working require strong and effective leadership and a stable staff team. Without it, it will be difficult for projects to get off the ground.
  - Effective governance and system leadership that helps the project integrate into the wider system is crucial. Get the right partners and the right decision-makers around the table.

System and stakeholder map\*\*



\*Adapted from this [source](#).  
 \*\*From Home Office Coordinated Community Response Model

# Lesson 4: Whatever intervention or programme is chosen, a robust theory of change is crucial

- From the outset, the intervention needs to be informed by a clear theory of change.
- In particular, this should indicate how the intervention is designed to bring about change for families.
- It is especially important to understand:
  - The mechanisms of change for perpetrators: why are they behaving in this way and what will help them – or make them – stop?
  - The mechanisms of safety for victims-survivors (including children and young people): how will they be made safe?
  - The mechanisms for improved wellbeing: how will individual and family outcomes be better?
  - How any improvements will be maintained once support has ended.
- In *Preventing intimate partner and sexual violence against women: taking action and generating evidence*, the [World Health Organization](#) distinguishes between
  - Individual risk factors.
  - Relationship risk factors.
  - Community risk factors.
  - Societal risk factors.
- Where a logic model (inputs → activities/outputs → outcomes → wider impacts) is used as part of the theory of change, it is important to ensure that it clearly articulates how activities/outputs will lead to improved outcomes (such as improved knowledge, skills, attitudes, behaviours) and how outcomes will contribute to wider impacts.
- A strong logic model is:
  - Clear about which domains it seeks to tackle.
  - Specific about how change is brought about.
  - Realistic about the scale of change which can be achieved by the intervention or programme.

TABLE 2  
Risk factors for both intimate partner violence and sexual violence

Perpetration by men	Victimization of women
<b>INDIVIDUAL LEVEL</b>	
DEMOGRAPHICS <ul style="list-style-type: none"> <li>• Low income</li> <li>• Low education</li> </ul>	DEMOGRAPHICS <ul style="list-style-type: none"> <li>• Young age</li> <li>• Low education</li> <li>• Separated/divorced marital status</li> </ul>
EXPOSURE TO CHILD MALTREATMENT <ul style="list-style-type: none"> <li>• Sexual abuse</li> <li>• Intra-parental violence</li> </ul>	EXPOSURE TO CHILD MALTREATMENT <ul style="list-style-type: none"> <li>• Intra-parental violence</li> </ul>
MENTAL DISORDER <ul style="list-style-type: none"> <li>• Antisocial personality</li> </ul>	MENTAL DISORDER <ul style="list-style-type: none"> <li>• Depression</li> </ul>
SUBSTANCE USE <ul style="list-style-type: none"> <li>• Harmful use of alcohol</li> <li>• Illicit drug use</li> </ul>	SUBSTANCE USE <ul style="list-style-type: none"> <li>• Harmful use of alcohol</li> <li>• Illicit drug use</li> </ul>
<ul style="list-style-type: none"> <li>• Acceptance of violence</li> </ul>	<ul style="list-style-type: none"> <li>• Acceptance of violence</li> </ul>
<b>RELATIONSHIP LEVEL</b>	
<ul style="list-style-type: none"> <li>• Multiple partners/infidelity</li> <li>• Low resistance to peer pressure</li> </ul>	
<b>COMMUNITY LEVEL</b>	
<ul style="list-style-type: none"> <li>• Weak community sanctions</li> <li>• Poverty</li> </ul>	
<b>SOCIETAL LEVEL</b>	
<ul style="list-style-type: none"> <li>• Traditional gender norms and social norms supportive of violence</li> </ul>	

## Lesson 5. Making the case for investment in domestic abuse interventions requires robust measurement

- Investing in domestic abuse interventions is the right thing to do: gaps in service provision and shortfalls in funding are widely known; the profound [impact](#) of domestic abuse is well-documented.
- Creating change for families experiencing domestic abuse is possible but it is likely to be very resource intensive and to take time to ensure that improvements are sustained.
- As a result, it is often hard for domestic abuse interventions to show a positive cost-benefit analysis and to successfully 'make the case' for investment when the current decision-making environment is focused on making savings in the face of funding reductions.
- There are a number of things that can be done in response to this:
  - Collect robust evidence (ideally using validated measures\*) for the widest possible range of indicators, examples include:
    - Domestic abuse prevalence and risk
    - Physical health, mental health, wellbeing and safety
    - School attendance, engagement and achievement
    - Youth offending and victimisation
    - Employment and training
    - Service usage, especially policing, primary and secondary care, social services
  - Measure changes over the longest possible period of time
  - Compare achievements against a robust comparison group
  - Find ways to demonstrate that any increases in service use are a positive thing, e.g. positive sign of disclosure, earlier action, more intensive support, better experiences for victims-survivors and families
  - There is a high chance that any savings that are achieved are not accrued by the agency which funds the service: look at how to achieve buy-in with other agencies, e.g. local authority, police, health and employment
  - Highlight how new ways of working are based on and align closely with 'what works'
  - Other ways to highlight that it is the right thing to do, even if it costs more: collect personal stories from beneficiaries; and seek the buy-in from (local and national) groups representing children, victims-survivors and perpetrators

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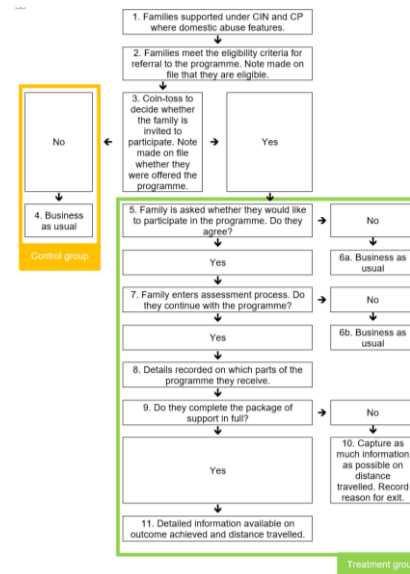
\*What is a validated measure? A validated measure is a question, scale or tool that has been tested to ensure that the results that are produced are reliable and accurate, i.e. it measures what it is designed to measure and it produces the same results when repeated in the exact-same conditions. The added advantage of a validated measure is that it tends to be widely used so that results can be compared between studies.



# Lesson 6. Effective evaluation can help to shape services in real time

- A robust evaluation helps to establish how services and the system have changed and what the impact has been. It identifies what works and what doesn't work and puts forward improvements for the future.
- Evaluations are at their strongest when they are formative as well as summative, i.e. regularly generate evidence/findings that can feed-in in real time to the development of the service or programme.
- A well-rounded evaluation includes evidence about:
  - The theory of change and the extent to which there was fidelity during roll-out
  - Implementation of the programme, e.g. pathways and processes, referrals, take-up, attrition, sessions, and spend
  - Quantitative and qualitative data on outcomes achieved for beneficiaries
  - Views and experiences of programme staff
  - Views and experiences of beneficiaries
  - Views and experiences of system stakeholders, e.g. social workers, police, teachers, GPs
  - Case work
- Evaluations of domestic abuse interventions can be undertaken effectively at [Scientific Maryland Scale level 3](#) or above, i.e. including a comparison group against which achievements of the new service/programme can be compared.
- Though it is logistically challenging and needs to be accompanied by a robust ethical framework, there is a strong argument to support undertaking a randomised control trial or quasi-experimental design.
  - For example, a recent [evaluation](#) of a prison-based sex offender treatment programme demonstrated that although based on effective practice, new interventions can sometimes cause more harm than good.

## Example of running an RCT evaluation



## We hope you found this document useful

- Cordis Bright is a research and consultancy organisation specialising in children's services, adult social care, criminal justice and the NHS.
- We have extensive experience across the domestic abuse sector, including:
  - Needs assessments
  - Research on effective practice and what works
  - Support for commissioning
  - Advice for service design and innovation
  - Consultation with children, young people, victims-survivors and perpetrators
  - Process, impact and economic evaluation
- We regularly work with all partners involved in tackling domestic abuse: central government, local authorities, voluntary and community sector, health, police, schools and local communities.
- Examples of our work on domestic abuse is available at: <https://www.cordisbright.co.uk/spotlight-on-domestic-abuse.php>
- Our team combines skilled researchers and experienced consultants and people with previous roles in practice, management, leadership and inspection.
- We would welcome the opportunity to have a conversation about how we could support you in your efforts to tackle domestic abuse and how to measure your impact.
- Please contact:
  - [Dr Stephen Boxford](#), Head of Research
  - [Hannah Nickson](#), Senior Consultant
  - [Colin Horswell](#), Managing Director



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