November 2022 | **Report**

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What Works *for* Children's Social Care

We can talk about domestic abuse

Pilot evaluation report

November 2022

What Works *for* Children's Social Care

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Authors

Dr Jessica Ozan
Sandor Gellen
Prof Chris Fox
Prof Stephen Morris
Rebecca Cargill

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What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision-makers across the children's social care sector. We generate, collate and make accessible the best evidence for practitioners, policymakers and practice leaders to improve children's social care and the outcomes it generates for children and families.

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What Works for Children's Social Care

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Acronyms and abbreviations

CIN	Child in Need
CLA	Children Looked After
CP	Child Protection
CSEW	Crime Survey for England and Wales
DA	Domestic abuse
DAFA	Domestic Abuse Family Advocates
DAPP	Domestic Abuse Practice Professionals
DASH/RIC	The Domestic Abuse, Stalking and Harassment and 'Honour'-based violence Risk Indicator Checklist
GDPR	General Data Protection Regulation
IDACI	Employment, Crime, and Income Deprivation Affecting Children Index
IMD	Index of Multiple Deprivation
IRO	Independent Reviewing Officers
MARAC	Multi-Agency Risk Assessment Conference
PLO	Public Law Outline
RCT	Randomised Controlled Trial
RPQ	Reflective Practice Questionnaire
SW	Social worker
ToC	Theory of Change
WCTADA	We Can Talk About Domestic Abuse

Executive summary

Introduction

This report is an evaluation of the We Can Talk About Domestic Abuse (WCTADA) programme. WCTADA is a pilot that aims to improve the experience of social care processes for those parents and children affected by domestic abuse so that they feel believed, supported and empowered, while being appropriately safeguarded. It seeks to improve safeguarding and child protection processes for the benefit of all involved.

The project established a small team of eight subject-matter experts who can provide challenge and support to social workers in their daily practice (i.e. 1 Manager, 3 Domestic Abuse Practice Professionals (DAPPs), 3 Domestic Abuse Family Advocates (DAFAs) and 1 Project Officer). Three streams of work were developed focusing on:

1. Whole family approach and active participation
2. Reflective practice among professional(s) supporting them
3. System change.

Research questions

The research questions we sought to answer were:

Evidence of feasibility:

1. Is the intervention delivered as intended, responsive to survivors and practitioners' needs, innovative and well accepted by all stakeholders?

Evidence of promise:

2. For each activity identified in the theory of change, are the outputs anticipated produced to the extent envisaged and do outcome indicators change in the direction anticipated?

Readiness for trial:

3. What elements of the programme might be amenable to randomisation (what experimental contrasts, if any, are feasible), or how might natural variation in exposure to the programme among those at which it is targeted be exploited quasi-experimentally?

Methods

The evaluation started by constructing the programme's Theory of Change. It then used both qualitative and quantitative methods to address the research aims. Qualitative methods including workshops, face to face interviews with survivors, telephone interviews with staff, and secondary data analysis have been used to capture the experience and opinions of the recipients of the programme as well as those of the strategic and front-line staff. Quantitative data including secondary administration/monitoring data, telephone interviews with survivors, and surveys have been collected to triangulate emerging qualitative findings, to further test the assumptions of the Theory of Change and to inform research questions regarding feasibility (i.e. readiness for trial).

Key findings

The Theory of Change altered quite significantly between February 2021 (first version) and March 2022 (third version).

The programme received 207 referrals. We analysed 193 cases. All but one were female. The mean age of survivors was 31 and 94% identified as White-British. Referrals are typically from economically deprived areas. We identified 187 children linked to these cases.

Domestic Abuse Family Advocates (DAFAs) were a key innovation within the programme design. The key characteristic of DAFAs is their lived experience of domestic abuse, and in some cases of children's services. The DAFA's role is to provide emotional support to survivors of domestic abuse. They act as 'translators' between the families and social care services, drawing on their lived experience of domestic abuse. The support provided by the WCTADA team, notably the DAFAs, was helped by their detachment from social work practitioners. According to interviewees, families were more likely to engage with the team as they are not perceived as children's services social workers that may be a threat to their family.

The Domestic Abuse Practice Professionals (DAPPs) work more directly with the social workers, to model engaging with survivors, showing them how to use risk assessment tools and write safety plans. They also support them with identifying services available to families. The DAPPs' role has shifted slightly from its original intent when they started working directly with some families, notably through the peer-mentoring sessions, instead of working exclusively with social workers.

The team was supported by a project manager and by local leadership. The Project Manager was a qualified social worker role with previous experience of Child Protection/Court Proceedings and supervising social work staff. The WCTADA team was described by social workers and external stakeholders as ambitious and highly motivated.

The programme supported survivors to be involved in their safety plans and helped to build supportive networks around survivors. Survivors who were interviewed indicated that they felt listened to.

The programme identified a gap in service provision for perpetrators, most of whom are male parents. This was an important shift in the programme's focus and considered by some interviewees as one of its most important features.

The Theory of Change suggested that reflective practice was the means through which the WCTADA programme intended to shift practice in children's services. The team were trained in and practised reflective practice. This included during consultations with social workers. It was important for the WCTADA team to show social workers that they were using reflective supervision themselves, to improve their own practice, to build a positive and supportive relationship with social workers. Reflective practice became embedded in consultations between DAPPs and social workers.

The programme's work on system change included running learning events and domestic abuse awareness training.

Key challenges during programme implementation included:

- The length of time taken to set up the programme, which was longer than intended
- Staff turnover, the need to upskill project staff, particularly DAFAs who generally didn't have previous relevant professional training
- Adjusting to the pandemic
- Engaging social workers
- Managing the potential tension between a child and a family focus.

Discussion

Overall, the WCTADA Theory of Change appears plausible. Evidence suggests that some of its elements and pathways are more important than others. This is the case for DAFAs – who were referred to as the most important element of the programme by several stakeholders, from the WCTADA team to survivors and external agencies.

The upskilling of social workers using reflective practice is another pathway that appears plausible. Evidence gathered for this report suggests that, overall, social workers engage well with the programme and change their practice accordingly, whether this is through the joint visits or the learning events.

The learning events were a successful part of the programme. Appreciated by both social workers and external stakeholders.

The WCTADA programme delivered most of the anticipated activities in circumstances that were particularly challenging due to COVID-19. It is important to note that its implementation required considerable time and resources being directed towards training staff, something that is reflected in the cost analysis which found that the cost per family was approximately £2,000.

Conclusion and recommendations

Looking ahead, we considered what elements of the programme might be amenable to a trial. We conclude that the programme is not yet at a stage where it could be assessed using an efficacy or effectiveness trial. However, we do suggest a design for a pilot trial that focuses on the impact of the DAFA role.

Our key recommendations are:

- To stabilise the operating model, which has continued to develop during the evaluation
- To improve data collection systems and processes.

1 Introduction

1.1 Project background

Based on a consultation with survivors, Wirral Council's view is that the application of child protection processes can often alienate, even re-victimise, adults affected by domestic abuse (Wirral Council, 2020). The council reports that victims and survivors of domestic abuse highlight difficulties in working effectively with social care:

- Feeling "abandoned" and "let down" by social workers, not being believed
- Genuine fear of having children removed from their care
- Being criticised in their parenting without social workers understanding the impact abuse has on their parenting capacity
- Being judged for "making the wrong decisions over relationships and who they had children to" and for wanting to stay in the relationship
- Feeling that their case "opens on social care's terms and closes on social care's terms" and being in a "tick box system".

The council's analysis of this problem has led it to identify a need to develop a practice approach that improves understanding and communication between professionals and people in need of help and protection.

1.2 The We Can Talk About Domestic Abuse programme

The We Can Talk About Domestic Abuse (WCTADA) programme aims to improve the experience of social care processes for those parents and children affected by domestic abuse so that they feel believed, supported and empowered, while being appropriately safeguarded. It seeks to improve safeguarding and child protection processes for the benefit of all involved.

The project established a small team of eight subject-matter experts who can provide challenge and support to social workers in their daily practice (i.e. 1 Manager, 3 Domestic Abuse Practice Professionals (DAPPs), 3 Domestic Abuse Family Advocates (DAFAs) and 1 Project Officer).

Wirral Council had successfully adopted a similar approach in "Compass", its child exploitation team, where team members do not hold cases but rather work to develop the knowledge, skills and experience of the social worker. Compass & Contextual Teams has been established for three years. Although it has not been independently evaluated, it has been through an Ofsted inspection which stated that this was the preferred model for working with children at risk of exploitation. It has also worked closely with Knowsley Council which has worked with Bedfordshire and Durham University for evaluation. Wirral has benefited from the good practice guidance documents that have been published as a result of the evaluation.

The We Can Talk About Domestic Abuse programme aimed to work with 216 families within a 12-month period, prioritising those at "child protection level" and/or repeat referrals. The programme would not exclude children at "child in need" level or first-time referrals where there is a case for additional expertise and support. Families were referred to the programme via two pathways, the first response for new and repeat referrals for a Child and Family Assessment, and Sustained Support for families within the Children in Need/Child Protection and Children Looked After.

1.2.1 Main mechanisms of change

A Theory of Change was developed to capture the main streams of work and the underlying assumptions of the programme. The work conducted during the Theory of Change workshops resulted in a first logic model (see Appendix A). This was updated to reflect changes made to the programme. This section provides an overview of the programme and describes the main mechanisms of change as identified in the Theory of Change.

We Can Talk About Domestic Abuse aims to increase survivor's self-efficacy and improve their experiences of child protection and safeguarding procedures. To achieve this, We Can Talk About Domestic Abuse has developed three streams of work focusing on:

1. Whole family approach and active participation
2. Reflective practice among professional(s) supporting them
3. System change.

Whole family and active participation

Activities in this stream are led by both the Domestic Abuse Practice Professionals (DAPPs) and the Domestic Abuse Family Advocates (DAFAs). DAFAs are staff who have lived-experience of domestic abuse and social care. They worked with the survivors by acting as an advocate and "interpreter". Activities include a Voice Group for survivors of domestic abuse, established as part of the Domestic Abuse Alliance, with a Communications Strategy linked to the borough-wide Domestic Abuse Strategy. The Voice Group was initially divided in two, one for female survivors and one for male survivors. However, the small number of male survivors (only two males had been referred by June 2021) meant that the programme moved away from holding a voice group for men and instead worked with local organisations to capture their views using a survey delivered in partnership with local organisations instead.

Through their work with social workers, the DAPPs engage with perpetrators. The aim is to improve their engagement with other support services (e.g. mental health) and increase their understanding of domestic abuse. This increases their accountability and shifts the responsibility of domestic abuse away from the survivor.

The DAFAs meet regularly with the survivor to help them to better engage by understanding formal processes and navigate the children's services system. The original intention was for meetings to be in person, but due to the COVID-19 pandemic, some meetings took place over the phone. DAFAs aim to provide families with a better understanding of domestic abuse, with a specific focus on coercive control and its impact on children. Families should also gain a better understanding of parenting in the context of domestic abuse, children's services system and other services (e.g. substance abuse) that are available to them, resulting in better engagement and a better experience of child protection procedures.

The work conducted by the DAFAs and DAPPs, using a whole family approach, leads to a better understanding of needs and access to services. The long-term vision is to reduce the number of cases going to child protection due to domestic abuse.

Upskilling social workers through reflective practice

Activities in this stream include joint visits, consultations, group reflection, joined reflective spaces and peer mentoring for staff. The DAFAs use reflective practice to help social workers better understand the views/wishes/fears of the family and their experience of domestic abuse. The DAPPs work with the social workers to prepare for and reflect on their work. They help social workers to apply critical analysis to their assessment, provide reflection and challenge plans and progress, and undertake observations of practice as appropriate. Through this process, social workers learn how to use risk assessment tools and devise safety plans. They incorporate the tools in their practice and consequently provide more adequate support to survivors of domestic abuse. DAPPs also facilitate joint reflective supervision, upskilling Team Managers and supporting them to create thinking space and apply objectivity to casework. They also facilitate monthly group reflection sessions for Team Managers to share learning. In all activities, DAPPs add value through their subject-matter expertise. The aim is to create a shift in attitudes and language, improving the relationships between families and social workers. It is hypothesised that survivors receiving adequate support would develop greater self-efficacy as they feel believed by professionals, empowered rather than re-victimised, and confident in their social worker. The programme also provides them with better experiences of safeguarding procedures.

System change

This stream of work focuses on the broader system around the survivors, including partnerships (social care, early help, education, police, health, probation, voluntary organisations, etc.). Activities include learning events as well as training and development opportunities. This includes induction and training on reflective supervision and domestic abuse for the core project team and for Wirral Council employees, as well as four multi-agency learning events. The WCTADA team is also working with Family Matters to lead on the identification, training and support for Domestic Abuse Champions in partner organisations. These activities aim to support a better understanding of domestic abuse not only within the project team, but also beyond the programme through its engagement with social workers and other relevant agencies. DAPPs support social workers to strengthen their relationship with partners by building confidence in their understanding of the issue, preparation for and execution of partnership meetings where all have a voice and there is mutual respect and coaching on how to manage difficult conversations where partners need to be professionally challenged. The programme also places more responsibility on perpetrators and aims to reduce the number of housing moves for survivors and their children.

The WCTADA team delivers training on the theme of domestic abuse for the Wirral Safeguarding Children Partnership. In collaboration with Family Matters, the team also provides training for Domestic Abuse Champions within organisations across Wirral, which would contribute to a better understanding of domestic abuse beyond the project.

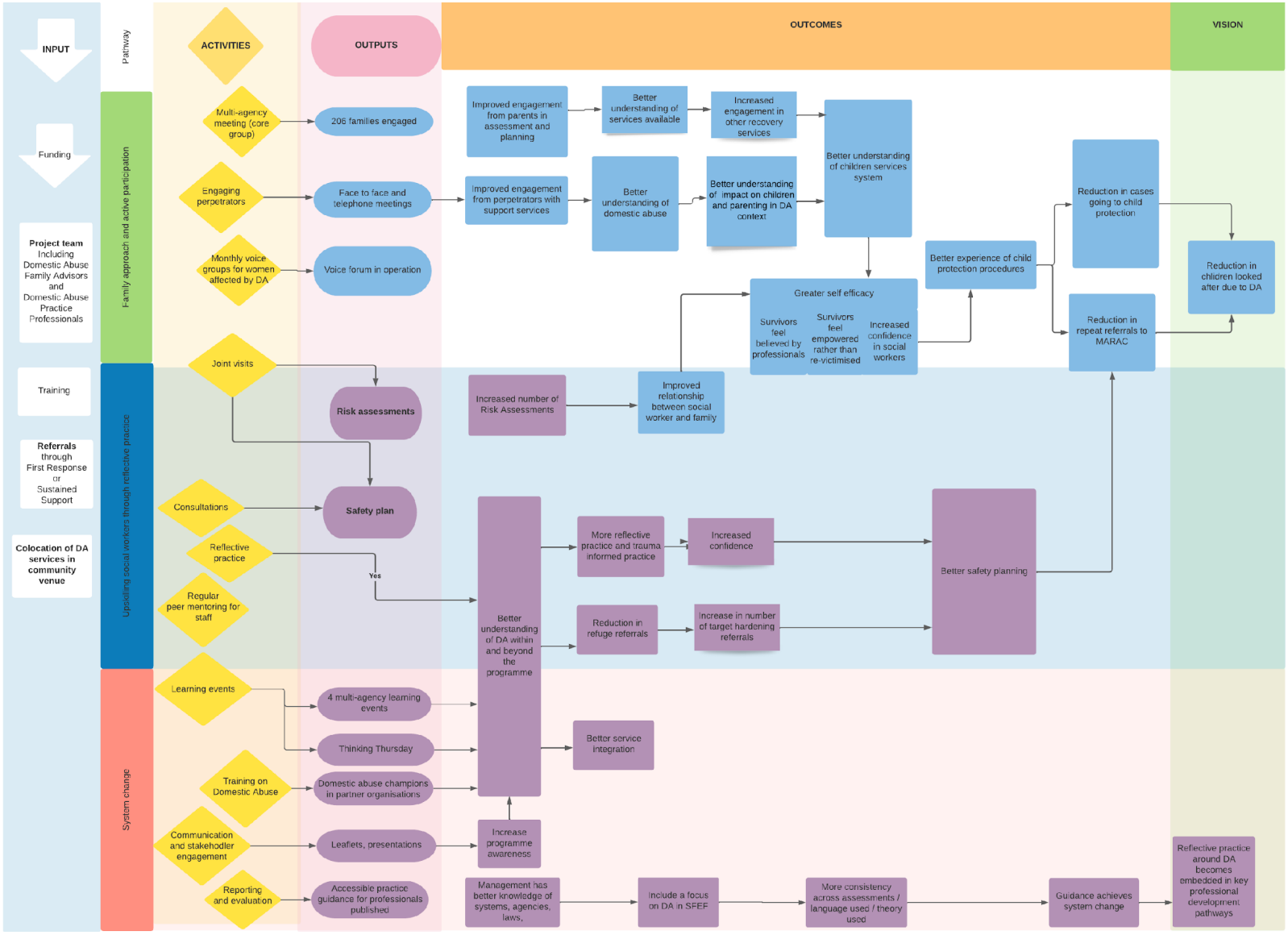
An important part of the programme's work consists of raising awareness about WCTADA. This is an important activity that also includes learning events and training opportunities to gain support from system leaders to promote the use of domestic abuse tools and reflective practice.

The stream also includes activities such as reporting on evaluation. This includes quarterly reports (i.e. audits) to the Domestic Abuse Alliance with updates on the project. The DAPPs and DAFAs also report on a quarterly basis to the Senior Leadership Team on programme delivery, performance, outcomes and learning. The programme also gathers data for evaluation and monitoring purposes. WCTADA intends to publish accessible practice guidance for professionals that will support a more consistent approach to

survivors of domestic abuse, allowing for a better and more widespread safety planning involving different agencies (e.g. housing, police). The programme aims to improve managers' knowledge of systems, agencies and laws and include a focus on domestic abuse in the Supporting Families Enhancing Futures model developed by the Wirral Safeguarding Children Partnership.

Through a collaborative approach, the programme anticipates improved communication, understanding and experience for all stakeholders. The long-term vision of the programme is to contribute, through its co-production and reflective practice stream of work, to the reduction in the number of cases going to child protection, the number of repeat referrals going to MARAC (Multi-Agency Risk Assessment Conference) and, ultimately, the number of children looked after due to domestic abuse. It also aims to provide guidance that will achieve system change and ensure that reflective practice around domestic abuse becomes embedded in key professional development pathways (see logic model below).

Figure 1.1 Theory of Change logic model



1.3 Pilot context

The 2019-20 Crime Survey for England and Wales (CSEW) estimated that 7.3% of women and 3.6% of men (aged 16-74) experienced domestic abuse (ONS, 2020). In addition, single adults with children were more likely to be victims than adults living with other adults and children, or adults living with no children (ONS, 2020). The north-west had the third highest rate of domestic abuse offences in England and Wales in the year ending March 2020, with figures above the average for England and Wales (ONS, 2020). In Wirral, in the year 2019–20, 2,037 women and 749 men were victims of domestic abuse (Wirral Council, 2020).

The pilot is taking place in Wirral. Wirral Council has identified that social care services in Wirral are not adequately supporting survivors of domestic abuse, who can feel abandoned, let down, disempowered, judged and/or not believed by social workers (Wirral Council, 2020). In 2019–20, in Wirral, 2,037 women and 749 men were the survivors of a domestic abuse crime. In only 20.2% of cases did the survivor and perpetrator live at the same postcode, with ex-partner violence making up almost 50% of crimes. Yet, survivors of domestic abuse are often forced to move out of their home, although domestic abuse does not stop but often leads to escalation once the relationship ends. In Wirral, the repeat victimisation rate is 29%, which is comparable to the national average (31%) (Wirral Council, 2020).

Data analysis between February 2019 and January 2020 (Wirral Council, 2020) shows that 2,780 children were referred to children's services because of domestic abuse (DA). During that period, there were 680 children with more than one contact and 888 requiring a statutory assessment. The analysis also shows that outcomes for children living with domestic abuse were 31 to 34% lower than their peers at Key Stage 4 (Wirral Council, 2020).

WCTADA builds on the success of the Compass model by not only providing the consultation but also supporting and modelling practice (in particular trauma-informed practice) by supporting joint visits with families. Otherwise, WCTADA is a new, innovative project and therefore no other model is used.

1.4 Pilot evaluation

The Policy Evaluation and Research Unit has been commissioned by What Works for Children's Social Care (WWCSC) to conduct the evaluation of the We Can Talk about Domestic Abuse programme (WCTADA) delivered by Wirral Council. WCTADA is a programme that is trying to develop new ways of working to improve the experience of social care processes for those parents and children affected by domestic abuse so that they feel believed, supported and empowered, while being appropriately safeguarded.

The evaluation provides insights into the implementation of the programme. This includes exploring actors' (i.e. WCTADA delivery team, social workers, external organisations, survivors and perpetrators) perceptions of effectiveness and examining change over time in outcome indicators. The evaluation also assesses the costs of the programme, and whether a Randomised Controlled Trial (RCT) would be feasible in the future.

The pilot evaluation took place over 15 months and consists of three sets of activities:

1. Building upon and developing the programme's Theory of Change (ToC) through workshops involving strategic and front-line staff in order to generate a logic model
2. Empirical research to test the ToC, exploring both evidence of feasibility and evidence of promise through a small number of in-depth longitudinal case studies, a survey, and analysis of quantitative management information

3. An assessment of the feasibility of implementing an experimental or quasi-experimental impact evaluation of either the programme or some element of it, through secondary data analysis.

2 Methods

2.1 Research questions

The evaluation aimed to explore actors' perceptions of effectiveness and examine change over time in outcome indicators. It also aimed to consider the extent to which the programme as a whole or some element of it might be evaluated using more formal impact evaluation approaches.

The research questions we sought to answer were:

Evidence of feasibility:

1. Is the intervention delivered as intended, responsive to survivors' and practitioners' needs, innovative and well accepted by all stakeholders?

a) **Fidelity and adaptation**: how far is the delivery of the programme consistent with its design? What are the facilitators and barriers to delivery?
b) **Responsiveness:** how well do programme activities respond to the survivors' and practitioners' needs?
Acceptability: how well is the programme received by social workers, other professionals, survivors and their families?

Evidence of promise:

2. For each activity identified in the Theory of Change, are the outputs anticipated produced to the extent envisaged and do outcome indicators change in the direction anticipated?

a) What is the **level of engagement** with planned activities among practitioners and families? How does it vary among families by initial demographic factors, quantifiable need and/or other baseline service-related characteristics?
b) Is there any evidence of **change over time** in measurable outcomes for practitioners and survivors (bearing in mind that any estimates of change will not warrant a causal interpretation) and what **potential impacts** of the intervention do stakeholders identify?
c) Do there appear to be any **unintended consequences or negative effects**?
d) What are the economic **costs** of the intervention per survivor?

Readiness for trial:

3. What elements of the programme might be amenable to randomisation (what experimental contrasts if any are feasible), or how might natural variation in exposure to the programme among those at which it is targeted be exploited quasi-experimentally?

a) Which outcomes are candidates for a primary outcome?
b) What existing and new data sources are of promise?
c) What eligibility criteria might be appropriate?
d) How are treatment effects to be defined?

2.2 Ethical review

The evaluation sought ethical approval from the Art and Humanities Research Ethics and Governance Committee at Manchester Metropolitan University. To ensure that the Theory of Change workshops could be conducted on time, we divided the ethics application into two. The first one covered the Theory of

Change workshops. Ethical approval was granted. The second application considered the rest of the evaluation and is more complex due to data protection issues. Ethical approval was granted on 18 March 2021. No ethical issues emerged during the evaluation phase that required addressing.

2.3 Data collection

Qualitative methods (i.e. workshops, face-to-face interviews with survivors, telephone interviews with staff, and secondary data analysis) have been used to capture the experience and opinions of the recipients of the programme as well as those of the strategic and front-line staff. Quantitative data (i.e. secondary administration/monitoring data, telephone interviews with survivors, and surveys) have been collected to triangulate emerging qualitative findings, to further test the assumptions of the Theory of Change, and to inform research questions regarding feasibility (i.e. readiness for trial).

2.3.1 Theory of Change workshops

The first workshop took place mid-January 2021 and involved ten participants and two facilitators from the evaluation team. The participants were the programme's lead, project officer and manager, two Domestic Abuse Family Advocates, two Domestic Abuse Practice Professionals, the council's Performance & Improvement Manager, and two representatives from What Works for Children's Social Care. Due to COVID-19 restrictions, the workshop took place online. A first version of the programme's Theory of Change (ToC) was produced and presented at the second workshop.

The second workshop took place in early February 2021 and was attended by the same participants, except for one Domestic Abuse Family Advocate. A revised version of the ToC was discussed with the project lead prior to its circulation to other participants for validation.

The ToC was updated following the round of data collection, in June 2021, and included in the evaluation's interim report. It was updated again in March 2022, following further data collection. The most recent version of the ToC was presented to key stakeholders during a third workshop for comments and validation in March 2022. The final version of the ToC was presented during an implication workshop in April 2022. Minor edits were made following final comments.

2.3.2 Longitudinal case studies

The evaluation conducted seven purposively sampled family case studies, starting at two points in time to capture experiences at different stages of implementation: two cases just after the commencement of the programme (cohort 1) and five cases six months later (cohort 2). For each case study, the DAFA, DAPP and social worker were interviewed.

Securing interviews with survivors was challenging. The WCTADA team secured consent from 12 survivors. However, despite several attempts to agree on a time for an interview, five of them did not participate. Due to the COVID-19 pandemic, all interviews and communications with survivors had to be conducted over the telephone, which could have contributed to the low uptake from participants as response rates are generally lower for telephone interviews compared to those conducted face to face (Block & Erskine, 2012). To overcome this challenge, the WCTADA team facilitated a focus group in November 2021, which involved three survivors. While the optimal design would have been an interview, the focus group allowed the evaluation team to engage more survivors. Survivors expressed their opinions and shared different experiences of the programme. A further two telephone interviews were also conducted with survivors in October 2021. All survivors were contacted between three and six months after their first interview. Again, it was difficult to engage some of them and only three out of seven participated in a follow-up interview. To mitigate this risk to the study design, case notes on the

Liquid Logic software were consulted by the evaluation team for all seven case studies. They provided a good understanding of the survivor's journey throughout the programme, albeit from the perspective of the professionals supporting them.

It was also challenging to interview perpetrators linked to the case studies as the great majority of survivors did not give their consent for their ex-partner to be interviewed. The evaluation team therefore conducted three interviews with perpetrators that had received support from the WCTADA team but were not directly linked to the case studies. It is interesting to note that all the perpetrators who gave their consent for the evaluation team to contact them took part in the interviews. Interviews with the perpetrators took place in February 2022.

The evaluation team interviewed social workers involved in the case studies. In order to capture the views of a greater number of key stakeholders, a further three interviews were conducted with social workers that worked with families enrolled in the WCTADA programme but were not part of the seven case studies. The majority of the WCTADA team was interviewed twice, the first time in May and June 2021, the second time in January and February 2022. Interviewees include the project lead, project manager, DAPPs and DAFAs. The evaluation team also observed a Voice Forum session that took place online in November 2021. The Voice Forum is composed of survivors invited by the WCTADA team. Across the year, the forum was regularly attended by six survivors. On the day of the observation, the forum was attended by two survivors and two DAFAs.

External stakeholders (i.e. individuals working in external organisations relevant to the WCTADA programme) were interviewed to capture their views on the programme. Most of the external stakeholders were identified by the WCTADA team manager, some were identified through lists of attendees at WCTADA learning events. Two were interviewed for the interim report and a further three for the final report. One of them was interviewed twice to capture changes in their views as the programme became more embedded. Broadly, external stakeholders worked both in services commissioned by Wirral City Council and within the council but not involved in the delivery of the WCTADA programme. Some organisations focused on families and survivors, one of them works with perpetrators.

To ensure interview confidentialities, quotes were associated with broad categories of interviewees, such as survivors, perpetrators, staff and external partners.

Table 2.1 describes the participants involved for the first wave of data collection, used to inform the interim report, as well the further data collection gathered for the final report. It distinguishes participants that were interviewed for the first time and those who had a second interview.

Table 2.1. Number of interviews

Stakeholder	Interim report	Final report	Final report	Total participants
		First interview	Second interview	

Survivors	2	5 (i.e. 2 telephone interviews, 3 survivors in face-to-face focus group)	3	7
WCTADA staff	6	2	4	8
Social workers	3	7	–	10
External organisations	2	3	1	5
Perpetrators	–	3	–	3
Total	13	20	8	33

Note: The total number of participants (33) shows how many individuals contributed to this report, which is different from the number of interviews conducted (41) as some individuals were interviewed twice.

2.3.3 Secondary data

The requested administrative/monitoring data included the demographic characteristics of survivors, type of activities each survivor/social worker engaged in, number of meetings DAPPs, DAFAs and social workers have with each survivor, the number of Voice Forums the survivor has attended, and the number of referrals to other support services they have received. We also requested information regarding the number of reflective meetings, reflective supervisions, training sessions and multi-agency learning events professionals (i.e. project staff and social workers) have engaged with. Data was received in two batches, in June 2021 and in February 2022. The majority of this information has been extracted by the programme team from referral forms of children's services and the consultation forms held by the DA programme team (see Appendix B for more details for the types of information requested).

2.3.4 Telephone interviews

A survey of survivors was administered to respondents three months after their first engagement with social workers. From the commencement of the programme, we asked the programme team to obtain consent for the survey from eligible respondents – their clients – along with their client's contact details. Contact details were passed to us upon recruitment in batches and the evaluation team engaged a survey firm to collect these data on their behalf via a telephone interview. The participants provided their consent to be contacted. It took approximately 15 minutes to complete the survey. The survey questionnaire was designed by the evaluation team and questions were related to the respondent's demographic characteristics, personal circumstances including housing and the circumstances of their

children, as well as questions relating to their experience of working with their social worker and advocate, and their satisfaction with these encounters (see Appendix C).

It was intended that the data collected through these surveys would permit us to examine the survivors' perceptions of whether they were "believed" by social workers, whether they felt "empowered", and to capture their general levels of satisfaction and their understanding of the processes with which they have engaged. Moreover, we aimed to examine whether the survivor has had to move home and whether their children still resided with them. Subject to response rates, these data would have been analysed using basic tabulations and regression analysis.

We anticipated a 40% response on discussions with representatives of a survey research firm and their experience of working with similar populations – hence, we anticipated an achieved sample of between 80 and 90 responses. The total number of responses was significantly lower: we received 26 completed interviews. Conversations with the programme team revealed two main reasons behind the low response rate. First, in several cases, contact numbers we were provided with had been disconnected. It has been suggested that this was due to many DA survivors having recently changed their contact details as a result of fleeing DA with others avoiding answering calls from unrecognised telephone numbers because they wanted to avoid being contacted by the perpetrator. Another factor that might have had an impact on the number replies and refusals are the overall sensitive nature of the subject, which hindered primary data collection efforts throughout the study. The response rates are the result of four to six call attempts per participant (Table 2.2).

Table 2.2. Outcome for all call attempts

Call attempt	Outcome	Total
Invalid	Disconnected number/wrong number/respondent hadn't heard of this person	56
Completed interviews		26
Refusals		48
Other final outcomes	All call attempts completed Otherwise unable to participate	76 4
Available	No reply/answerphone/engaged	44
Total sample		254*

Given the low number of responses (approximately 13% of the sample has been interviewed), inferential statistical analysis (i.e. regression) has not been conducted on the survey data.

2.3.5 Survey data

The evaluation team requested the collection of primary survey data from survivors using a ten-item General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995). The scale was to be administered upon

registration and after three months (or when leaving the programme if this is less than three months). Data collection most typically took place during the first (and subsequent) meetings with the designated social worker. A total number of 52 baseline self-efficacy scale responses were received from participants, and only six have completed the survey at follow-up.

Primary survey data was also to be collected from professionals (i.e. DAFA, DAPP, social workers, project officer, project manager) to measure changes in reflective practice, using the Reflective Practice Questionnaire (RPQ) developed by Priddis and Rogers (2018). The survey was meant to be administered multiple times throughout the pilot to detect change (baseline upon joining the programme, and then six months later).

Survey templates were provided by the evaluators, and data collection took place in person.

Table 2.3. Data collected in pilot evaluation

Data collection type	Cohort 1 (March 2021 – June 2021)	Cohort 2 (July 2021 – Feb 2022)	Total
Interviews with families	2	5 first interviews 3 second interviews	10
Interviews with social workers	3	7 first interviews	10
Interviews with DAPPs	2	1 first interview 1 second interview	4
Interviews with DAFAs	2	1 first interview 1 second interview	4
Interviews with Strategic Team	2	2 second interviews	4
Interviews with external organisations	2	3 first interviews 1 second interview	6
Interviews with perpetrators	N/A	3 first interviews	3
Telephone interviews with survivors	N/A	N/A	26

Administrative and monitoring data (survivors)	65	128	193
Self-efficacy survey (survivors)	52	6	58
Monitoring data (professionals)	N/A	N/A	Aggregate data received in March 2022
Reflective Practice Survey (professionals)	35	9	44

2.4 Sample recruitment and selection criteria

All survivors involved in the programme were invited to take part in the evaluation. Wirral Council secured the participants' consent for their data (including contact details) to be used in the evaluation. The participants received an information sheet and consent form, designed by the evaluators, detailing the purpose of the evaluation, what is expected from them, their rights to refuse to participate and to withdraw, and contact details of researchers in case they may have any questions.

The families selected for the longitudinal case studies were purposively sampled with the support of the social workers and delivery staff to ensure that various profiles are involved (e.g. survivors that have previous experience of safeguarding procedures and survivors that are in contact with social services for the first time). The survivors involved in the case studies were approached by their social worker, with an information sheet describing the evaluation and a consent form. Participants had a week to decide whether they wanted to take part. The evaluation team provided an online presentation to WCTADA staff and social workers to explain the purpose of the evaluation and ensure buy-in. The session was recorded and circulated to social workers who could not attend. This evaluation has not engaged with the children of survivors. As advocates of child-centric approaches, the evaluation team believes that child participation should not be tokenistic and that potential benefits should carefully be weighed against potential harm, taking context into account. Within the available resources for this project, it was the view of the evaluation team that, in this particular case, the risk of harm was greater than the scientific benefits. The professionals interviewed for the case studies were those working with these families. All participants were provided with an information sheet and consent form that is GDPR compliant. Prior to receiving those documents, participants were provided with a leaflet outlining key points in accessible language. The evaluation team worked with the project team and professionals at Wirral Council to overcome any language or literacy barriers. Participants were given the opportunity to speak with the researchers prior to the interview/survey if they wanted to.

2.5 Analysis

2.5.1 Qualitative data analysis

Theory of Change

The workshops took place online due to current circumstances and was recorded with participants' permission. The workshop involved group discussion around anticipated outcomes (i.e. outcome harvesting), which were then organised under themes and chronologically (i.e. backwards mapping) to generate pathways that included short-, medium- and long-term outcomes. A final version of the logic model was circulated to members of the WCTADA team for validation.

Longitudinal case studies

Interviews were audio-recorded, with participant consent. Interviews with survivors and staff were fully transcribed. Thematic analysis took place using the NVIVO computer software package. Initial coding followed high-level evaluation questions with additional codes developed in a grounded, bottom-up manner, allowing for triangulation of data around emerging themes and issues. The coding structure was developed by the evaluation team to ensure its relevance. Coding was conducted by the main researcher on the project.

Secondary data analysis

The evaluation team reviewed relevant documents generated by Wirral Council and the project team. These included, for example, the council's domestic abuse strategy, the training provided to staff, the mid-term report, practice audits and partnership reporting generated by the project team, as well as written feedback provided by participants of learning events, training, domestic abuse workshops and other forms of activities organised by the programme team. The documents were reviewed with specific questions in mind and data was organised thematically.

2.5.2 Quantitative data analysis

Administrative and monitoring data

We undertook an analysis of demographic and monitoring data to provide important context about the client group.

We created an inventory of quantitative, statistical data held by the authority concerning families eligible for this intervention. We expected administrative data would be available that enabled us to monitor the number and type of activities each survivor/social worker engaged in. We also aimed to access main demographic characteristics (e.g. postcode data, description of family structure, age, gender and ethnicity) held by children's services. We anticipated that this would provide the evaluation with a retrospective data set (census of 216 survivors) that could be adapted to test the Theory of Change. For instance, the characteristics of families (i.e. demographic, needs, and other service-related matters) could be used as covariates to test service usage, engagement and satisfaction. Due to emerging data

quality issues (see Section 4.3), the analytic techniques applied were – in most part – restricted to descriptive statistical methods.

Telephone interviews

The data collected through telephone surveys were intended to be used to examine the primary caregivers' perceptions of whether they are "believed" by social workers, whether they feel "empowered", their understanding of the processes with which they have been engaged and their general levels of satisfaction. Most questions required response on a five-point scale (i.e. ranging from "strongly disagree" to "strongly agree"), which allowed for the quantification of responses. Other questions were "free text" and have been analysed qualitatively. As it was discussed above, low response rates (26) restricted us from analysing the data through inferential statistics and, for instance, to assess differences in satisfaction rates between respondents based on their baseline characteristics (i.e. DASH score, previous referral to children's services, demographic characteristics, etc.). Therefore, related quantitative tests were limited to descriptive analysis.

Surveys

We also aimed to test the evidence by cross-referencing with self-report instruments. The Reflective Practice Questionnaire (for professionals) and the self-efficacy survey (for survivors) are previously validated instruments. These were to be administered by Wirral Council at multiple time points throughout the pilot to allow us to examine change over time by undertaking pre/post statistical analysis depending on the numbers of returns. In the absence of a more robust counterfactual, these analyses were designed to reveal any statistically significant differences between baseline and follow-up data. Most of the analysis envisaged would comprise descriptive statistics and bivariate tabulations in the SPSS or Stata software. Due to low response rates and insufficient data collection (see Section 4.2), pre/post comparison was not feasible. Therefore, findings are confined to comparing baseline scores to general sample scores produced by previous studies.

3 Findings

This section presents key findings from the evaluation. It presents adaptations made to the Theory of Change, and considers feasibility and evidence of promise. Readiness for trial is presented within the final discussion section (see Section 4).

3.1 Adaptations in the Theory of Change

The Theory of Change altered quite significantly between February 2021 (first version) and March 2022 (third version). The WCTADA team adapted the programme to survivors' needs, a better understanding of the key gaps in service provision and challenges hindering implementation. The first version of the Theory of Change can be found in Appendix A. Key changes included:

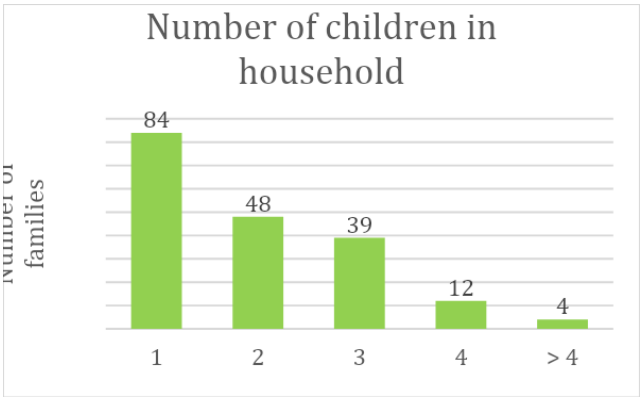
- A new pathway to acknowledge the work done with perpetrators
- Deletion of the Voice group with men survivors and engagement of children in assessments and plans
- Refined outcomes regarding social workers learning how to conduct risk assessments and providing more adequate support to families and needing to gain basic understanding of domestic abuse
- Merging of all reporting activities and adding evaluation
- A new communication and stakeholder engagement activity to reflect work done by the team
- DAFAs received training to work with survivors on coercive control, adding an intervention delivery to their role that was until now essentially supportive
- A new building was set up to welcome survivors and increased the importance of co-location to the implementation of the programme
- Reflective practice was reclassified as a mechanism rather than an outcome.

3.2 Target population

Administrative information was collected to explore the demographic makeup of the sample on the flow of referrals using two main data sources: the Child Protection referral sheet and the WCTADA consultation form, supplied by the programme team. The following analysis is based on a sample of 193 matched cases and includes all survivors who appear on consultation forms. The overall number of referrals was 207.

Out of the 193 cases, there was only one male survivor, the mean age of survivors was 31 (range: 16 to 57), 94% identified as White-British (181), and six were registered with special educational needs. Regarding family structure, the referral form contains information about the number of children in the household and the number of parents (as the form essentially collects information about the focal child and not the survivor). Out of 187 children that we were able to link up with unique survivor IDs, 45 had two parents and 119 a single parent in the household. A further 23 children had no parents in the household meaning they were looked after by local authorities at the time of referral. On average, there were two children in each household (see Figure 3.1).

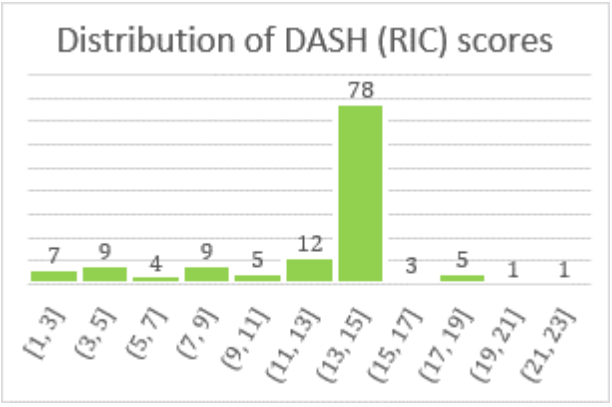
Figure 3.1. Number of children in household



The referral form also details the number of social care referrals in the past 12 months. The majority of the children (132) had already been referred at least once in the past 12-month period (115 once, 16 two times and 1 three times).

The DASH risk checklist was developed to give a consistent tool for practitioners who work with adult victims of domestic abuse in order to help them identify those who are at high risk of harm and whose cases should be referred to a Multi-Agency Risk Assessment Conference (MARAC) in order to manage their risk. The tool asks about the types of abuse and related risk factors (i.e. coercion, threats and intimidation; physical, emotional and economic abuse). Scores of 14 and above are referred to as 'high-risk' and would normally meet the MARAC referral criteria. Out of the 134 cases with reported DASH scores, 88 were 14 or above. Scores range between 1 and 22 with the mean of 12.2 (see Figure 3.2).

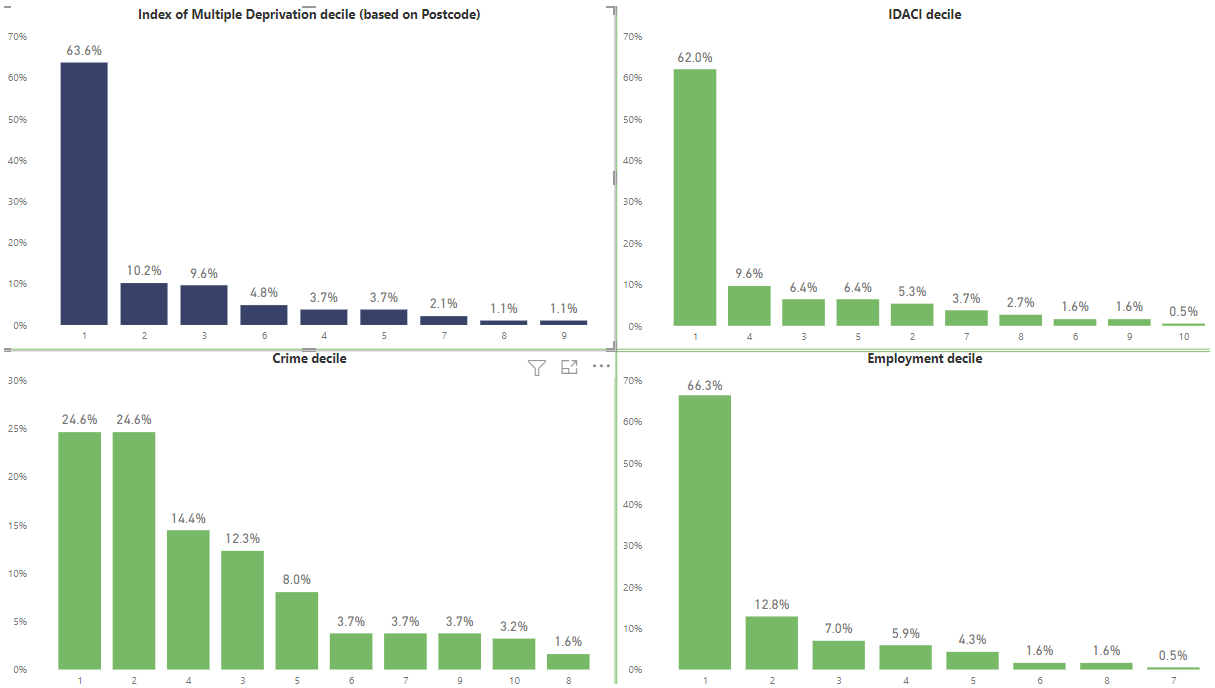
Figure 3.2. Distribution of DASH scores



Two-fifths of the cases (78) had already been referred to MARAC in the past year. Those with previous MARAC referrals were more likely to be identified as "high-risk" based on their latest DASH assessment [X^2 (2, N = 129) = 3.532, p = .060].

Postcode data (based on the registered address of survivors) were also linked up with 2019 deprivation indices (Noble et al., 2019). Figure 3.3 shows Index of Multiple Deprivation (IMD), and Employment, Crime, and Income Deprivation Affecting Children Index (IDACI) ratios.

Figure 3.3. Postcode ratios by IMD indices



The first chart shows postcode distributions by Index of Multiple Deprivation (IMD) decile. IMD is calculated by weighting in seven domains of deprivation (Income, Employment, Education, Health, Crime, Barriers to Housing and Services, and Living Environment). Figures show that nearly two-thirds of the survivors' permanent postcode fell within the most deprived 10% of neighbourhoods nationally. A further look at Crime reveals that the majority of postcodes are among the first three deciles, meaning that – with regard to crime rates – they fall within the bottom 30% of areas relative to all UK neighbourhoods. The IDACI index is concerned with income deprivation among children in the area and also shows that more than 60% of the sample is in the most deprived group. The same applies to Employment (66.3% of the postcodes are in the bottom 10%).

This is in line with what was reported by the WCTADA management team, namely that referrals are typically from economically deprived areas. According to the Office for National Statistics (ONS, 2020), in the year ending March 2020, the prevalence of domestic abuse was 7.3% in the 20% most deprived areas (based on Employment deprivation), and it was only slightly better in other output areas not including the 20% least deprived (5.4%). Hence, (without comparing our figures to the actual population densities of these areas), it appears that less deprived families are underrepresented among those referred to the WCTADA. It is worth noting that IMDs reflect the average characteristics of the people living in that area and they are not the characteristics of any single person living within the area.

Subsequent telephone interviews aimed to capture further demographic information. Overall, only 26 interviews were completed, which did not allow us to make overarching assumptions about the total sample. Of those surveyed, respondents joined the WCTADA programme between January 2021 and October 2021. Most survivors reported to have one (10 respondents), two (6 respondents) or three (5 respondents) children, six of them said that not all their children lived with them at the time (two lived with another parent, two with grandparents/other family member and two in foster care or care facility). Only six had moved house in the last three months as a result of domestic abuse, from which five said it was not their choice. The majority (21 respondents) did not live with the perpetrator when the interview was conducted. All but one respondent identified as White ethnicity. Regarding employment status, see Table 3.1 below.

Table 3.1. Employment status

Employment status	Count
An employee in a full-time job (31 hours or more per week)	3
An employee in a part-time job (less than 31 hours per week)	2
In full-time education at school, college or university	1
Looking after the home	4
Otherwise unable to work	4
Refused	1
Self-employed (full- or part-time)	1
Unemployed and available for work	10

3.3 Feasibility

The following section details findings regarding the following research question:

Is the intervention delivered as intended, responsive to survivors' and practitioners' needs, innovative and well accepted by all stakeholders?

3.3.1 Fidelity, adaptation and responsiveness

1. *How far is the delivery of the programme consistent with its design?*
2. *What are the facilitators and barriers to delivery? How well do programme activities respond to the survivor's and practitioners' needs*?

DAFAs

The key characteristic of DAFAs is their lived experience of domestic abuse, and in some cases of children's services. This may also be the case for some DAPPs but is not a stated requirement for their

role. Positions were advertised via the council's HR and recruitment team; however, the team actively sought survivors of domestic abuse who had some understanding of the child protection process (e.g. peer mentors within the domestic abuse sector). Initially DAFAs were to work with survivors, but some also work with perpetrators. Hence, some families will have two DAFAs working on their case, one for the survivor, one for the perpetrator. In some cases, domestic abuse can be bilateral where both parents are both survivors and perpetrators. According to the consultation form, 73 cases required a DAFA initially out of 193 matched cases. This is around 38%of the total sample. DAFA support was offered by the DAPP and the social worker during the initial consultation, but the survivor could decide whether they wanted to take up the support. According to the programme team, only three survivors rejected the support, all the others have fully engaged. Two of those who disengaged believed that there were too many professionals involved and they had a good relationship with their social worker who they believed was advocating for them and their children. The third survivor had severe substance use issues disengaged from all professionals.

Interview findings show that the DAFA's role is to provide emotional support to survivors of domestic abuse, particularly during the conferences. They act as 'translators' between the families and social care services, drawing on their lived experience of domestic abuse. They help survivors articulate their questions, raise issues such as misrepresentations in reports, and make sure that the families have an advocate supporting them through core group meetings or courts. In practice, a DAFA will bring the survivors' questions to social workers, request breaks in meetings if the survivor needs it, speak for the survivor if they do not wish to do it themselves, and make sure that they have the opportunity to ask questions if they have any. They will explain to the survivors the processes associated with child protection cases and what is expected from them. The DAFA appears to become the first, and sometimes preferred, point of contact for the survivors. They also became an important link between survivors and children's services:

> *"If I couldn't contact the Social Services, I'd speak to [the DAFA] and I'd say, you know, 'I can't get hold of them', and then she would do it for me, and get back in touch with me straight away, and let me know what was going on and stuff." (Survivor 4)*

In February 2022, the DAFAs received training to deliver a programme called the Voice. This training was run by Stand Up to Domestic Abuse and the founder of Escape the Trap.[1] The DAPPs also completed the training in order to fully support the DAFA's within their role. This ten-week programme supports survivors of domestic abuse to talk through their experience of intimate coercive control. The role of the DAFAs has therefore been evolving from being solely an advocate for the survivors, and later perpetrators, to delivering interventions. The latest expansion of their role was supported by external funding and built on the observation that DAFAs were able to build supportive relationships with survivors that would be conducive to engaging them in an intervention:

> *"What makes the difference between the domestic abuse interventions? Sometimes, for the survivor, it's the relationship they have with the facilitator." (Staff 5)*

DAPPs

The DAPPs work more directly with the social workers to model engaging with survivors, showing them how to use risk assessment tools and write safety plans. They also support them with identifying services available to families. They conduct reviews with the case holding social worker (15-day review for First

[1] For further details see www.voicepartnership.com.

Response cases, four-weekly in sustained support) to review progress and assess whether further support is needed. Initially, DAPPs were due to review cases on a monthly basis, but this was deemed unrealistic given their workload and added focus on engaging families directly. The longitudinal case studies highlight that DAPPs have, in some cases, challenged decisions regarding DASH scores and child protection plans. At times, they escalated the risk assessment to high, in others they ensured that a family remained on a child in need level rather going to child protection. They have also asked for children to be taken into voluntary foster care.

DAPPs offer reflective practice sessions and advice drop-in sessions (i.e. signpost to domestic abuse services) to social workers. They also offer peer-mentoring sessions to newly qualified social workers and DAFAs to reflect and consider tools to be used within domestic abuse cases. According to the monitoring data received, 195 peer-mentoring sessions were conducted by the DAPPs, which include joint visits, support sessions and practice development. Yet the project manager indicated that the programme team had limited capacity to systematically register each session as they occurred, and these numbers are significantly higher.

Reflective practice sessions were used to share information and advice about responding to domestic abuse safely, provide advice on civil and criminal options to disrupt perpetrators and reflect on the level of risk within the family, and offer support services to survivors of abuse. During these sessions, specific reflective practice models were utilised: the anchor principles model; the Winnicott model; the Supporting Families Enhancing Futures model; and Social Graces. In addition to these, genograms and chronologies were used.

The extent to which social workers refer cases to the WCTADA team varied. Some interviewees indicated referring every case that came through screening with a history of domestic abuse. Others contacted the DAPPs informally to ask for their advice on cases that were not necessarily referred to the team. Social workers corroborated this, explaining that at times they only need "just a bit of advice" (Social Worker 6) and will then decide whether to make a referral or not:

> *"I would seek out advice rather than doing a full referral … cos it's really helpful on some of my cases and if I needed to, I'd then put in the referral but normally it would just be a little bit of advice here and there." (Social Worker 5)*

The DAPPs role has shifted slightly from its original intent when they started working directly with some families, notably through the peer-mentoring sessions, instead of working exclusively with social workers. The shift occurred to improve engagement from social workers with the WCTADA programme as the DAPPs role could initially be construed as adding to their workload. The work completed with the families directly by the DAPP also aimed at gaining a better understanding of domestic abuse and how this affected them and their children.

DAPPs working directly with families meant that social workers were getting support with their cases and enabled learning through modelling as they could observe the interactions between the DAPPs and the families. Therefore, while some of the work involved direct contact with families, the DAPPs' role remained focused on upskilling and educating social workers, with the objective of "leaving some legacy" (Staff 2). Interviewees highlighted that during those joint visits, the DAPPs used trauma-informed practice and, at times, motivational interviewing techniques.

The following social work tools were used by the DAPPs for these activities: chronologies, power and control wheel, respect toolkits, DASH/RIC assessment, safety plans, genograms (for support purpose), FGM toolkit.

Management team

It is important to note that the work delivered by the DAFAs and DAPPs was facilitated by a project manager and supported by local leadership. The project manager was a qualified social worker role with previous experience of child protection/court proceedings and supervising social work staff. They had an in-depth understanding of Wirral's social services, established good working relationships with both leadership and the workforce, and had the drive to improve domestic abuse services for families involved in children's social care. They have on several occasions used their personal network and time to bring the project forward (e.g. getting external organisations to lend office space, painting the new office on weekends).

Similarly, the social workers' team managers play an important role in the delivery of the programme. It is important to gain their buy-in. Interview findings indicate that the programme and additional support it provides to social workers may be particularly appealing to team managers of newly qualified social workers.

Co-production and active engagement of families

Safety planning

Interviews from both practitioners and survivors indicated that survivors were involved in their safety plan. Furthermore, doing a risk assessment with professionals that better understand domestic abuse will support them in disclosing information that they may have otherwise withheld for fear of not being believed, or being re-victimised. The approach is therefore important to supporting an active engagement of the survivor, from the risk assessment and enabling them to be actively engaged in a safety plan that caters for their needs and situation.

Another facet of the work was building supportive networks around the survivor. Case studies indicated how some WCTADA staff have worked closely with grandparents (Survivor 7), helping them understand domestic abuse better to improve relationships with the survivor, and involving them in the safety plan. Others (Staff 7) have worked closely with schools. For example, getting the school to help set up taxi rides to enable the child to get to school safely as the perpetrator had previously showed up at the school to get in contact with their child, which was against a non-molestation order.

Overall, the survivors interviewed indicated that they felt listened to and were asked what they wanted to do:

> *"… they've listened, they've asked me what I'd like to do with the baby, and, you know, they've asked me all these questions and that, whether I'm happy and that. They've given me plenty of support. I really can't fault them, do you know what I mean?" (Survivor 4)*

Voice Forum

A planned programme activity was to establish two Voice groups for survivors of domestic abuse, one for women and one for men. The objective of the forum was to improve services and offer feedback on processes and procedures.

The WCTADA Midway Review Report indicated that the Voice Forums were promoted in a range of services including: Tomorrow's Women, Spider Project, Wirral Ways, Family Matters, Paul Lavelle, Journey Men, Merseyside coordinators group, Mankind, Next Chapter and Women's Refuge. The men's

Voice Forum did not gain traction (mainly due to the small number of male survivors involved in the programme). The women's Voice Forum is open to all and advertised widely but was only suggested by WCTADA staff to a small number of survivors engaged in the programme that were deemed to be in the right place in their journey to share their experiences and benefit from those of others. The first meeting was difficult to establish due to COVID-19 restrictions and was due to take place online. The online platform came with technical challenges. The first meeting was postponed and one of the two survivors attending the meeting observed by the evaluation team could not get her microphone to work and therefore communicated via the chat.

The intention was to use the Voice Forum to gain new audiences. The WCTADA team had identified the lack of survivors from BME communities as a challenge in the first few months of implementation. They worked towards establishing links with a local organisation, Middle Change, that will act as gatekeeper and provide them access to their communities. The team also focused on gaining access to more affluent communities as "sometimes they get overlooked" (Staff 4). The Voice Forum is therefore expanding and becoming more inclusive. In doing so, it is, however, losing its intersection between domestic abuse and social care, as new survivors will not necessarily be involved in children's services.

The Voice Forum was organised and hosted by three DAFAs and regularly attended by six survivors according to WCTADA staff. The administrative data provided identified only three attendees, suggesting that attendance was not adequately monitored. Telephone interviews also asked about attending the Voice Forum. None of the respondents had attended a Voice Forum (25 'no', 1 'unsure'). Some WCTADA staff members highlighted that survivors who are going through a crisis are not necessarily in the right place and space to join a group. It is therefore unsurprising that the attendance level is low.

Working with perpetrators

The audits conducted by the WCTADA team highlighted a gap in service provision for perpetrators, most of whom are male parents. This was an important shift in the programme's focus and considered by some interviewees as one of its most important features. According to the interviewees, perpetrators were generally ignored by social care front-line workers, who tend to work with the survivors. This was due to lack of confidence, training and services to support the work (Staff 6). Another team member (Staff 2) further explained that the social workers who did try to engage perpetrators, usually used an abrupt and confrontational approach, focusing on explaining the impact domestic abuse has on children instead of spending the time to build a rapport with the perpetrator that would allow them to engage meaningfully in those discussions.

The programme has engaged 32 perpetrators overall. The WCTADA team had mixed views regarding the programme's ability to engage perpetrators. Some thought that this approach was innovative and quintessential to address domestic abuse within families. They considered that perpetrators that are willing to engage in courses can change their thinking and behaviour, and therefore contribute to a decrease in the number of domestic abuse cases in the council. Some indicated that the work was "quite powerful", especially when perpetrators "got upset during the session and quite emotive when unpicking their behaviours and specially looking at the impact on the child" (Staff 7).

However, others noted that the programme had "limited capacity to support perpetrators" (Staff 2). It was highlighted that the DAPP's engagement with perpetrators is in an advisory capacity and usually have a couple of meetings with a survivor or a perpetrator. It is therefore "not realistic to expect behaviour change" (Staff 2). The role of the DAPP is to support the social worker in their working with perpetrators, notably through better risk assessments and advice on safe child contact arrangements for the courts. A

social worker (Social Worker 7) also highlighted that some front-line staff may not believe that perpetrators can change and are therefore reluctant to include them in their plans.

The work done with perpetrators builds on a family approach and is bounded by children's services protocols. Therefore, if the perpetrator is not the biological parent to the child and no longer in a relationship with the survivor, the team did not engage with them. This was due to the processes put in place by the local authority. This was a limitation as the perpetrator "might just hop to the next person" (Staff 7) and impact on other families in the future. Another distinction is between male survivors that are primary carers, or even male perpetrators that are primary carers, and those who are not, as social practice tends to focus on the primary carer (Staff 6).

The WCTADA team, as part of the Domestic Abuse Alliance, have secured some funding from the Police and Crime Commissioner to further their work with perpetrators under a new programme called Caring Dads. Originating from Canada, the Caring Dads initiative (Scott et al., 2006) uses the men's role as a father to motivate them to change their behaviour and thereby reduce the risk of further harm to their children. Some members of the WCTADA team will be facilitators on the programme, in collaboration with other agencies. This is, however, perceived as a separate project by WCTADA staff (Staff 5) due to having different funding (i.e. Home Office and Police and Crime Commission) and networks involved. Another pilot coming from the same funding and closely linked to the project is Bridgeway, which aims to build healthy relationships and focuses on males. According to an interviewee (Staff 6), these new pilots would have not happened without the WCTADA team.

Collaboration with the Drive programme enabled members of the WCTADA team to identify the network of potential survivors around a perpetrator. For example, working with a perpetrator alongside the programme gives them access to the perpetrator's past or current relationships so that they can identify further survivors and children involved in the wider context:

> *"So, he's gone to Drive panel because of one victim. But what I can then find out is, but he's had four other partners. He's got kids with them, he's in contact with them. There's low level stuff going on over there, and so you can identify that map." (Staff 5)*

It is a condition to access the Drive programme that the panel has an oversight of the survivors and that they are willing to engage. If the survivor is not ready to accept support, the programme will not work with the perpetrator as this could increase risk of abuse.

Children involvement

The programme initially envisaged involving children and young people in some activities such as Voice Forums. However, in the first few months, the WCTADA team decided not to implement youth groups. This was partially due to the realisation that youth groups are available through the council, but more importantly that the team did not have the skills to run the group (i.e. young people sharing their experience of domestic abuse) safely. The programme was set to engage children and young people more directly in risk assessments and safety plans. However, the focus of the WCTADA team was to work with perpetrators and survivors of domestic abuse, it is therefore very much adult centred.

Upskilling social workers through reflective practice

The Theory of Change suggested that reflective practice was the means through which the WCTADA programme intended to shift practice in children's services. The team joined the Reflective Spaces group, a monthly group supervision setting facilitated by the Practice Improvement Team for social workers and team managers in Wirral to present cases. They also received training and conduct

reflective supervisions. These can, for instance, take place between a DAPP and a DAFA. Furthermore, DAPPs engage social workers in consultations that have reflective practice embedded in them.

When needed, the team would gather and use reflective practice to discuss a case. When working with Survivor 5, the team gathered to reflect and discuss the best way to engage this survivor. Social workers interviewed mentioned that reflective practice was used during the consultations they had with WCTADA team members. Reflective practice is perceived as a means to support change in professional practice that is a lot gentler and less confrontational than identifying malpractice (Staff 5). It was important for the WCTADA team to show social workers that they are using reflective supervision themselves, to improve their own practice, to build a positive and supportive relationship with social workers. Reflective practice became embedded in consultations between DAPPs and social workers (Staff 7).

Social workers now receive substantial training on reflective practice during their studies. However, according to an interviewee (Staff 6, interim), reflective practice is not well embedded and used inconsistently in the way social workers tackle domestic abuse. The WCTADA monitoring data indicates that 165 peer-mentoring sessions were held with social workers, which has a reflective practice element (although an interview with the project manager revealed that not all sessions have been systematically recorded and as a result the overall figure is likely to be significantly higher). The consultations focus on what works well for the survivors of domestic abuse and their families, including children and perpetrators.

Furthermore, weekly group reflective sessions were held between DAPPs and DAFAs (33 in total), and reflective supervision sessions have also taken place occasionally (15 in total).

System change

Learning events and DA awareness training

Events were advertised by WCTADA staff members during work sessions for newly qualified social workers as well as during “Thinking Thursday”. Some social workers indicated that the interventions done during Thinking Thursday were useful in raising awareness about the programme and focusing on specific topics.

COVID-19 restrictions have continuously impacted the organisation of learning events. The final event, which took place in December, had to be moved online due to COVID cases, despite the venue being booked and catering ordered. Furthermore, DA awareness training was provided monthly. People were invited from the whole partnership, and the training was delivered by the project manager. See number of attendees in Table 3.3.

Table 3.3. Training and learning events: Number of attendees

Event	Date	Number of attendees
DA Awareness Training	01/07/2021	9

DA Awareness Training	01/08/2021	17
DA Awareness Training	01/09/2021	13
DA Awareness Training	01/11/2021	10
DA Awareness Training	01/12/2021	14
DA Awareness Training	01/01/2022	cancelled
DA Awareness Training	01/02/2022	16
1st Learning Event	01/04/2021	not known*
2nd Learning Event	15/07/2021	123
3rd Learning Event	12/10/2021	105
4th Learning Event	10/12/2021	87*

New co-located venue: the Bungalow

In the past few months, some members of the WCTADA team have worked on preparing a new venue dedicated to domestic abuse. The venue, called the Bungalow, will welcome survivors on appointment and host Voice groups. In February 2022, the DAFAs received training in a domestic abuse programme that they will deliver from the new venue. The venue will also enable co-location of services as the Gateway programme will be delivered there, and members of the Family Safety Unit will also work from there and the Early Years Prevention Team. The venue also includes a small office space with two desks so a programme manager can be present when sessions are held. The team delivering the Drive project for perpetrators could use the office space to conduct their administrative tasks. Perpetrators were not invited to the building, which is deemed a safe space for survivors.

The venue is perceived as sustainable beyond the WCTADA project as four other domestic abuse teams can use it.

Regular audits and evaluation

The WCTADA team provides quarterly updates to the Domestic Abuse Alliance, as well as learning reports. According to an interviewee (Staff 6), the team gained a “great reputation as having expertise and being the people to go to for discussions, not just within social care, but also the wider partnerships.”

Contributing factors

Not social workers / focus on the parents

As noted by several interviewees, the support provided by the WCTADA team, notably the DAFAs, was helped by their detachment from social work practitioners. According to interviewees, families were more likely to engage with the team as they are not perceived as children's services social workers that may be a threat to their family:

> *"They're not actually social workers, so I feel that the parents, the family, is more likely to engage with them 'cause the"re not coming from an authoritarian child protection stand. They come more from a supportive role." (Social Worker 7)*

It was also noted that the focus on the parent, rather than on safeguarding of the child was beneficial for the families. The prime concern of social workers working in children's services is the safety and wellbeing of children. The needs of the parents can, at times, become secondary. In the context of domestic abuse, it is beneficial for the parents to receive the support from a professional who will focus on addressing their needs.

Support from leadership

The WCTADA team had support from leadership within the local authority (External 4). However, some WCTADA team members indicated that some managers within the wider Council "were very resistant" and the "hardest nut to crack", and "the last people to turn up to training" (Staff 5). Interview findings suggest that social workers who resisted were often those with many years of experience, who may have been reticent to change the way they worked. With time, through relationship building and hearing positive feedback from others, managers appeared to find the programme valuable. Those interviewed were very positive about the programme.

The funding secured by the WCTADA team, partially from the local authority is also an indication of the support the programme received at the leadership level.

Level of embedding in children's services

Several participants, both external stakeholders (i.e. working in external organisations relevant to the WCTADA work) and social workers voiced their concern about the programme loosing funding. The consensus was that the programme is very much needed, enhancing multi-agency working around survivors and their children, improving social workers' practice and knowledge of support available, and bringing an important focus on domestic abuse. It was acknowledged that the pilot is still in its infancy and impact will probably take time to show.

External participants (External 1) noted that the programme was an important link between them and children's services. Some social workers (Social Worker 10) explained that the additional support provided by the DAPPs and DAFAs was still very much needed in order to support the work conducted around domestic abuse. There was a general agreement among social workers (7 respondents) and external stakeholders (4 respondents) interviewed for the final report that the focus on domestic abuse would be lost without the WCTADA team, as it has happened with other pilots in the past:

> *"We need all the team to kind of keep the agenda going and keep the work going. If you just dismantle the team and just added it as a duty of the social workers, it will get lost, which we've seen with other things [such as the assessment tools for neglect] I think we do need*

that specialism, and we need to continue keeping domestic abuse on the agenda as well, and that that needs a team to do that, not to just be incorporated into general practice." (Social Worker 10)

With time, the programme is becoming better embedded in children's services. Some social workers noted that working on the same IT system and the availability of the WCTADA team on shared communication platforms (e.g. Microsoft Teams), facilitated an "almost instant access" to specialist knowledge (Social Worker 7).

Motivation

The WCTADA team was described by social workers and external stakeholders as ambitious and highly motivated. Their drive to improve services for survivors and their children was paramount to the programme's achievement. In many ways, the team went above and beyond their job description (e.g. painting the new building during their weekends, organising outdoor meetings in their garden to comply with COVID restrictions). The team has achieved a lot, but also engaged in a large array of activities, that were not all directly related to the programme. This created further opportunities and shifts in the programme's Theory of Change to adapt to new knowledge (e.g. better understanding of the gap around the work done with perpetrators) and changing context (e.g. moving back towards working face to face).

However, motivation and high levels of drive, when not directed towards specific goals, can also become a barrier. Some interviewees noted that the team had to be reminded of the key goals of the programme:

"The team really need to kind of try and stay focused on the core of what it is they're doing, because they're so ambitious, and so eager, that you know they could produce tons of stuff up. So [they go back to the questions] wh"s it for? What's the purpose of it? Let's really stay focused on what this essentially was about, which was about social care processes and helping families to engage better with those." (Staff 6).

There was also the acknowledgement that the level of "bond" and excitement that comes with a team starting a pilot together is difficult to replicate elsewhere if the programme were to be scaled up.

Past working relationships

Some of the WCTADA team members previously worked either within Wirral City Council or for organisations working on domestic abuse within Wirral. Those past relationships have facilitated easier access to social workers and organisations. As noted by a social worker, knowing some members of the WCTADA team made it "easier to access [the team] and easier to have those conversations about cases that you're not sure about" (Social worker 7).

Barriers

Setting up the infrastructure

An important challenge identified in the first round of interviews was the difficulty to launch the programme in a time-efficient manner due to the lack of pre-existing infrastructure. The WCTADA team spent the first few months establishing the team and processes. The initial steps included recruiting the team, setting terms of references, establishing referral pathways, clarifying lines of communication between the WCTADA and children's services, creating forms (e.g. referral form, consultation form), adaptation of existing software systems (e.g. Liquid Logic), and design of all communication materials

(e.g. PowerPoint presentations, leaflets). Furthermore, the programme's Theory of Change needed development. In the first few months of the programme, some important changes were made to its design, as outlined in the previous section. There was little time to raise awareness of the programme, or recruit and train the team before families were referred to the programme. This means that the first few months of the programme delivery have been challenging for those involved:

> *"We hit the ground running with the work and didn't have the practical things to help us along the way, it's been messy and time consuming. But that's because it's new." (Staff 2)*

Another key part of the infrastructure that needed to be built was the reporting and evaluation requirements. In the early stages, the WCTADA team has been working with families, but could not formally record their activities. Setting up the systems to record activities and capture progress was very time consuming for some team members. The programme being set in children's services has created a layer of complexity as children's services collects and holds information about the child (together with some contextual information about the family) but does not hold administrative data about the parents. Therefore, setting up a separate system for the survivor and then linking up the survivor database with referral data held by children's services was difficult.

Tension between children and family focus

Creating a focus on domestic abuse within children's services was challenging due to several factors. Domestic abuse involves a focus on the parents, whereas the priority of children's services is to safeguard children. In some cases, this resulted in tension between the WCTADA team and social workers, with social workers describing the WCTADA team as "overprotective" of the parent as cases get escalated when they considered that there was a low-risk threshold, in which case the WCTADA team needed to be "more realistic and less risk averse" (Social Worker 7). Another social worker indicated that the new focus on domestic abuse, and consequently the parents, could be disruptive during inter-agency meetings, where the focus, in their opinion, should remain on the child (Social Worker 5).

Staff turnover

The WCTADA programme has experienced a relatively high staff turnover. Although not unusual for the sector and for pilots with time-limited funding, this can hinder or slow the referral processes as good working relationships with social workers and external agencies are an important contributing factor.

Furthermore, staff turnover is also common within the front-line team working with survivors. Among the case studies, several survivors had more than one social worker. In some cases, the change was requested by the survivor, but often it was a result of staff turnover or sick leave.

Monthly numbers of active team members are shown in Table 3.3. Data indicates that two project officers have left the team within the first six months, and the role was vacant between June and January.

Table 3.3. Number of staff: Monthly breakdown

Date of recruitment	Team manager	DAPP	DAFA	Project officer
January	1	3	1	1
February	1	3	2	0

March	1	3	1	1
April	1	3	2	1
May	1	3	2	1
June	1	3	2	0
July	1	3	3	0
August	1	3	3	0
September	1	3	3	0
October	1	2	3	0
November	1	2	3	0
December	1	2	3	0
January	1	2	2	1
February	1	2	2	1
March	1	2	2	1

Upskilling WCTADA staff

The DAFAs, not generally having a professional background, learned a lot about domestic abuse through their induction to the WCTADA team and the training received. This included continual training as they attend student social worker sessions twice a month. According to an interviewee, it took about two months for a DAFA to cover relevant training and be in a position to work directly with families without the support of other staff members. The upskilling remains continual and DAFAs work closely with DAPPs to further their knowledge and experience supporting families. The induction period can also be a challenging experience for some, as content may resonate with their personal experience. One of the DAFAs that joined the team in the early stages resigned as she was not as far in her recovery journey as initially thought. Others have also mentioned having to manage the induction period the best they could.

Overall, the roles of the DAFAs and DAPPs have been perceived positively by interviewees. There was, however, a significant need to upskill both DAFAs and DAPPs. It was therefore suggested by an interviewee (Staff 5) that future staff should have experience of children's social care in addition to experience in domestic abuse. It was, however, acknowledged that this knowledge was difficult to gather:

> *"Children's social care is a minefield. Like you have social workers who've been practising six years that still don't get it." (Staff 5)*

Capacity

Several interview participants, including social workers and external stakeholders, noted that the small size of the WCTADA team meant that they could not support more families or engage with organisations

using a more in-depth approach. For this pilot, three DAPPs and three DAFAs supported 193 families. It is also important to note that at the time, the programme ran with less staff due to staff turnover:

> *"They're all gold stars, but there's not enough of them." (Social Worker 6)*

With more capacity the team could engage with cases where children are on child protection for more than 12 months and support the social workers there too (External 1).

Some social workers (Social Worker 8) explained that they sometimes called the team rather than put a formal referral in, as their limited capacity meant that they could not always pick up the referral within the timescale that social workers have to do an initial visit (i.e. five days, so WCTADA would only have four days).

COVID-19

The pandemic has obviously affected ways of working. Remote working has been a barrier to embedding the programme within social services. Some interview participants noted the importance of co-location and the impact COVID-19 had on building relationships with a new team, forcing people to work in silos (External 4). Furthermore, building relationships with other organisations working with survivors of domestic abuse was also hindered by the lack of ability to physically visit community centres (External 5). This might have impacted on the number of referrals made to certain services, especially those who moved from an open-door policy to appointments only, as well as on programme awareness.

There is a general consensus among interviewees, both from the WCTADA team and external stakeholders, that COVID-19 restrictions have hindered the team's ability to create informal relationships with important stakeholders. It may have also affected the way the programme was delivered as greater co-location from the onset would have built a stronger shared understanding of practice (Staff 7).

Furthermore, there were high levels of staff absence in social care (Staff 6) which created some level of instability and negatively impacted families and their level of satisfaction with the support received.

In addition, an interviewee (Staff 6) indicated that, due to the high rates of COVID cases, Wirral Council maintained restrictions for a longer period, compared to other local authorities. This has lengthened the period where co-location was not possible. There was a clear sense that social restrictions have impeded informal networking, even when the activities appear to have been successfully implemented online, such as for the learning events:

> *"It is much more challenging and you know, even some of the things that we have done virtually that I've worked really well ... would have probably still been better if we'd all been in a room together, like the learning events. Fantastic, but. Missing that opportunity where you then go and get your coffee at break time, and you chat to a few people and you ask a few more questions and you make some links. So, I feel like we've missed out of a lot on that. Those informal opportunities to build relationships." (Staff 6)*

Clear remit of the programme

While most of the interviewees had a clear understanding of the programme and felt it was getting embedded in children's services, others were still unsure about its added value in a field that contains various organisations supporting survivors of domestic abuse. One external stakeholder (External 5) commented on the potential duplication between the WCTADA team and the Family Support Unit and other organisations such as Tomorrow's Women. This potentially highlights a communication issue rather than a duplication of work.

3.3.2 Acceptability

How well is the programme received by social workers, other professionals, survivors, and their families?

Programme awareness

The We Can Talk About Domestic Abuse programme team has done a lot of promotional work to raise awareness about the programme and explain its purpose. Some interviewees (Staff 6) indicated that the promotion could have been more effective in the early days. Time was spent on setting up and refining programme activities, leaving little space to raise programme awareness. It was suggested that a more focused strategy, engaging team managers working in social care as champions would have been more efficient as the WCTADA team leader affiliation with early help prevention services may have made the programme appear more distant.

There was a general sense that the programme is becoming embedded in children's services, with the social care workforce, as well as the early help teams in the community services. The numerous networking events attended and learning events organised by the WCTADA team were an important part of the promotional work.

Findings from the interviews indicated that the team has positively engaged with the Domestic Abuse Alliance.

Overall, the social workers and external stakeholders interviewed had a good understanding of the roles of the DAPP and DAFA (sometimes not knowing the title of the jobs but knowing the names of the DAPPs and DAFAs).

Understanding the problem

The challenges described in the Wirral strategy (i.e. social workers providing inadequate support to survivors, survivors feeling disempowered and re-victimised) clearly appeared throughout the interviews with survivors. Some WCTADA team members (Staff 2) also described witnessing "victim blaming and re-traumatising the victim" as well as "limited understanding of the trauma the victim has gone through" during joint visits with social workers. WCTADA team members also highlighted the limited training social workers receive on domestic abuse, and in some cases their lack of understanding of coercive control and belief that risks disappear if the couple separates (Staff 2, Staff 5).

One of the case studies is a good illustration of how a lack of understanding of domestic abuse, and more specifically coercive control, can lead to a plan that might escalate matters between parents and lead to worse outcomes. In this particular case, the survivor also expressed her anxiety that social workers would fail to identify the perpetrator's controlling behaviour.

> *"Whereas with [the perpetrator], he was quite manipulative and coercive and what he did ... It was how he got you to do things. That was my biggest concern with the social workers. I said, 'I'm petrified that he's just going to get you on his side because he's good with people, he's good with speaking to people.' " (Survivor 1)*

In this case, after failing to identify coercive control, the social workers asked the survivor to contact the father's child twice a day, while she was looking after her child. This plan allowed the father to harass the survivor, which escalated her mental health issues, leading her to ask the father to come and collect the child:

"They told me I had to give [the perpetrator] two calls a day to inform him how [the child] was and let him speak to him. Even though I told the social worker that this man has controlled me for nine years, I don't want to speak to him, he is harassing me. They told me I had to ring him twice a day over these four nights … The minute I left with [the child], he began texting me all sorts, going on and on about things. It carried on and he carried on all night and then basically it got to the point where my head has just gone and I thought 'Do you know what, you're not going on like this.' So, I ended up later saying 'Do you know what, sod the safety plan, you can come and get him at any time you want.' " (Survivor 1).

The longitudinal case study indicated that the survivor changed social worker and was initially satisfied with the support received from the WCTADA team.

Interviews also revealed that other processes within children's services do not take domestic abuse into account. For instance, according to one participant (Staff 3), parents with known cases of domestic abuse are still being invited to attend Child Protection Conferences together, where information that could increase the risk to survivors and children is shared. Interviewees told us that the Independent Reviewing Officers (IRO) tend to argue that perpetrators also have parental rights and need to be involved in the process. While the WCTADA team agrees with this, they indicated that joint meetings should not occur if there is an unassessed risk of domestic abuse and no safety planning carried out with the survivor. A staff member indicated that they often had to organise immediate safety planning following conferences "to cover up dangerous practice" (Staff 3).

"We have found we are having to quickly arrange immediate safety planning with victims following conference to cover up dangerous practice that takes place during conference. I have had to do this three times in the last week." (Staff 3)

When engaging with social services as a family with a case of domestic abuse, survivors can sometimes feel like they are "being punished" (Survivor 2), or that the perpetrator is not being held accountable for his behaviour:

"But yet [despite several police records for violence] the social have allowed my son to stay with him and not me, I've got to be supervised because I've got mental health." (Survivor 1)

There is a strong sense among some interviewees that poor outcomes for families going through social care are often linked to poor risk assessments. It is also important to note that domestic abuse can be complex to disentangle. Without in-depth training, some social workers felt the need to request further support to gain a better understanding of the relationship between perpetrator and survivor, when both parents have been violent:

"I think it was like after the first couple of weeks of me working with her and realising that this is an ongoing issue and realising that it wasn't just him, and so she's also been a victim from other relationships as well. So, this is like a repeat occurrence for her. So, I thought: 'OK, we need some more substantial support.' And so, I put the referral in for We Can Talk About Domestic Abuse a few weeks after starting and engaging in that work with her. But I'd also gone through like the police reports, Clare's law, and seeing that on four occasions she was the perpetrator of that domestic abuse. So that kind of confused things a little bit because I was wondering which way things went and what was going on for her at that time. So yeah, I wanted to get some support with that from the service and find out how to sort of work that one out." (Social Worker 5).

There is an understanding among participants that the programme, through improving understanding around the issue and family engagement, has the potential to generate better outcomes (External 1). Some participants (Staff 1) noted that there is still among professionals and families a lack of understanding of the impact abuse has on children, including unborn babies exposed to it during pregnancy.

Interviews with survivors confirmed that some had difficult relationships with their social workers (Survivor 6), described as “not very nice” or “really hard to work with them”. One explained how the social worker kept asking for evidence of abuse.

Key features of the programme

Programme staff

There appears to be some level of confusion between the DAPPs and DAFAs, mostly linked to the acronyms. Social workers interviewed had a clear understanding that there was a family advocate and another professional working more directly with them.

DAFAs

Some interviewees described the DAFAs’ role as “vital” (Staff 7), “invaluable” and the “most beneficial and most impactful for the survivor” (Staff 5). Others have indicated that this particular role, through the support provided to survivors, “takes some of the pressure off the social workers” (Staff 4).

Interview findings revealed that, in addition to their lived experience, the key strength of the DAFA is that they are not part of the Social Work profession. Interviews with the survivors have highlighted a distrust towards institutions, including social services, schools and police. An adviser that is not associated with any institutions can become an ally for survivors who are going through a difficult time (Survivor 2):

> *“With [the DAFA], I felt really relaxed and at ease. Nothing like I did when I met the social worker because then I was very anxious, nervous. … I just felt at ease, like the way that she spoke to me … She just made me feel better about the whole situation because obviously having social services involved in your life, because obviously, I’ve been a mum for nearly 12 years, and then suddenly, to have so many professionals involved, it’s scary. It’s just not a nice feeling and I think having [the DAFA] and speaking to her and basically even being able to just pick up the phone now and ring her and ask her for advice, it’s been a big help to me.” (Survivor 2)*

There was an overall agreement among interviewees (Staff 6, External 5) that the DAFAs are a quintessential part of the programme, one that would need to be brought forward if the programme was to be upscaled:

> *“They have got staff there with lived experience and I think that’s massive. And I do think that has a place and a role to play.” (External 5)*

Wirral Council has already invested in keeping the DAFAs’ roles active and considering the same outcomes for the families, which is a testimony to the perceived added value of this particular position, especially given the context of budgetary cuts.

DAPPs

When introduced to families, the DAPPs' role can be difficult to explain. As pointed out by a social worker (Social Worker 3), the DAPP is there to work with practitioners and yet attends meetings and engages with families. The DAPPs ensure that the social workers listen to the survivors' points of view and work with empathy (Staff 2).

During the joint visits with social workers, the DAPPs model engagement with survivors. The aim is to change social work practice when it comes to domestic abuse cases. Their risk assessments and safety plans will provide greater insights into domestic abuse and measures that can support families, using a harm reduction perspective. An interviewee (Staff 2) explained that social workers need to adopt an approach where they try to minimise risks and harms rather than eradicate them. This will improve their relationship with survivors who may sometimes not disclose abuse due to the fear of losing custody of their children (External 4).

DAPPs are key to supporting and reassuring social workers in their decisions and safety plans. They have been praised for their expertise, knowledge of services and ability to sign post (Social Worker 4). They are also a key support to DAFAs, doing reflective supervisions with them (Staff 7).

Co-production and active engagement of families

Safety planning

The WCTADA staff have a clear understanding of the importance of involving survivors in their safety plan and building on their strengths and skills:

> *"I think beforehand when we've done like safety planning and planning with families, it's very much been: 'oh the local authority recommends this.' However, these plans aren't our plans, these are the family's plans and I promise that they will have their own safety mechanisms. What she's used while she was in a relationship with Dad to keep the children safe for this amount of time. I would say pulling on her own existing safety strategies. That's what we grew, we built on that to formulate the safety plan." (Staff 7)*

It was acknowledged by a WCTADA team member (Staff 5) that co-producing assessments and safety plans with survivors that are going through a crisis can be very challenging. An added pressure to this is the high level of casework held by social workers, which means they may not have the time to wait for the survivor to be ready to engage before they start their assessments. The interviewee questioned whether DAFAs could have perhaps played a stronger role in supporting co-production, possibly through establishing worksheets to be completed with the parents. This occurred sporadically and could be systematised in the future.

Voice Forum

According to interviewees, the concept was well received by professionals and advertised on social media through several relevant organisations (e.g. the Domestic Abuse Commissioner, SafeLives, Abuse Talks, Advocates for Domestic Abuse, WEB, the Spider Project and Wirral Ways to Recovery). Nonetheless, men have proven particularly difficult to engage and, due to the small number of male survivors, the focus shifted towards consulting them through surveys.

The concept was also well received by survivors who pointed out that "it would be quite nice to hear about other people's experiences [with social services]" (Survivor 2). The voice group for women has

moved to a face-to-face setting in 2022. It is hosted, on a monthly basis, by various organisations across Wirral. According to an interviewee, the purpose of holding the forum in different locations is to engage women that may not be local to Birkenhead and may not feel comfortable travelling away from their area. This is well received by the external organisations they are partnering with:

> *"I'm very happy to join forces with them and like they're coming on our site and having access to the women … that access our service and we'll promote that voice group to encourage women to sit on that and let their voices be heard. … I think it's a very important topic that needs to be listened to, to be honest. So, we're very supportive of that." (External 5)*

Working with perpetrators

A social worker (Social Worker 7) noted that the lack of engagement of perpetrators was an important gap that the programme was now addressing, especially in cases where the parents decide to stay together.

Engaging perpetrators was perceived to have several benefits. It brings a whole-family approach, where both parents are held responsible for the safety and wellbeing of their child (Social Worker 6). It also is an appropriate way to engage families where perpetrators still live with the survivor and children. Working with the perpetrator, front-line workers will help them understand the impact of their behaviour, stop the abuse, and ensure that they do not keep abusing their family or move to abuse another family. According to interviewees (Staff 6, Social Worker 10), men are generally underrepresented in assessments and safety plans, and are, therefore, not part of the solution. Another interviewee (Staff 5) explained that a father engaged in the programme remarked that this was the first time that someone talked to him to identify his needs and offer support. One staff member (Staff 1) noted that a trauma-informed approach is required when working with perpetrators as they too have often suffered trauma in their life.

Holding perpetrators accountable for their actions is an important part of the programme. It is perceived as a cultural shift as the blame and responsibility for keeping the children safe was traditionally put on the survivor (Staff 2, Staff 4). Survivors interviewed were satisfied that the programme staff also worked with their ex-partners. For some of them (Survivor 3), the perpetrator attending a course on domestic abuse is a condition to them being able to have supervised visits with their child. Others (Survivor 5), noted that this did not affect them as they were never going to see the perpetrator again, nor let them have contact with their child.

One of the case studies revealed how some perpetrators engage well with the programme, allowing children's services to take a holistic approach based on views of the family members:

> *"Everything in this case is really positive. He was struggling with substance abuse. So, he engaged with Wirral Ways to Recovery after referral. He's also like I say, engaging with the perpetrator programme and he is doing excellently well since he's reduced his alcohol consumption. He's lost loads of weight. … Really wonderful progress and any time that the child had said something maybe negative, or that we needed to address with him, I would always go to him … and he would want to hear what I had to say rather than getting defensive. He was very, very engaged with everything. Because of the domestic abuse, I didn't get parents in the Child in Need meeting together. I didn't want to re traumatised [the survivor] or cause any arguments, but he would always provide an update before the meeting that could be shared with [the survivor] and professionals. And that was really, really helpful.*

So, it meant that everyone knew where we were, so we had updates from the child we had updates from Dad. We've got [the survivor] in the meeting. It was. It was really, really positive." (Social Worker 5)

However, the programme only works with perpetrators who are still in a relationship with the survivor or are the biological parent to the child. If the perpetrator is no longer in a relationship, nor a biological parent, the council stops working with them. This was the case for Survivor 7:

"No one's been in touch with [the perpetrator] … And I don't get why it's me doing all this work, but it's not me that's done something wrong, do you know what I mean?" (Survivor 7)

The social workers who took part in the interviews also acknowledged that they did not really know how to engage perpetrators, nor had the time to, and were thankful for the support provided in this field. This line of work is deemed useful as they do not have the time to work with perpetrators to identify their needs and offer services or encourage sustained engagement if they stop attending sessions. The WCTADA team brings this focus and has the resources to persevere when engagement is challenging. This also allows the social worker to learn more about domestic abuse and the triggers for some perpetrators.

Within the council, some services work with perpetrators (e.g. the Drive project). However, the perpetrators need to be deemed at very high risk of harm to be eligible for it. An interviewee (Staff 5, interim report) noted that the perpetrators with medium risk of harm are the ones that tend to cause repeat referrals. Another interviewee noted the difficulty to find courses for the perpetrators as very few are available in the council.

Children involvement

Findings from the interviews capture different positions on children's engagement. Some WCTADA staff members indicated that they did not directly engage with children and consider this to be the role of the social worker. An interviewee further indicated that the absence of focus on children possibly "puts less pressure on the parents" (Staff 4) who can initially feel anxious about the involvement of children's services and potential consequences (i.e. escalation to Children Looked After). They nevertheless incorporate a focus on children through referring them to relevant programmes such as Leapfrog. The Leapfrog programme, ran by Involve Northwest, supports children aged five to ten years old and their mother who have experienced domestic abuse. The programme runs a mother programme and a child programme separately, over the course of ten weeks, to allow participants to speak about their experience, identify positive and negative relationship behaviour, and re-establish their relationship with each other. Some consider (Staff 7) that the social workers and parents are responsible for ensuring that children's voices are taken into account. WCTADA staff do give advice to the parents on "how to speak with the child about how she feels about contact and how to obtain her views as well" (Staff 2).

Others (Staff 7) have indicated that the DAPPs' role could entail engaging children during their joint visit with the social workers. They explained that the joint visit was the opportunity to show social workers, who in some cases can be unsure how to approach domestic abuse with children, how to open conversations with children that capture their daily lived experiences (i.e. focusing on friendships and favourite foods) as well as asking them, in a child-friendly way, about how they felt about the incident they witnessed. Other examples were given of young people being involved in the assessment and language being adapted in the report to make it youth friendly. The report was written to the young person, which was a "really important shift" (Staff 6).

Similarly, interview findings revealed different positions on children involvement from social workers. Some of the social workers interviewed (Social Worker 4) considered that children (e.g. aged six) are too young to be involved in the safety plan. They, however, acknowledged that domestic abuse has strong consequences (speech and language, behaviour, presentation at school) and that the children's needs are to be addressed in the plan, alongside those of their mother. This contrasts with findings from our case studies which highlight that children can have strong views on whether they want to have contact with the perpetrator, from a very young age:

> *"Even though they are young they're able to talk, and they were fully adamant they didn't want no contact with Dad, even though they were only 3 and 4." (Staff 7)*

It also contrasts with the approach taken by other social workers who indicated that they actively engage children in their work on domestic abuse and the decision-making process:

> *"Children are involved in all the decision-making. This child [aged six] is absolutely wonderful and she knows exactly what she wants. So, it's been really, really helpful, especially when we're in the court arena. … All of the direct work sessions I did with her were really, really useful … conversations outlining that she wanted to see her dad … because it meant that we knew what direction we needed to go in. We needed him to start taking some action and responsibility, because otherwise he would have not been able to see her." (Social worker 5).*

A member of the WCTADA team explained that the involvement of children in the safety plan was a controversial idea, source of long debates, as some professionals were against the concept and feared it would shift responsibilities towards children. As noted by the interviewee, children are having to take measures to prevent escalation anyway, but are doing it alone:

> *"I think the biggest barrier is … there was a lot of professionals, and particularly health colleagues actually, who felt like by doing a safety plan with the child you were almost putting the responsibility onto the child to keep themselves safe. People felt quite uncomfortable with that. … But the reality for some young people is they're having to do this anyway. They're up to take action to keep the parents safe, to keep themselves safe, and they're not getting the guidance, or support, or the tips." (Staff 6)*

Other interviewees warned against putting too much pressure on the child regarding decision-making, especially when it comes to decisions regarding contact with the perpetrator. They explained that the child could feel torn between their parents, adding pressure to a situation that is already difficult to manage. The staff member (Staff 2) indicated that "it is important to obtain the views and visions of the child, but then it can be framed like it's your decision" in order to take the pressure away from the child.

Some members of the WCTADA team acknowledged that child participation was not optimal and one of the areas where improvement is required. They pointed towards a lack of services available to children surviving domestic abuse as there are several gaps in service provision at the moment (e.g. age coverage).

Upskilling social workers through reflective practice

It was noted by an interviewee (Staff 6) that reflective practice was not as strongly embedded in children services as what they had hoped. This is mostly due to the need to focus on more elementary training on domestic abuse to increase social workers' knowledge before they can engage in reflecting. Furthermore, reflective practice requires time, and this was perceived as a challenge by some

participants as social workers are under a lot of pressure due to their workload and may not necessarily understand the benefits of reflective practice:

> *"It seems to have been a little bit of a reluctance for people to pick up the reflection. There's always this kind of anxiety about investing time and that like everybody's so busy … and trying to help people understand what they want, how they will benefit from that investment of the time seems to still be challenging." (Staff 6)*

Interviews with social workers indicated that they do understand the benefits of reflective practice. Most engaged in consultations with the WCTADA team, although some of them (Social Worker 3, Staff 3) indicated that time was a barrier.

Some of the social workers interviewed provided examples of how they used reflective practice when engaging families and the perceived benefits to the approach, especially in the context of domestic abuse. The extent to which this practice pre-existed the WCTADA programme is unclear.

System change

WCTADA staff were aware the culture change is a slow process. Some suggested that the programme should perhaps have engaged more directly with survivors, rather than work with social workers, as better outcomes would become evident more rapidly (Staff 5).

Learning events and DA awareness training

Overall, the participants interviewed were positive about the training offered by the WCTADA team, described as "excellent" by some (External 1 and 4), and "incredibly helpful" (Social Worker 5). External stakeholders praised the larger events on domestic abuse, indicating that they were well organised and of quality, providing valuable information on domestic abuse. Some interviewees (Social Worker 10, Staff 2) noted that they particularly liked the balance between content that was academically orientated (evidence-based, academic speakers) and yet emotionally engaging (survivors talking about their experience). The local councillor attended some of the events.

> *"The learning events have been excellent and just making sure that domestic abuse is on people's agenda and to be able to say to social workers 'Don't say that there's nothing out there because there is stuff out there.' " (External 1)*

Some external stakeholders (External 5) pointed out the need for continual professional development in the field of domestic abuse, while other interviewees (Social Worker 10) highlighted its importance for newly qualified social workers. A team member (Staff 2) suggested that using case scenarios would be a useful tool for future learning events.

The learning events were popular and external stakeholders mentioned that there were still new topics to be covered or that some event would benefit from being moved from online to face to face. For instance, some mentioned the potential focus on risk assessments, more on coercive control and the opportunity to deliver multi-agency training (External 4).

The learning events were particularly important for social workers that did not necessarily engage well with the programme staff, but still acknowledged that they learned a lot from those sessions (Social Worker 5).

New focus and guidance

Domestic abuse is becoming a stronger focus among policymakers and council leaders. A WCTADA staff member noted that domestic abuse was the first thing often looked at during their visit to a neighbouring council. The interviewee explained that the Ofsted report raised concerns about the fact that all the focus was on the mother instead of involving the whole family. According to the interviewee, this new focus could support the WCTADA programme move things along:

> *"All the stuff that's been happening for near on 20 years, but Ofsted have never raised it as an issue until now. So, I think with the political agenda from government, Ofsted … are now picking that up. So social workers on the ground know that change is coming. So, they're starting to feel twitchy about it and will be: 'OK. How can we get better?' Even managers are asking for support!" (Staff 5)*

The domestic abuse guidance was not ready at the time of the fieldwork and analysis. The team had requested further time to complete it. Interviews indicated that the existing guidance needed to be rewritten, rather than just updated, as the document was outdated, providing irrelevant information, and wordy. The WCTADA worked with the police and health services. The new version is deemed to be much more "digestible and meaningful and inclusive" (Staff 5) and is aimed at third sector agencies, as well as children's social care and early help.

Engaging families

The case studies suggest that the majority of survivors were receptive to the programme. However, as is often the case with vulnerable groups going through a crisis, some of them have been difficult to engage. All of the survivors involved in the case studies are struggling with their mental health. Interview with staff members indicate that two families (Family 3 and 5) were particularly difficult to engage, missing appointments and not taking calls or opening the door during home visits. It was also noted that some survivors may be "submissive … and agree with anything you say just to get you out of the house" (Staff 4).

Some social workers (Social Worker 5) also noted that some parents can become quite aggressive and angry, and it is important for the professionals surrounding the parent to ensure that communication remains open and that they can express their feelings and frustrations.

Beyond engaging survivors, there is a need for them to follow the safety plan that has been co-designed. While their active engagement increases their ownership and possibly their propensity to follow the plan, it is not uncommon for survivors to take a few steps back, such as returning with an abusive partner:

> *"Because we [the social worker, DAPP, and DAFA] were worried, you know. We gave her a safety plan to follow and then she didn't quite follow it. And you know, and then we ended up in a bit of a pickle again now [as survivor is now pregnant]." (Social Worker 4)*

It is important to note, when thinking about barriers to successful outcomes, that the families involved in the programme have high levels of complexity and vulnerability. Domestic abuse is a complex issue, sometimes building on generational abuse. Some survivors may wish to continue their relationship with their partner, others may no longer be with the perpetrator but still want to allow their child to have a relationship with them:

> *"[My daughter] loves her dad. Obviously, I get myself into a bit of a hump about it sometimes, obviously because of the things that he's done, but I can't stop her from loving someone. I'm*

sad for the things that he's done and hasn't been there for her and stuff, but I can't be bitter. And I don't want her resenting me for anything, like when she's older and she says: 'You never let me see my dad.' " (Survivor 6)

Engaging social workers

The WCTADA programme aims to improve social work practice. It therefore built on the idea that social work practice is currently inadequate. It has the delicate mission to work with social workers, show them how to use risk assessment tools and build safety plans that take domestic abuse into account. While some social workers have welcomed the purpose and remit of the programme and appreciated the support, it was more difficult for others. Some interviewees (Staff 5, Staff 7) noted that this was particularly the case for social workers that are mid to end of their career. The WCTADA team provided recommendations, that were not always taken into account by some of the social workers:

"Some cases where I've given recommendations and then [the social workers] haven't … they haven't looked at them or listened to them. And that is frustrating, but it's only a recommendation. We can't force them to do that. We can only give our advice." (Staff 7)

Furthermore, the need for social workers to be upskilled on very basic understanding of domestic abuse was underestimated at the time of the pilot design. The programme intended to provide space for reflective practice when basic understanding of domestic abuse was lacking.

Interviews conducted with social workers a few months after the programme was launched revealed that the programme's remit and purpose was unclear to some. At this stage, some social workers indicated that they did not gain much from the programme, which was adding to their workload as they had to attend meetings with DAPPs and DAFAs. The second round of fieldwork captured significant progress. Some of the interviewees still indicated that the remit of the programme was, at least initially, confusing. They thought that the team would work directly with families, which would have alleviated their workload. There was also a sense that they did not need further professional development regarding domestic abuse. The process was perceived as time consuming and there was no clear understanding of the purpose of the joint visit:

"I was present and I just sort of had to sit and watch a movie and it just felt like a little bit, not like a waste of time because it's obviously important to get done, but I thought the whole point was that it was freeing up time for social workers to go out and do that work and then they would be also doing work rather than me just sitting and watching them do that work." (Social Worker 5)

A social worker pointed out that the lack of understanding of the programme was "not because they haven't tried to explain it", but rather was due to social workers occasionally being unable attend the Thinking Thursdays sessions, where new services are introduced. Learning about several new services is also time consuming. Services become more familiar as they start engaging with the teams on a needs basis (Social Worker 7).

The lack of understanding of the purpose and remit of the programme is highly problematic as social workers are likely to disengage if they do not understand the benefits. This was the case with Social Worker 5 who decided to stop the intervention in order to "take the pressure off" and focus on the upcoming court case. However, other social workers clearly understood the remit of the programme and role of the DAPPs:

> *"They've got all the knowledge, and the skills, and the tools to sort of equip us. So, it's about us learning from them so that we can sort of make changes and developments in our own practice." (Social Worker 6)*

Nevertheless, most of the social workers interviewed had a much better understanding of the remit of the programme, agreed that it was addressing a gap in services and that they were benefiting from having the team around. Some acknowledged that the process could be adding to their workload initially, but that it is an investment that "pays off" (Social Worker 10). Another social worker, with extensive experience in domestic abuse, highlighted that she was "really impressed by the strategy" and delighted that Wirral Council was working with families "on their terms", and it was very valuable not only to newly qualified social workers, but to all of them (Social Worker 9).

Their collaboration with the WCTADA team was not perceived as time consuming, but rather as a process that would help move families through the children's services at a faster pace as their needs were better addressed (Social Workers 7 and 10). Similarly, WCTADA staff noted that engaging social workers "got a lot easier and a lot less resistant" with time (Staff 5). Nevertheless, one social worker considered that the programme "felt very distant" as it was not engaging or impacting families directly and she was required to attend all meetings (Social Worker 5). The role of the DAPP in this case was not necessarily clearly understood as the social worker expected more direct engagement with the survivor. They recognised, however, that the programme was very supportive when advice was needed:

> *"When I'm seeking out advice from for my other cases or for a colleague or whatever, I always go to that team. [They are] really, really helpful, always available for a video call, so we can have conversations about it. But yeah, so I would just say like that lack of direct intervention. Uh, it's potentially an area for change." (Social Worker 5)*

Overall, some social workers remain more difficult to engage than others. Interviews with staff on the WCTADA team indicated that working relationships with social workers were mixed. When working relationships were reported as strained, this was related to a number of factors, including a feeling that the survivor's voice was not being listened to properly (Staff 4, Social Worker 7); recommendations not being taken into account (Staff 2); and a lack of experience in handling cases where DA was a feature. For example, a DAPP described the challenges of working with a social worker who they felt had made an unsafe decision that was also against the wishes of the survivor (Staff 7).

In several cases, survivors engaged in the programme have requested to change their social workers. When this request is backed up by the WCTADA team, some social workers can feel that the team were accentuating tensions rather than resolving them. Some reported that, following a similar incident, "some level of trust has been broken" (Social Worker 7).

Some interviewees (Staff 5) also noted that the social workers' experience of the programme could also be dependent on the DAPP they worked with, as individual practice and approaches can come across their work. Differences in approaches were probably exacerbated by remote working as co-location would have supported a common understanding of practice.

A staff member (Staff 2) highlighted that some social workers, with high numbers of high-risk families on their caseload, may not have the "emotional capacity" to engage with the programme and reflect on their practice.

3.4 Evidence of promise

This section reports findings in relation to the following question:

For each activity identified in the theory of change, are the outputs anticipated produced to the extent envisaged and do outcome indicators change in the direction anticipated?

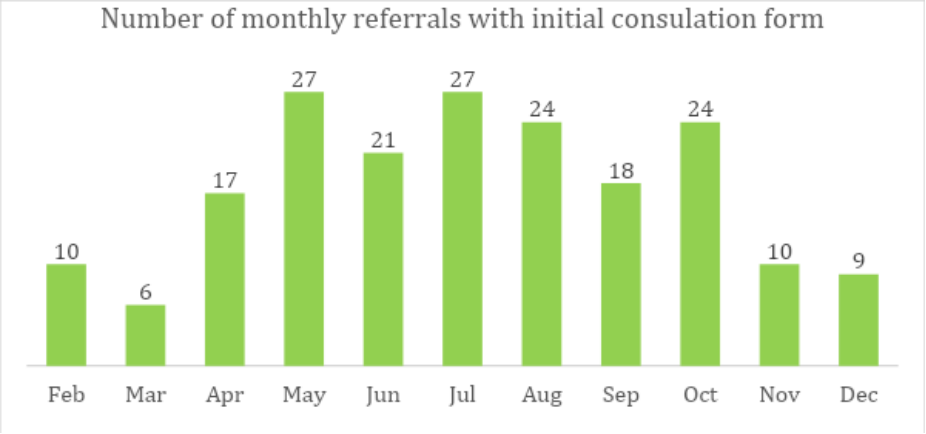
3.4.1 Level of engagement

*What is the **level of engagement** with planned activities among practitioners and families? How does it vary among families by initial demographic factors, quantifiable need and/or other baseline service-related characteristics?*

Families

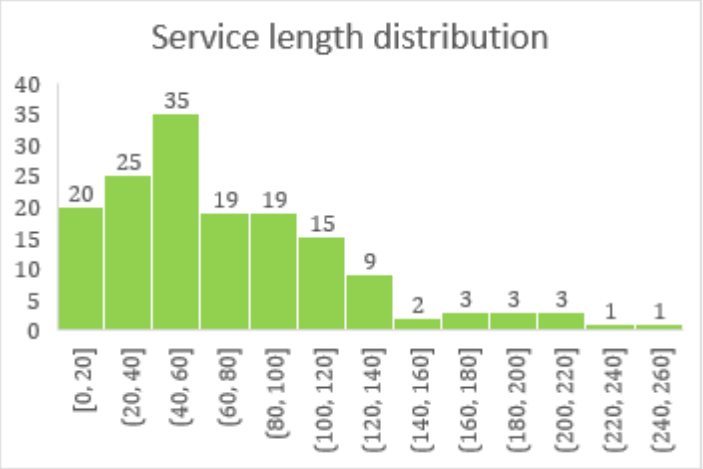
The administrative data indicates that the overall number of referrals to the programme was 207. Most of those not progressing to consultation were the ones with referral outcomes “No Further Action”, or “Advice and Guidance”. Initial consultations took place between 8 February 2021 to 21 December 2021 (see Figure 3.4 for monthly breakdown).

Figure 3.4. Number of monthly referrals



At the time of receiving the administrative datasets (early February 2022), 35 cases were still open and 158 had closed to the WCTADA Team. Across all closed cases with available referral and latest review date (146 cases), the mean length of time spent with WCTADA was 70 days (*SD* = 49.86), ranging from zero to 252 days (see Figure 3.5).

Figure 3.5. Service length distribution

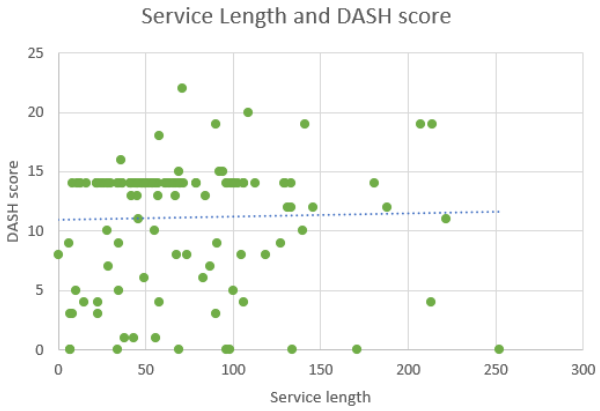


Around 40% of the survivors have required a DAFA upon initial consultation, and those with higher DASH/RIC scores were more likely to receive this support. The total number of meetings with DAFA/DAPP or social workers have been provided for 166 individuals. On average, 7.3 meeting have been arranged ranging from 0 to 47. Bivariate analysis shows a statistically significant positive correlation between DASH scores and number of meetings arranged (r = 0.224, p = 0.010). The administrative information did not provide further breakdown of meetings between survivors and front-line staff.

Furthermore, there is no correlation between DASH scores and the number of days spent in WCTADA (r = 0.027, p = .766), meaning that the severity of the case is not indicative of the length of support (see Figure 3.6).

It was also noted by an interviewee that a large proportion of the cases were scored as high risk, and the programme was therefore not necessarily engaging with medium- and lower-risk families. High-risk families have several support services available to them. This may be an important gap as medium to low-risk families tend to repeatedly re-enter the system.

Figure 3.6. Service length and DASH score



The data received lacks coherent breakdown of activities, and it was suggested that most figures are diluted due to inconsistent monitoring processes. Furthermore, the aggregate number provided regarding

internal meetings, external referrals, and other forms of activities are difficult to evidence given the inconsistent data collection.

Out of those completing a telephone interview (26 respondents), the majority (18 respondents) were still receiving support from a DA professional at the time of the interview, and only five contacted external services as a result of the programme support. The services mentioned are Ignite and Gateway, Tomorrow's Women, Taking Together and the Lighthouse Programme.

Practitioners

Table 3.2 breaks down the overall number of meetings and types of training attended by each role. Group Reflective Sessions occurred weekly with the presence of the DAPPs and the DAFAs. Informal discussions with the management team indicated that peer-mentoring and reflective practice sessions often refer to the same activity and the number of peer-mentoring sessions were probably higher as they also account for joint visits. Moreover, every consultation that has ever been done will have had a reflective practice element in it which has not been captured by these figures. Although the team had originally planned to have monthly peer-mentoring sessions for each case, in practice these were arranged on a needs-led basis (some cases did not require any, while others needed multiple sessions). Reflective supervision sessions are normally arranged between the DAPPs and DAFAs. Reported numbers are higher for DAPPs (15) than for DAFAs (10), which indicates that some sessions are held for social workers instead.

Table 3.4. Meetings and training attended

	DAPP	DAFA	Social Worker	Manager
Group reflective sessions	33	33		3
Peer-mentoring sessions	195	42	165	
Reflective supervision sessions	15	10		
Reflective practice sessions	183	10		
Training attended	Caring Dads training	Voice programme	Thinking Thursday*	Caring Dads

		training (external)		
	Voice programme	Who's in charge programme training (external)	WCTADA learning event	Supervision Training
	DASH/RIC masterclass	DASH/RIC masterclass	DASH/RIC master class (5 SWs)	
	Reflective supervision training	Drive panel	DA awareness training	
	Thinking Thursdays	ASYE training sessions		
		reflective supervision training (Internal)		
		spotlight training sessions		
		Child to Adult violence (Parental education growth support)		

Inter-agency meetings and participating agencies	111**	107***		

3.4.2 Change over time

> *Is there any evidence of **change over time** in measurable outcomes for practitioners and survivors (bearing in mind that any estimates of change will not warrant a causal interpretation) and what **potential impacts** of the intervention do stakeholders identify?*

Progress for families

Overall, the survivors interviewed were satisfied with the support provided by the WCTADA team.

> *"I'm quite happy with it) They've been really supportive and that. Yeah, I'm happy with everything. They've helped me, I've learned stuff through them." (Survivor 4)*

> *"They're really supportive and if I ever had questions then obviously, they'll sort it out for me and, like, make it clearer for me if I don't understand something." (Survivor 7).*

The telephone interviews also captured the overall experience of survivors. The majority of respondents were largely satisfied with the programme. On average more than two-thirds of the respondents strongly agree or tend to agree with the following statements[2] (see Table 3.3[3]).

Table 3.5. Satisfaction rates: Attitudes towards survivors and quality of service

Question	Agree	Neither agree nor disagree	Disagree
13. The support I've been given meets my needs.	18	3	5
14. The professionals I've been in contact with explained things clearly.	20	3	3
15. I was involved in decisions made about next steps.	19	2	4

[2] Question 19 is a reverse-worded question, therefore the "positive response" reported here refers to disagreement with the statement.

[3] Statements were originally rated on a five-point Likert scale. For simplicity, here we report the merged number of "strongly (dis)agree" and "tend to (dis)agree" responses.

16. My children's opinions were taken into account during the process.	16	5	5
17. The service gave me a better understanding of how some partners use controlling behaviour.	20		6
18. The service gave me a better understanding of the impact domestic abuse has on children.	21		4
19. I've been met with judgement and criticism from my social worker, as though it's my own fault.	6	1	18
20. I'm satisfied with the parenting support the service provides.	17	2	5
21. I feel believed by the professionals working with me.	21	2	2
22. I feel empowered by the professionals working with me.	16	3	6
23. The length of support was adequate to address my needs.	13	5	7
24. The service has helped me with my parenting.	16	3	6
25. The service has helped me understand children services better.	17	3	5

As demonstrated in Table 3.3, questions are related to short-term outcomes associated with WCTADA as articulated in the programme's Theory of Change. In relation to co-production and active participation, 19 out of 26 respondents reported being involved in the decisions made about next steps, but less agreed that the children's opinions were taken into account (16 respondents) in the decision-making. Further questions investigated the programme's impact on the survivors' understanding of their own experiences as well as their knowledge about available services. The majority said they now have an improved level of understanding of the children's services system in general (17 respondents), have a better idea of how some partners use controlling behaviour (20 respondents) and how domestic abuse affects children (21 respondents). Questions were also related to improved – that is, less judgemental – relationships between social workers and survivors that meant to be achieved through reflective practice sessions and learning events designed for social workers. The majority of respondents (21) felt believed by the professionals they worked with, and only six said they met judgement and criticism from their social worker. Two-thirds of the participants had also felt empowered by their professionals. However, only half of the sample stated that the length of support was adequate to address their needs (13 respondents).

When asked about the overall support provided by the programme, 80% of respondents were either very satisfied (11) or fairly satisfied (9). Among those satisfied, some referred to the constant availability and support they have received ("they are always there"). One survivor said the service "opened up new doors for [her], getting [her] on new courses". Another highlighted that the perpetrator now "seems to be getting more help with his issues". This latter comment is an explicit reference to the programme's aim to work with perpetrators as well as survivors, to identify their needs and offer services. Not surprisingly, those satisfied with the programme were also those satisfied with their designated social workers.

Subsequent questions were asked from seven survivors who have been in contact with safeguarding or children's services in the past. All but one reported that their overall experience has improved. The majority also felt more involved in the decision-making process and stated that their relationship with – and confidence in – their social worker has improved. Only three respondents agreed that the service is less judgemental than before. Out of those four who did not agree with the statement, two also flagged that they have met judgement and criticism from their more recent social worker (see Table 3.4).

Table 3.6. Improvement since last contact with safeguarding or children services

Question	Agree	Neither agree nor disagree	Disagree
32. I am more involved in the process of planning and decision-making than before.	5	1	1
33. Professionals in the service are less judgemental when assessing my case than before.	3	2	2
34. My relationship with the social worker has improved compared to previous experiences with other social workers.	5	1	1
35. My confidence in the social worker has increased.	6		1
36. To what extent do you agree or disagree that your overall experience with the service has improved?	6		1

As response rates are below the expected 40% (only 13% of all participants completed the interview), the feedback provided above cannot be regarded as representative of the whole WCTADA sample. Furthermore, there is a risk that no-response has not occurred at random: those being more at risk are less likely to have completed as presumably they were more difficult to reach due to reasons discussed above.

The survey was designed to be conducted three months subsequent to the first engagement with social workers to ensure that the accounts provided are comparable and reflect similar amounts of exposure to the programme. Given that survivor contact details required multiple rounds of updating which had resulted in delays in calls attempts, the planned timescale could not be retained.

Relationships between social care and families

Interviews with survivors and the WCTADA team indicated that at the start of the programme survivors were worried about having their children removed from their care. For example, one survivor described how she was initially nervous about having social care involved:

> *"When Social Services first came into place, I was very nervous about them, sort of like worried and that, like, you know, because you hear all these stories – 'Oh, they're going to take your children away from you', and all that. And I was panicking and stuff like that when they got involved, but they've been brilliant. I can't fault them to be honest. They're just doing their job, aren't they, at the end of the day?" (Survivor 4, interview #2).*

As identified above, Survivor 4 explained her perceptions were down to stories about social care taking their children away. Another survivor identified this as being down to previous experiences with social care and victim blaming (Survivor 3).

Interviews were able to capture how social care experiences have changed for survivors who had experienced social care previously. For one survivor, the experience of the WCTADA made a significant difference to how she felt about social care:

> *"Now with [the DAFA] and [social worker] this time round … obviously [the social worker] knew straight away she didn't need to be there, so it was short lived. And it felt like she listened more, and I got more of a trust with her than I did all them years ago … it was completely, totally different this time." (Survivor 3).*

The majority of survivors indicated that their experiences of working with social workers while a part of the WCTADA programme were positive, despite some of them having initial concerns about social care. Factors that helped survivors feel at ease with their social workers included a willingness to engage with their children (Survivor 3) or being "helpful and supportive", or even "brilliant" (Survivor 4). Another survivor described how, although being nervous initially, she felt like she had a good relationship with her social worker:

> *"Obviously at first, everyone is nerve racked when social workers are involved, but after I spoke to her, she seems like a very nice person as well, she seems very understanding about the situation. Yeah, I'm happy with her being my social worker." (Survivor 7).*

Some also noted that a better understanding of their situation led to better support:

> *"But yes, having that interview and I was just explaining a lot of things and obviously somebody who's professional in that department was really, really helpful. I think for the social worker … I don't want to say she's not knowledgeable or anything like that, you know, like having experience and having to deal with that situation. That could have ended off very differently and I'd probably end up with a non-mol on him by now, instead of just being in family court." (Survivor 6)*

An external participant (External 4) outlined how, in the past, survivors of domestic abuse would feel misunderstood, and how they would not disclose their situation because of it. Changing the approach

and relationship between survivors and social workers will ensure that they disclose their situation, get adequate support and prevent further abuse from happening.

However, this was not the case for everyone. Other survivors interviewed (Survivor 5 and 6) had more difficult relationships with their social workers. One survivor found it difficult to explain what had happened as her social worker was lacking experience and knowledge of domestic abuse (Survivor 6). Another survivor in particular had a negative relationship with her social worker as she felt judged:

> *"Attitudes … [she] took a dislike to me so I took a dislike to her … judging a book by its cover, putting me down for everything. Even when I'm having a good day, she'll turn up, by the time she's gone I feel like a bag of s***. I feel better when I don't see her." (Survivor 5).*

It is important to note that the team (including her DAFA) subsequently made sure that Survivor 5 was allocated a new social worker. Her DAFA felt that the relationship had broken down after her social worker had had to ask some difficult questions, and the survivor had felt judged by this (Staff 4). The longitudinal case studies indicate, however, that the survivor was very difficult to engage and encountered issues with the new social worker too. The WCTADA team tried to call on a regular basis, often unsuccessfully.

One survivor, who provided positive feedback during their first interview, was more nuanced during their second interview. This survivor was physically assaulted by her ex-partner between the first and second interview. While not in a relationship, the survivor wanted the father to have a relationship with their child. After the assault, the survivor got a non-molestation order and requested that the perpetrator not have access to their child. This case is currently in the courts. At the time of the attack, the case had been de-escalated from child protection to child in need. The social worker wanted to re-escalate the case to child protection, but the DAPP convinced them that the case could be managed at a lower level as the father was not in contact with the survivor and child. There was never any concern regarding the survivor's ability to parent and re-escalating the case would have been re-victimising the survivor as repercussions of actions that were not hers. Unfortunately, the survivor still felt that the involvement of children's services was a form of punishment for her children and felt a lack of support in the weeks preceding the attacks:

> *"You think that you've got a little bit of support and stuff, but then you haven't really, like all the channels that you try and go down, like the amount of times I tried to report him, or just have someone to speak to about it. And it was just pointless really in the end because nothing's happened, do you know what I mean, nothing's really been done like; me, and my children got punished, basically, for somebody who was abusing me. It just needs more support, in my eyes." (Survivor 2)*

There are also reports from both survivors (Survivor 3) and perpetrators (Perpetrator 1 and 2) that reports provided by the team were unclear or never sent.

The telephone interview also measured the level of satisfaction with one's social worker. Out of 25 responses, 17 reported to be either fairly satisfied (6) or very satisfied (11) which accounts for 68% of all responses. Among those very satisfied, comments referred to the social worker as being "very kind and understanding", providing "adequate support and follow-up", and not being judgemental (e.g. "[SW] made me understand it is not my fault"). Further positive comments were related to "honesty": one social worker was described as "a breath of fresh air … who doesn't lie to me". Among those who were dissatisfied (8 respondents), multiple people referred to the lack of support ("I haven't seen or heard from the social worker", "[SW didn't] offer me enough support"); and lack of trust ("[SW] let me down and not listened to me").

Navigating children services

Overall, survivors indicated that the DAFA was an important support in navigating children's services. It is a friendly figure that can explain processes in their own language and make sure relevant questions are asked on their behalf. While most of the survivors interviewed declared understanding the processes and knowing what the next steps were, some of them still appeared confused. One survivor explained that they were under the impression that their case would be signed off once they completed domestic abuse courses. The lack of clarity around children's social care processes were frustrating for this survivor:

> *"At first, it seemed like I was doing these courses and then I was going to get signed off. But now I'm not too sure … it just feels this is going on forever now, I just want my life back, to be honest. … It's annoying really, because like I said, I just want to live my life again instead of being stressed of all these professionals involved." (Survivor 7)*

Other survivors said that they had a clear understanding of what was going on and the next steps. One survivor, for whom the WCTADA team had concerns about potential undiagnosed learning difficulties, showed a clear understanding of the Child Protection conference that was coming up and how concerns about her family would raise when her ex-partner gets out of prison.

Exit strategy

Furthermore, some survivors noted that the WCTADA team could not always respond to their calls in a timely manner. One of them (Survivor 2), explained during her follow-up interview that the support they received at first was adequate, but as the perceived level of risk went down (i.e. perpetrator and survivor, not in a relationship anymore, both engaged in a course), so did the support. In this case, the survivor was physically attacked by the perpetrator, six months after the initial referral to the team:

> *"There should have been a little bit more like support. I mean, I did try and reach out to [the DAFA] a few times and she was like: "Oh, I'm busy. I'll call you back." Which she did. But then like at that moment of time, I didn't really need her. But it was like times that I was ringing that I needed the help and support because I was kind of being harassed and stalked, and I felt like I was going crazy. They were just kind of nowhere. I mean, it was kind of fine in a way, like, obviously, because I've had [the social worker] to talk to, but I mean ... I don't really know what [the DAFA] could have done … it just made me think like, you know, they're all there, like at the beginning, like all constantly ringing and checking, and then … you know, I got attacked in August, and it's just kind of like no one was really there." (Survivor 2)*

This particular case is also illustrative of a potential lack of exit strategy from the WCTADA team. When cases are closed during conferences, the family is aware that the professional support (and probing) will cease. However, when a case is still open to children's services, but the WCTADA team considers that they have provided the support necessary to the social worker to carry on the work (as was the case in the example provided above), survivors do not always seem aware that their case is mainly managed by the social worker at that stage. Other survivors were satisfied with the lower level of engagement from the WCTADA team, explaining that they were mainly supported by their social worker but could call their DAFA if needed (Survivor 4).

Finally, a social worker also noted that in one case there was no clear understanding as to why the team was no longer working with the survivor (Social Worker 7).

Perpetrators

The WCTADA programme, through its shift in focus towards providing support for perpetrators, is working towards a family approach to domestic abuse.

Working with perpetrators of domestic abuse is still relatively new and innovative. It is therefore important to note that there can be a strong distrust between perpetrators and social care as professionals are perceived as a threat to their family staying united. This can have a negative impact on the engagement of perpetrators with programmes that are designed for them. As noted by a staff member, in one case the perpetrator was engaging well with the programme until a non-molestation order was set up:

> *"And I feel like because that decision was made, we lost Dad. We lost his engagement. So, to complete any preventative work ... he didn't trust the local authority because in his head, he thinks that the local authority is trying to steal his family from him." (Staff 7)*

This is corroborated by findings from an interview with another perpetrator (Perpetrator 1), who felt that his ex-partner would have wanted to stay with them but decided to break up in order to prevent children's services from putting their children into care.

Two out of the three perpetrators interviewed noted that some of the processes explained to them were not implemented. Interviewees (Perpetrator 2 and 3) noted that they were expecting minutes of meetings that never arrived. Perpetrator 2 further complained that they had to pay for their domestic abuse courses. WCTADA staff explained that the course fees were generally very low, and solutions would be sought for parents who would struggle to attend due to the cost.

Increased confidence and agency

The Theory of Change identified that survivors of domestic abuse should gain greater self-efficacy through the programme. This encompasses notions of feeling believed by professionals, feeling empowered rather than re-victimised and an increased confidence in social workers. We have selected a psychometric tool to capture a broad measure of self-efficacy. The General Self-Efficacy Scale (Schwarzer & Jerusalem, 1995) was created to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles as well as adaptation after experiencing all kinds of stressful life events. Self-efficacy scores are correlated to self-esteem, emotional stability and optimism. Negative coefficients were found for depression, stress, burnout and anxiety.

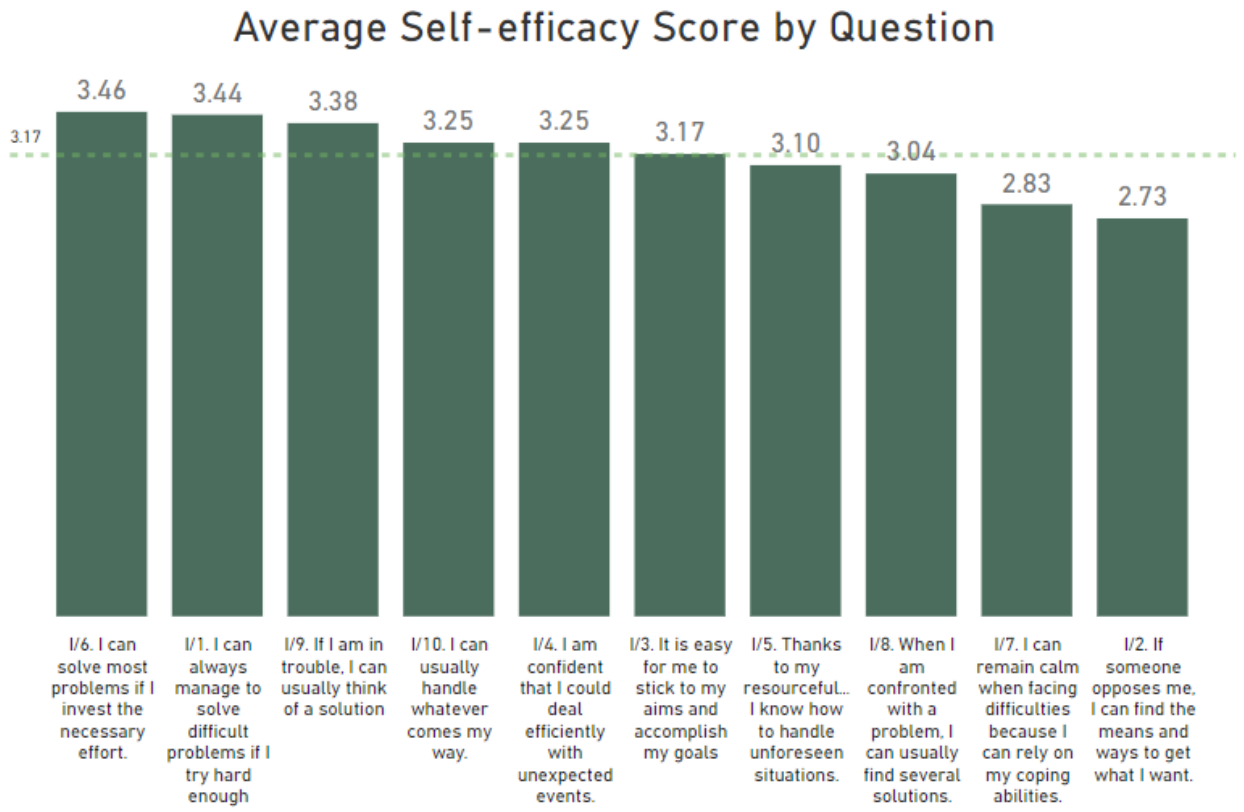
The surveys were completed by survivors upon registering with the services and it was expected to be completed three months later (or when leaving the programme if this is less than three months). We have received a total number of 52 baseline self-efficacy responses from participants (around one-quarter of the total sample), and only six have completed the survey at follow-up. The dates of completion noted on the baseline and follow-up forms suggest that these have been filled in at the same time, and therefore the baseline tool possibly refers to an earlier level of self-efficacy retrospectively. Due to these limitations (i.e. the very low response rate at follow-up, and inadequate application of the survey), the data received is not sufficient to detect change over time. We also received five additional responses from partners of

survivors.[4] As partners' responses were neither requested nor do they appear to fit the Theory of Change, we excluded them from the analysis.

The General Self-Efficacy Scale comprises of ten items (e.g. *If I am in trouble, I can usually think of a solution*) with respondents to choose from "Not at all true" (1) to "Very true" (4). Therefore, the final score ranges between 10 and 40. The international average (based on a sample of 20,000 people) was reported as 29.55 (Scholz et al., 2002). The mean overall score of our incomplete sample was 31.65 (*SD* = 6.36ab). As the short ten-item survey aims to capture increased self-efficacy over time, we are unable to report any comparative finding.

In light of the aforementioned low response rate, we prefer not to draw conclusions from the baseline scores that are shown to be higher than the national average. For the average scores of each item, see Figure 3.7.

Figure 3.7. Self-Efficacy Scale: Baseline responses by question



Some social workers (Social Worker 4 and 10) indicated that DAFAs increased the confidence of some survivors, making them take a more active role in the process and plans. For example, an external stakeholder (External 1) highlighted how a survivor who was "crying at the thought of a social worker

[4] These surveys are often completed during the practitioners' visit to the family. As the partners are sometimes involved in the programme (and the evaluation), social workers are likely to have asked them to also complete the form, although this was not requested by the evaluation team. To comply with GDPR (i.e. data minimisation), we have reiterated that this data should only be collected from the survivors.

coming in" became a lot more vocal during her core meetings, challenging the (lack of) support given to her child. According to this participant, the DAFA empowered the survivor in becoming more active and taking agency during core group meetings:

> *"I think that's probably because she's been supported by one of the advocates from that team. What she's doing is she's discussed it with the advocate before the meeting, and the advocate has almost validated that and said 'OK, now you know you've got your core group? That is your time.' Whereas before she thought it was an opportunity for professionals to talk about her while she was in the room. And it's like 'no, this is your opportunity too'." (External 1).*

While some survivors became more vocal during some of the meetings or conferences, others needed the DAFA to carry their voice for them and ask them to speak on their behalf. This may nevertheless be an early indicator of increased confidence, as the survivor is expressing their views. The DAFA making sure that those are considered increased the survivor's agency:

> *"And [the DAFA] was more like … she'd speak for me, you know, if I felt like I couldn't say anything, I could say it to [the DAFA] and then she'd obviously say something. It's made me fee l… it's been good, and I've felt more like I've been able to speak to them better." (Survivor 4)*

Some external stakeholders explained that the WCTADA team was an important part of the survivor's journey as taking a course on domestic abuse is not sufficient. The support provided by the WCTADA team enhances the survivor's ability to engage with the course and their readiness to "explore what happened" (External 1). It is indeed important that survivors are actively engaged in the decision to take the course, rather than pressured into attending one, as this will increase their chances of completing the course. An interviewee highlighted the shift in culture in giving families agency and working with them "on their terms" (Social Worker 10).

Some survivors, without being prompted, explained that the programme increased their confidence and helped them recognise their own strength:

> *"It lifts your confidence, I think, and it makes you realise things about yourself that you didn't know." (Survivor 7)*

Another survivor indicated that the WCTADA team and social worker had helped them open up about her experience of abuse. They pointed out that the support coming to her, rather than her being expected to attend courses, was particularly beneficial as she suffers from social anxiety:

> *"My experience was really, really good. I think people find it hard to even talk about things like that." (Survivor 6)*

A social worker (Social Worker 5) explained that actively engaging families in the process, requires time as it is an emotional process that needs to build on a trusting relationship. It can also conflict with priorities set by the local authority, especially when the family's case is at child in need or child protection level (Social Worker 7). This would be the case, for instance, of a survivor who wants to focus on their mental health first, where the system points at other priorities regarding their children:

> *"It kind of contradicts or conflicts with the actual procedures, timescales, processes within the local authority. It's very time consuming and so spending time during a relationship building session. It drags things out, but it's obviously a lot better for the family and less traumatising for them." (Social Worker 5)*

Improved parenting support

WCTADA staff through their work with social workers, as well as through their direct work with families, support parents in gaining a better understanding of how domestic abuse affects children. As noted by a team member (Staff 4), parents going through trauma can forget to consider the effect it has on children. Overall, survivors who indicated that the programme helped them with parenting (Survivor 6) said that it was through gaining a better understanding of domestic abuse. Staff members (Staff 7) suggested that support with parenting was closely linked to setting up interventions that would help the parents move forward and "ultimately provide better outcome for the child".

Some survivors of domestic abuse are referred to the programme before their child is born. This was the case for one of the case studies, where the mother was referred by probation who was working with the father who had a conviction for significantly injuring a vulnerable child. There were also concerns about domestic abuse. In this specific case, the mother wanted to stay with the perpetrator as "she thought she can manage the risks" (Staff 7). However, with the work done upstream by the WCTADA team on the impact domestic abuse has on children, the survivor (Survivor 4) decided to leave the perpetrator when the baby was born. At the time of the second interview and through consultation with the case notes, it was clear that the survivor had not resumed her relationship with the perpetrator who was in prison.

> *"Things like the way they speak to you and stuff, I didn't know that would be domestic violence, but I just thought it was quite normal, and I learnt like that's not right … I just thought that's the way they are, it's not that controlling or anything, but it was controlling. [The domestic abuse course makes] it stands out a bit more to you. Putting the baby first made me notice more as well." (Survivor 4)*

A staff member (Staff 4) indicated that this was sometimes about encouraging the survivor to see their children's point of view. This can be particularly important when contact is being facilitated between the perpetrator and/or the survivor and their children. Another staff member (Staff 7) explained that supporting the survivor to become more resilient, and potentially leaving and staying away from an abusive relationship, is also a way to ensure better parenting as the children are not exposed to domestic abuse anymore. Among our case studies, two survivors (Survivor 4 and Survivor 7) initially expressed the wish to stay with the perpetrators and are now separated. It was noted by staff (Staff 4 and 7) supporting Survivor 4, that it is likely the survivor felt that she had to leave the perpetrator and that explanations could have initially been clearer.

Survivors' parenting may be affected by some factors such as mental health or substance misuse, as highlighted in some case studies. The support received by the WCTADA team and referral to support services may facilitate better parenting (e.g. through mental health support). However, not all survivors engaged well with support services, nor manage to break out from the cycle of abuse. One of our case studies featured a mother whose ex-partner was abusive, physically and mentally, towards her and their children. She left him and entered another abusive relationship. Struggling with mental health, financially and with substance misuse, the survivor voluntarily placed her children in foster care. According to her case notes (dated November 2021), she had family time planned three times a week, and would not be under influence when she attended them. She is not engaging with the WCTADA staff anymore, nor her social worker. WCTADA staff conversations during the review of her case notes indicated that "it is one of the cases where we came in too late". This survivor was first in contact with domestic abuse services in 2008. There was also discussion about the fact that once children are placed into care, little attention is given to the parents.

Finally, the reverse is also true. Some of the survivors in the case studies did not require any parenting support. They deemed themselves (Survivor 7) and were deemed to be a good parent, with no concern

regarding their children beyond the threat posed by the perpetrator. In this case, the work regarding improved parenting is focused on the perpetrator and may not need to be if the perpetrator is no longer part of the family's life.

The WCTADA programme does work with perpetrators. Some staff members (Staff 2) explained that through helping a perpetrator list the different ways their behaviour impacted on their children, they were helping them gain a better understanding that "this isn't acceptable and that he would need to stop those behaviours in the future". The staff member was of the view that this change in understanding could improve the perpetrator's parenting. A perpetrator, who was still in a relationship with the survivor at the time of the interview described how the WCTADA team helped him with parenting:

> *"I'm starting to see things from the kids' point of view. … It was a similar atmosphere, to be honest with you, mum and dad used to fight all the time, and I just start to think back to when I was a kid, and think I didn't like it myself. So, I'm subjecting my kids to the same upbringing that I had. So I don't really want that for them, so I've started to see things from the kids' point of view, which has helped a lot as well … Just a big thanks, to both [the social worker] and [the DAPP], they helped me, even if they, you know, it's just a job to them, but you don't realise how much they've actually helped me in my home life. You know, I'm still suffering from depression. I'm still down, but you know, I suppose my family life is getting better and better, and I've got them to thank for it." (Perpetrator 3)*

Nevertheless, another interviewee (Perpetrator 1) was still not taking responsibility for their actions and blamed children's services for their not being able to spend Christmas with their family for the first time.

Finally, working with both parents can support improving their co-parenting. A social worker remarked how two parents, not in a relationship anymore, were able to co-parent better once the children's services had got involved:

> *"Him and [the survivor] are able to co-parent wonderfully, even though they disagree on things they will talk about it calmly rather than arguing so really. Really wonderful progress." (Social Worker 5)*

Interestingly, the social worker did not attribute the improvement in parenting support to the WCTADA team, as from their point of view there were no family sessions on parenting delivered by the WCTADA team. On the other hand, the staff member involved in the case study considered that they played a part in the improvement, alongside other factors such as parents' agency and the social worker's work:

> *"As part of these proceedings, what started to happen is that the parents started to be more amicable with each other. And I think that's a great outcome for the child. So, I'm not saying that's all on me. Obviously, I played some part in this, uhm. There's some part was taken by the parents' decision … and obviously the social worker played." (Staff 2)*

House moves and target hardening

Several of the survivors in the case studies moved house between the first and second interviews. While the process is not always straightforward due to the shortage of houses, the WCTADA team supports the survivor in their decision and contact housing associations directly to ensure that the request is treated promptly. One survivor, who was physically attacked in her home in front of their children, explained that a change of house was important not only for her, but also for her children who were showing significant signs of trauma following the attack:

> *"I got cameras up and lights up on the house, and he's not allowed down my street … I'm trying to move house, out of the area. The kids hate the house. My daughter is wetting herself around the house. I think that's her showing how stressed and how upset she is." (Survivor 3)*

While target hardening (i.e. strengthening the security of a property to make it physically safer) may be a good intermediate solution to avoid refuge referrals, they cannot be a means to make survivors and their families stay in a home when they wish to move.

Understanding of domestic abuse

For survivors

For some survivors, the risk assessment is a time where they start grasping the extent of the abuse they have experienced. For example, a survivor explained that she had not realised that the abuse was serious enough to be categorised as being at risk of homicide:

> *"When we did the first assessment, I did come away from that a bit shocked because of the way it was … the way she ranked that sort of thing and she put me on the highest one, she said which essentially means you're at risk of homicide. I was a bit like, oh god, I've never really thought of it being that bad before" (Survivor 1)*

Others have indicated that the domestic abuse courses helped them broaden their understanding and taught them things they did not know about (Survivor 4), including about themselves and their strength (Survivor 7). For some, the courses were pivotal to helping them gain a better understanding of their own experience in the light of domestic abuse:

> *"They've helped because I didn't realise there were different types of domestic abuse. That was a smack in the face because it was like: 'Wow, wake up!'." (Survivor 5)*

Some of the survivors also indicated gaining a better understanding of the long-term impact domestic abuse has on children:

> *"I've realised that arguing and shouting in the house, or if you're fighting with your partner, or whatever, it affects the kids' day to day life and as they grow up when they're older… that's going to affect them through their life as well." (Survivor 7)*

Others (Survivor 6) have pointed out that understanding how domestic abuse impacts on children is more important for the perpetrators, as they are the ones who need to change.

A social worker (Social Worker 8) noted that, during joint visits, the WCTADA team would help survivors of domestic abuse come to term with the fact that abuse was occurring, and they needed help.

For perpetrators

It is, however, important for the perpetrator to also gain an understanding of domestic abuse. As pointed out by a survivor, if the perpetrator does not understand domestic abuse, it is difficult to break the cycle. Some of the survivors will still be in a relationship with the perpetrator at the time of the course, while others will be separated but still prone to abuse due to the links kept via the child(ren). The work conducted with perpetrators may therefore be particularly important in the context of children services as the children can become a link that enables perpetrators to continue the abuse:

"They were [useful], but when you're still stuck in that domestic abuse ... We weren't in a relationship, we were still stuck in that loop. You can have all the knowledge that you want, but if the other person isn't aware of what they're doing … It's like … you know … you can't escape them." (Survivor 6)

Other parents have not separated. An interview with a perpetrator shows that they consider that a large part of their family life being happier is thanks to the support and knowledge gained through working with the DAPP. Alcohol was also a trigger to the abuse and this particular perpetrator had stopped drinking at the time of the interview.

"[The DAPP] made me realise that, you know, she helped us work together on how we can deescalate arguments and when things are getting bad between us, how I can be deescalate it myself by going to my safe place and reflecting on what's happened. … There was a number of techniques she taught me how to use. I couldn't think of them all right now, I have got them written down on me pad downstairs, but yeah, as I say, without [the DAPP's] advice, I mean, we don't even know whether we'd still be together now. Because the way I was going, you know, any day then, [the survivor] was going to leave me. (…) As I say, we owe her a big thanks because without her advice, and me following the advice especially, you know … the house, the family life is a lot more happier. The kids are happier. Me and [the survivor] are happier, you know, the whole atmosphere in the house is a lot better." (Perpetrator 1)

"To be honest, I did know a fair bit about domestic abuse, but there are little things that I've learned, you know, that I didn't know about. Just little tips and what to do and things like that (…) I'll be honest, I can't remember the word but there's a word she brought up which was like a controlling word. I can't remember because it's quite a mouthful, but I didn't understand that. And she explained that to me. And also like, when the neighbours are watching out for you and that, you can use your curtains and stuff like that, you know, to like, let them know something's going on, by opening them in a certain way and things. So, I learned little bits like that off [the course]." (Survivor 4).

Child protection outcomes

The Domestic Abuse Annual Report (Wirral Council, 2022) reported that the number of children subject to a Child Protection Plan in 2020–21 reduced by 16% from the previous year, meaning that 70 fewer children required child protection because of domestic abuse than in 2019–20. It is to be noted that the report summarises the impact of multiple interventions, so those figures cannot be solely attributed to WCTADA (the report also covers the work of other partners focusing on DA victims, such as the Family Safety Unit and Independent Domestic Violence Advisers). The report further stresses that "while this data suggests improvement from the previous year, it is to be considered with caution as we appreciate that 2020-21 was a very unusual year due to the COVID-19 pandemic" (Wirral Council, 2022). Table 3.5 reports the social care status of the focal child at referral, and at the latest review, which indicates whether the case (de)escalated between the two review points (i.e. the service stepped the case up e.g. from CIN to CP, or down e.g. from CIN to "closed").

Table 3.7. Distance travelled from initial SC status to current status

Social Care Case Status – form	Social Care Case Status – current	Total	Step up / step down
Assessment	Assessment	1	-
Assessment	CLA	1	Step up
Assessment	Closed	63	Step down
Assessment	CP	28	Step up
Assessment	Open Referral	21	-
CIN	CLA	1	Step up
CIN	Closed	8	Step down
CIN	CP	5	Step up
CIN	Open Referral	13	-
CLA	CLA	12	-
CLA	Closed	1	Step down
CLA	Open Referral	1	-

CP	CIN	2	Step down
CP	CLA	1	Step up
CP	Closed	6	Step down
CP	CP	18	-
CP	Open Referral	8	-
PLO	CLA	1	Step up
PLO	Closed	1	Step down
PLO	Open Referral	1	-

Figures show that the majority of the cases have been “stepped down” (81 cases), 37 cases escalated, and for 75 cases there was either no change or the direction of change could not be identified. We could not assess the direction of the journey for cases with the status “open referral”, which can mean that the referral on the system is not closed down properly, or it has come back in for assessment. We considered those cases that went from “assessment” to “closed” to be a positive outcome (i.e. stepped down). Further, the time between the two reviews can vary greatly across the cases, partly because reviews might be held only every six months (for those on Child Protection Plan) or three months (for the first Child in Need review).

Progress for social workers

Better understanding of domestic abuse

Several staff members and social workers mentioned that the DAPPs were particularly helpful in detangling domestic abuse cases. Indeed, some social workers can find it difficult to understand who the survivor is and who is the perpetrator. This is particularly important as when the dynamics of abuse are not well understood, aggressive or violent behaviour from the survivor can make them appear as the perpetrator. In those cases, social workers are at risk of re-victimising the survivor. A WCTADA team member explained that the programme supported social workers through giving them the tools and

analytical lens to better understand domestic abuse and that they received positive feedback from social workers on this aspect of their work:

> *"You know sometimes there are also questions about who is the victim and who was the perpetrator. What kind of domestic abuse is it you know? Is that coercive control? … if you ask the right questions and if we give them the tools to analyse the situation through looking at the behaviours of the perpetrator and what happened and what's going on, and even how they present to the social worker when they meet. And we reflect on that. That can sort of clarify things for them." (Staff 2)*

Consultations between DAPPs and social workers also highlighted how parenting is affected by coercive control (Staff 2), and how survivors can initially appear resistant (Social Worker 5). Some interviewees indicated having a greater understanding of coercive control (Social Worker 5) and situational abuse (Social Worker 6).

The learning events also contributed towards building a greater understanding of domestic abuse. While most have perceived their online format as limiting opportunities for networking, some social workers indicated that the remote approach was helpful, especially for practitioners who may be dealing with trauma themselves and could turn the cameras off and maybe take a quick break (Social Worker 5). They also indicated that the learning events provided some useful information that would improve practice:

> *"It was really interesting to see the subtleties and how the child would potentially react [to domestic abuse]. What to pick up on in schools, and those kinds of little things that might go over our head, these blaring red flags. For that, those kinds of indicators of domestic abuse, yeah, I've learned quite a lot from this programme." (Social Worker 5)*

Furthermore, a greater understanding of domestic abuse and its complexity has helped some social workers move away from victim blaming, for instance when a survivor stays or returns to an abusive relationship (Social Worker 5 and 6). According to some interviewees, being reminded of the complexities of domestic abuse has helped change their perspective "slightly" (Social Worker 5).

Interviews with social workers also highlighted some disagreements between some of them and the WCTADA team. An interviewee (Social Worker 7) explained that while the WCTADA team identified coercive control in a family, her understanding of the situation was that the father had learning needs and was reliant on his partner.

Increasing the social workers' confidence and competence

Through joint visits with the DAPPs, social workers can observe and learn how to complete a risk assessment. They also received advice from DAPPs during consultations. Informal feedback given from social workers to the WCTADA team (Staff 5) indicates that they are learning how to engage perpetrators, how to challenge other support services, and how to safety plan with survivors. They can now use the DASH risk assessment tool and are asking different questions to what they used to. They also noted an increase in the number of DASH Risk Assessments completed. Wirral Council reported that from January to March 2021, 96 domestic abuse risk assessments were completed. Over the next three-month period, April to June, this increased dramatically to 252, which has been attributed to the launch of the WCTADA project.

Interview findings suggest that social workers are appreciative of the support received and acknowledge they are gaining skills. Some (Social Worker 8) admitted that they were "really struggling" with risk

assessment prior to the intervention of the WCTADA team, but now knew how to put a safety plan in place based on the questions the DAPPs would have asked during the joint visits.

> *"I have tried to use the method that they do and that worked." (Social Worker 8)*

For instance, the DASH Risk Assessment was completed by the DAPP in one of our case studies. The survivor not being totally cognisant of the extent of abuse she experienced, answered "no" to several questions. The DAPP came back to some of them, asking questions that helped the survivor realise that some of the behaviours she experienced were abuse. Had the social worker taken the survivor's "no" as the answer, her case would have not been referred to the Family Safety Unit. The social worker indicated to the DAPP that "she liked" the way the DAPP completed the risk assessment. A social worker indicated that attending meetings where the DAPP would work through assessments, both with perpetrators and survivors, was helpful (Social Worker 5). Other social workers indicated that this new approach, involving perpetrators was filling "a massive gap" and that they would be "lost without it", whereas children's involvement was already part of practice (Social Worker 6).

Some WCTADA team members (Staff 5) noted that social workers were beginning to understand the different risk factors better, as well as coercive control, and that domestic abuse requires a personalised response for each survivor. An interviewee noted that "all social workers will likely benefit from the support of the team" (Social Worker 10). Another social worker highlighted how the programme was increasing the confidence of her team to manage cases with domestic abuse rather than automatically move the case to child protection level:

> *"For my team, it gives them the confidence to be brave in terms of their planning and you know not just going 'We got a risk here, let's escalate such a child protection'. It's actually having the confidence to go and talk to the family about what they want to do and then trying to manage the risk working with them. … so I think it's increased people's confidence really." (Social Worker 9)*

Several members of the WCTADA team described cases where social workers became more confident and competent using a trauma-informed approach and working with perpetrators, sometimes being praised by the courts for their work. Some social workers admitted their initial "anxiety around doing that risk assessment" themselves, especially when working with perpetrators (Social Worker 6). Some WCTADA team members observed improved practice, with social workers moving away from unsafe practice:

> *"Now the social worker shows insight, I've worked with the social worker on other cases and now she has got a basic level of insight, where before, with the case with [Survivor 4], some of the decision-making I would have deemed a bit risky, which we challenged and discussed. I think the social worker weren't confident in her own decision-making and her own practice, but since I've worked with her on other cases I've seen that confidence, I've seen her confidence has grown, and her knowledge of domestic abuse has heightened." (Staff 7)*

Some social workers involved in the interviews indicated that the WCTADA team increased their confidence in managing cases where families were confronted to domestic abuse.

> *"I think they're the key, and I think they have given social workers that confidence … They kind of reminded me, you know, backed me, or given me that that confidence to go and have those discussions, and that there's a good safety plan in place." (Social Worker 4)*

Nevertheless, others (Social Worker 6) were quite adamant that they still needed that support from the WCTADA team and appreciated not being alone in the decision-making process. This is possibly an

indication that more upskilling and confidence building is necessary before this particular social worker can work efficiently without the support of the WCTADA team. Furthermore, a social worker (Social Worker 8) indicated feeling less confident about their ability to manage domestic abuse cases now that they were more aware of the limitations of their initial training and gaps in knowledge. They find parents who do not want to engage with social work particularly challenging.

They noted that they gained a lot of knowledge through the learning events that would inform their future practice:

> *"I've made notes from like different sessions where I've like listed lots of different things that I've wanted to take forward. Like non-molestation orders, all that sort of stuff is really helpful to know. Where we can go with that, and how to get them. It's been helpful." (Social Worker 5)*

An external stakeholder (External 1) noted that the referrals received from social workers that were not engaging with the WCTADA team could sometime result in survivors starting a course they were not ready for. They noted that they could see a difference with the referrals that came from the WCTADA team, but that the change had not yet transpired through the social workers working with the DAPPs. Others noted that there appears to be a better understanding among social workers of the impact domestic abuse has on children:

> *"So the impact on children wasn't fully understood. It was minimised. So the fact that I'm now hearing people talk about it and actually giving evidence of it in assessments, it's a joy … So we look for change with professionals as well, because that brings change in families." (External 4)*

A WCTADA team member (Staff 5) noted that the social workers were completing more risk assessments and referring to MARAC more than before.

Shift in language

Interview participants noted that there was a shift in the support and approach provided by the WCTADA team. An external stakeholder (External 1) noted a change in how survivors were no longer re-victimised and a shift of responsibility towards perpetrators that is attributed to the WCTADA team.

> *"Previously … they haven't felt that they've got a voice. They've felt judged. They've felt criticised. They felt that it's their fault because their ex is coming down and kicking at the door. I've had some women that have come on the programme [i.e. domestic abuse course], who are part of the DAPP team, that attitude has changed for them. They don't necessarily feel as judged. They know that the responsibility lies very firmly with the [perpetrator]. So you know there's that language, it is changing for those women that are part of the DAPP team." (External 1)*

Others have noted a stronger focus and more frequent mentions of coercive control (External 4). It is, however, difficult to say at this stage whether the programme has shifted social workers' practice to the point where survivors would have different experience of children's services without having a DAPP and DAFA supporting the process. A social worker indicated that they now use the phrase "relationships that feature domestic abuse" instead of "domestic abuse relationships" as it acknowledges the complexity of those relationships that can also include some positive features and comes across as less judgemental for the survivors:

> *"There's a lot more to their relationship, so I think that's helped, especially in court documents, because it makes it read a lot easier for that. The victim or survivor to see that we're acknowledging that this is a complicated situation. It's not as clear as this is domestic abuse, and so you should leave it. There's a lot of other things impacting it." (Social Worker 5)*

Another example provided by the social worker was their ability to write better reports for the court now that they have a clearer understanding of indicators of the impact domestic abuse has on children:

> *"It's provided me with a lot more evidence so I can actually create a good social work analysis at the end of those court reports. Because as much as I feel like I already know that it's going to impact the child, it's nice to be able to have clear indicators of 'this child is displaying this behaviour, this is an indicator of domestic abuse, this is how it could impact them later in life'. So yeah, the training days and things like that have been really useful and I do think I changed my language quite a lot since they've been involved." (Social Worker 5)*

A social worker (Social Worker 6) noted that the word "minimised", as in the parent minimises the risk or situation, is used a lot less within the assessments, which has a positive impact on the relationships between families and social workers.

A terminology shift that appears in documents is the move away from "victims" to "survivors". This, however, is an important change in thinking and does not always transpire in the language and notes made by the WCTADA team.

A participant noted that languages and terminology can sometimes become a barrier, or "get in the way" when the focus should be on the experience of the parents and the child (Staff 6).

Reflective practice

The Theory of Change suggested that reflective practice is the means through which the WCTADA programme intends to shift practice in children's services. According to an interviewee (Staff 6), reflective practice is not well embedded in the way social workers tackle domestic abuse. The participant noted that the approach was used inconsistently. The WCTADA Midway Review Report indicates that three group reflective practices were facilitated with the DAPP and children's social care and 183 reflective practice consultations were held with social workers. The consultations focus on what works well for the survivors of domestic abuse, including children.

Front-line workers interviewed agreed that reflective practice is particularly useful when considering domestic abuse cases. It is important to gauge the extent to which their own morals and background may affect their work and their approach to survivors and perpetrators. The approach is particularly useful when working with perpetrators, as they need to remain professional regardless of their personal opinions and feelings (Social Worker 2). Social workers interviewed gave some good examples of how they have used reflective practice in their work with case study families. One example highlighted the benefit of the approach when managing a case "that they just really can't get their heads around" (Social Worker 10), talking to a school's headteacher who was of the opinion that the child should be taken away from the family (Social Worker 4), or using it directly with the survivors when they are upset, as well as when engaging perpetrators (Social worker 5). While using reflective practice is not new to them, the focus on domestic abuse and support given by the DAPP were "really helpful" (Social Worker 4, 6 and 10). An example of where reflective practice contributed to better support for the survivors was when it was used with their parents, who remained supportive and a protective factor, when the survivor temporarily got back with the perpetrator and became pregnant:

> *"[Without reflective practice] they might have kind of gone: 'right, that's it. Now I am walking away I cannot [support her]. She has done this again now and … I can't do it anymore. But actually, I think now because they understand the dynamics better, they're not going away. They've got her back. They've got the grandson's back and you know even if she isolates herself from them, even if she pushes back, they won't go anywhere now." (Social Worker 4)*

An interviewee noted that the WCTADA team provided social workers with the opportunity to have reflective discussions, which were highly appreciated and valued among the workforce (Social Worker 9).

A WCTADA team member (Staff 5) indicated that there was an increase in reflective supervision done with social workers, which was noticeable as they are now more often recorded in the families' case notes. This was deemed "a massive success" despite some initial resistance:

> *"At first we saw that ... You know … 'we haven't got time for this'. But then, once they've done it once or twice, they loved it. And you know, they'll come back for more of it, so. I think it was definitely something that overall was pretty well received." (Staff 5)*

The individual reflective supervision was a lot more successful than the group supervisions. The intention was to set up group meetings to support professionals to unpick cases together, but social workers did not engage with this activity. It is difficult to gauge why this was the case; perhaps it was felt that this "was yet another meeting" or because it was associated with the Practice Improvement Team that does audits of social workers' cases (Staff 5). However, some social workers noted that the group supervisions were interesting and used to discuss challenging cases (Social Worker 9). It was also noted that reflective practice sessions were used on a reactive basis, to address a challenge, rather than to engage in reflecting (Staff 6).

Some external stakeholders (External 1) mentioned reflective meetings between themselves and a member of the WCTADA team, sometimes involving the survivor's social worker too. Those "three-way meetings" are set up by the WCTADA team. Sessions can focus on reflecting and reassuring the professional's position and advice for the survivor, for example.

It was noted by interviewees (Staff 5 and 7) that social workers' experiences of reflective supervision and consultations may vary depending on the member of the WCTADA team they worked with, as personal differences come into play when using reflective practice. It nonetheless expected that the different approaches would probably lead to the same outcome (Staff 7).

Furthermore, some of the consultations led by DAPPs had to take place on paper rather than face to face (or virtually) due to staff shortages (Staff 7). While the social workers still received advice from the team, this format is not conducive to reflective practice.

The WCTADA team, while keeping reflective practice at the core of their consultations, focused their efforts on the delivery of training and professional development as it became apparent that this would better address the need and problem statement. Through the implementation of the programme, reflective practice became a mechanism by which engaging social workers was feasible, rather than an outcome. Acknowledging that the programme is trying to address a deficit in social worker's knowledge of domestic abuse, the WCTADA staff explained that reflective practice allowed for a soft approach that facilitates a good learning environment. It is also used when approaching social workers to discuss their practice:

> *"Communicating with social workers, I don't think that's appropriate as well to give too much of a challenge. And as I say, that's just part of all of us being emotionally intelligent and understanding where they're coming from, that they might be carrying a lot of secondary*

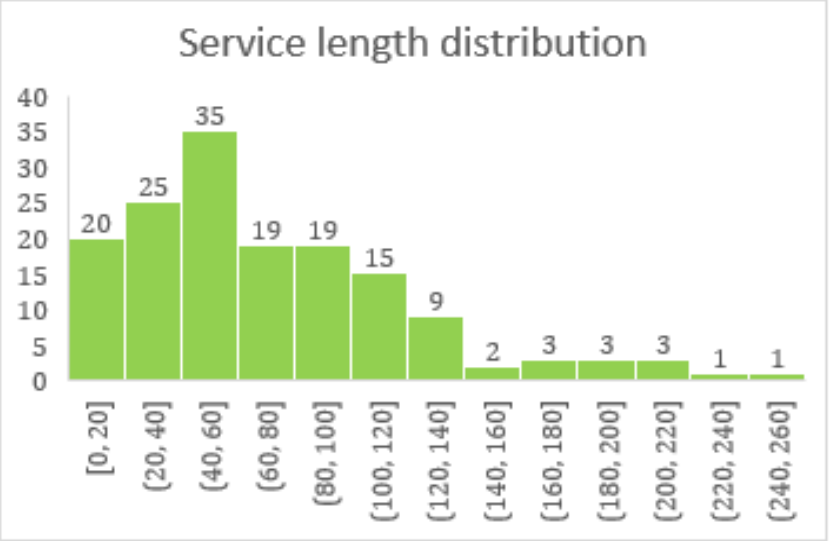
trauma. So, the best way to learn is really to provide safe, emotionally safe, environment for them as well. So, they will feel safe to come to us for advice and everything." (Staff 2)

A standardised self-assessed survey tool was also introduced to social workers to measure the level of reflective practice upon joining the programme and then three months later to assess improvement quantitatively. The Reflective Practice Questionnaire (RPQ) was developed by Priddis and Rogers (2018) to measure the experiences, benefits and potential pitfalls of reflective practice and reflective supervision, given that reflective practice was not only found to enhance confidence and self-improvement but also increase uncertainty and stress in some individuals. The questionnaire contains 46 statements and covers 11 sub-scales that are known to be positively or negatively associated with reflective practice, such as "Reflection-on-action" and "Stress interacting with clients". Answers were registered on a 1 to 6 Likert scale to measure level of agreement from "Not at all = 1" to "Extremely = 6" with statements such as "After interacting with clients I wonder about my own experience of the interaction". The first questionnaire was intended to have been administered at the point professionals (i.e. DAFA, DAPP, social workers, project officer, project manager) joined the programme (although we have been informed that – in some instances – there was a delay in completion), and again in November and February to detect change over time. Subsequent analysis would compare pre/post test scores by professional role with an emphasis on the self-reported reflective practice scores of social workers.

In the first round, 35 professionals completed the reflective practice questionnaire and nine further responses have been received since June 2021. Among these, we could only identify two pairs of forms that have been completed by the same individual (both submitted by DAFAs). As a result, we were unable to produce comparative figures to capture changes in key aspects of reflective practice over time.

While the majority of responses are coming from social workers, we are unable to break down the responses by specific role, as these should have been added at follow-up. This is a limitation as we – in line with the theory of change – aimed to produce scores specifically for social workers. Baseline survey responses for the reflective practice questionnaire show high confidence in communication (i.e. "I'm good at listening to my clients with genuine curiosity"), and on average, high scores on reflective with others (i.e. "I gain new insights when reflecting with others about my work"). There are also stress-related items that scored relatively high: "Sometimes after interacting with a client I feel exhausted" (4.17) and "The pressure to meet the needs of my clients can sometimes feel overwhelming" (4.10). This correlates with previous findings suggesting that reflective practice might increase uncertainty and stress in some individuals (although, given the nature of the work of domestic abuse professionals, it might be just an indication that this work is generally stressful). Figure 3.8 shows average scores of professionals on the reflective practice scale broken down by sub-scales.

Figure 3.8. Average reflective practice score by sub-scale



Mean scores are also compared to a general population (sample size 188) and mental health professional sample (45) averages reported by Priddis and Rogers (2018). Mean differences in sub-scales indicate that WCTADA professionals generally score higher in sub-scales measuring benefits (i.e. self-appraisal), as well as on those indicating potential pitfalls (i.e. uncertainty) of reflective practice compared to both comparison samples. There is one exception to this, namely the WCTADA professional group has a lower mean for the general confidence sub-scale compared to the general population sample. This finding might reflect a general tendency for social workers to question themselves due to the highly variable and challenging nature of their work, or it could be a specific quality of the present small sample (see Table 3.6).

Table 3.8. Means and standard deviations (SD) values for the RPQ sub-scales compared to general sample and health practitioners*

	WCTADA		**General population**		**Mental health practitioners**		***Difference from general population sample***	***Difference from HP sample***
Subscale	Mean	*SD*	Mean	*SD*	Mean	*SD*	*Mean diff.*	*Mean diff.*
Reflective-in-action	4.63	*1.12*	3.41	*1.16*	4.31	*0.70*	*1.22*	*0.32*
Reflective-on-action	4.89	*0.93*	3.49	*1.16*	4.53	*0.76*	*1.40*	*0.36*
Reflective with others	5.15	*0.89*	3.53	*1.06*	4.69	*0.68*	*1.62*	*0.46*

Self-appraisal	4.81	*0.94*	3.53	*1.13*	4.46	*0.74*	*1.28*	*0.35*
Desire for improvement	4.72	*1.27*	3.32	*1.27*	4.53	*0.91*	*1.40*	*0.19*
Confidence – general	3.80	*1.32*	4.07	*1.02*	3.06	*1.04*	*-0.27*	*0.74*
Confidence – communication	5.16	*0.83*	4.44	*0.92*	4.57	*0.46*	*0.72*	*0.59*
Uncertainty	3.38	*1.13*	2.52	*1.05*	3.09	*0.87*	*0.86*	*0.29*
Stress interacting with details	3.90	*1.39*	3.17	*1.24*	3.06	*0.89*	*0.73*	*0.84*
Job satisfaction	4.93	*1.29*	4.00	*1.27*	4.83	*0.64*	*0.93*	*0.10*
Appraisal of satisfaction	4.47	*1.17*	N/A	*N/A*	4.23	*0.89*	*N/A*	*0.23*

Notes: Comparison samples are taken from Priddis and Rogers (2017).

Wider system

Joining up services

Referrals are an important feature of the programme. Survivors are referred to the WCTADA team by social workers, and the WCTADA team can support by referring survivors to other support services to meet their needs. The WCTADA team worked with a large range of services to support the families, including schools, probation, police, GPs, housing associations, solicitors, mental health, domestic abuse programmes, leisure services and benefits. It was noted that the police force took longer than others to understand the remit of the programme (Social Worker 10) but were now on board (Staff 6).

Some of the external agencies (External 1) noted that the number of referrals varied greatly from one DAPP to another, some referring almost all the survivors they worked with, others not engaging with the service, perhaps because they "work differently".

Another shift that was perceived as a cultural change is the number of families that get referred to services at the front door. According to an interviewee (Staff 6), a high percentage of families that did not meet the threshold for social care were historically given advice and information, whereas they are now being linked to services (e.g. Early Help Hub, Lighthouse Centre). The interviewee attributes this change in culture to a better understanding of domestic abuse and the needs associated with it, as well as greater knowledge of the services available.

Some other external stakeholders noted that the WCTADA team was creating a bridge between the domestic abuse services they provided and children's services, creating a more "joined-up" approach

that was addressing the “disconnect between children’s services, safeguarding and domestic abuse” (External 4). Similarly, a WCTADA staff member noted an increase in joined-up working in the second half of the year, which led to much stronger domestic abuse recovery services (Staff 5). The WCTADA programme has also built bridges between services that, historically, did not always have a good working relationship, such as the Family Safety Unit and children’s social care. Some interviewees (Staff 6) noted that the programme “massively improved” the relationship between children’s social care and the Domestic Abuse Alliance. This is evident, according to this staff member, as the social care team now attends the Alliance’s meeting more consistently. The programme’s outputs (e.g. audit reports and events) created a stronger link between the two groups, and “changed people’s perspectives” (Staff 6).

It also has strong working relationships with the Drive programme, that works with perpetrators, as WCTADA team members sit on their panel. This brought the Drive programme closer to children’s services, an important step as the two services worked very differently and engagement was challenging in the past. This is partly due to time delays between referring perpetrators and them starting the programme, and the fact that the first four weeks of assessment happen without the knowledge of the perpetrator, which does not align well with social workers’ practice. It is perceived as “sticky and messy” (Staff 5). Social workers also perceived the programme as being very time consuming (Social Worker 6).

An interviewee noted that social workers do not all have the same knowledge of services available, partially due to the lack of time to attend the Thinking Thursdays where such information is shared. Consequently, the referrals are dependent on the knowledge of the social worker the family is appointed. It was suggested that information easily accessible on the intranet could support better knowledge mobilisation.

> *“It’s a bit of a postcode lottery. You know, someone in the team might know about something and then the other person doesn’t. So we obviously share it with each other. So it’s always about trying to expand the communication between teams and the entire service.” (Social Worker 7).*

However, it was noted that the links between children’s services and other support services are still fragile and several interviewees, some external, others from the WCTADA team, estimated that the programme needed more time to solidify those relationships. One participant noted that implementing cultural change among domestic abuse services was more challenging than cultural change in children’s services, as understanding the different thresholds for children’s services can be difficult. The interviewee noted that the two services have a different understanding of risk reduction, as one focuses on the survivor and the other on the children:

> *“So it’s trying to get domestic abuse professionals to understand that, yes, there may still be a risk of domestic abuse in this case, but the risk to the children has reduced, so they have called there’s no role for that social worker. They need to go because they’ve got 100 other cases in waiting. The DA professional finds that really difficult to absorb.” (Staff 5)*

A social worker noted that it would be beneficial if the WCTADA team could deliver all the support required for domestic abuse rather than have to refer to other services (Social Worker 4).

An interviewee pointed out that this new level of inter-agency working brought up some difficult discussions, where individuals disagreed and challenged each other. This, in their opinion, is a sign of a successful and fruitful partnership, one that will bring about change:

> *“I think that’s one of the reasons why I enjoyed it so much. Because I think we’ve had, historically, partnership groups and people would say ‘Our partnership work is strong’, but*

sometimes … we attend meetings and we all agree with each other and say well done to each other and leave. But some of those really knotty problems, we're really beginning to talk about now, which is good." (Staff 6)

Finally, the Bungalow was about to open its doors to survivors of domestic abuse at the time of the qualitative fieldwork. It was perceived by interviewees as a space that would enable inter-agency work between various domestic abuse professionals and social workers (Staff 2).

Administrative data

The families for whom a fully completed consultation form was provided (179 families), the mean number of contacts with external services (including police visits, hospital appointments as well as meeting with DA-focused organisations) was 9.8. These figures only monitored the number of attendance of multi-agency meetings (or one-on-one meetings) with the given external body, and do not account for follow-up meetings/visits the survivor may have had following those initial visits. On average, each survivor has been in contact with 3.6 external services during their engagement with WCTADA. Some of the referral rates have reportedly gone up since the start of the pilot; however, it has been stressed that this did not necessarily increase the burden for the external organisation. As an example, the Family Safety Unit (FSU) saw a dramatic increase in referrals (because clients are directed to FSU based on their DASH/RIC score), but this has not resulted in more work for FSU due to the work WCTADA took over from them. The management team reported that the pilot had no impact on referral rates other than those referred to FSU, Involve and the Rape and Sexual Abuse service (RASA; these are highlighted in bold in Table 3.7 below). We have been warned by the management team, that these figures (especially in relation to referrals to FSU, Involve and RASA) have not been captured systematically, and are likely to underestimate real rates. Table 3.7 provides a breakdown of the total number of meetings/visits registered, and the number of clients referred to each service.

Table 3.9. Number of external visits

	External service	Measure	Sum	Count
ASC	Adult Social Care	Meetings attended	7	3
CRC/NPS	Probation	Meetings attended	65	30
CWP	Cheshire Wirral Partnership (primary health, including mental health workers, GPs)	Meetings attended	32	16
Education*	Education	Meetings attended	373	108

Family Matters	Family Matters	Volume of visits/meetings attended	37	13
FSU/DA	**Family Safety Unit and Domestic Abuse Early Help Team**	**Number of times the case has been heard at MARAC / Target Hardening referrals. IDVA appointments**	**330**	**114**
Health**	Health (Health visitors / school nurses)	Meetings attended	431	139
Housing	Housing	Meetings attended	103	43
Involve NW	**Lighthouse and any other support services that they access as part of this**	**Meetings attended**	**28**	**25**
RASA	**Rape and Sexual Abuse service (RASA)**	**Volume of support sessions/Meetings attended**	**7**	**5**
Police	Police	Number of PSCO visits and any arrests	227	118
TWW	Tomorrow's Women	Volume of support sessions/Meetings attended	33	21
WWACA	Is refuge	Support visits, meetings attended	38	11
WWTR	Wirral Ways to Recovery	Meetings attended	36	18

WUTH	Wirral University Hospital	Number of visits	21	9
Total			**1768**	**673**

Notes:
* Education and ** Health meetings held to discuss issues around the child and not the survivor.

3.4.3 Unintended consequences and programme limitations

Some elements of the programme created tensions that were not intended, nor anticipated. The tension between giving agency to the survivors and using a trauma-informed approach where professionals consistently advocate the same approach was highlighted in this report. Giving survivors agency may slow their journey to recovery. It will, however, increase their readiness when they decide to begin the journey.

The system within which the programme operates, that of children's services, constrained the WCTADA ability to engage with all perpetrators. Some survivors will still feel re-victimised when the system prevents professionals from engaging with non-biological perpetrators, especially if they are initially told that the team will work with the perpetrator, but this cannot be followed through.

Some of the anticipated outcomes identified for the programme can show, in some cases, an initial change in the wrong direction. For example, some of the social workers may initially feel less confident when managing cases with domestic abuse as they become more aware of the limitations of their knowledge and potential inadequacy of their action plans. Similarly, while the programme is intended to decrease the number of cases going to child protection level, some of the cases that may have remained as child in need will be escalated to child protection due to a better understanding of domestic abuse. This is a positive move as the family will receive adequate support. Therefore, in the short to medium term, some of the anticipated outcomes may show limited change as the programme is settling, and better understanding of domestic abuse and gaps in current practice may move some cases towards the opposite direction, at least initially. To summarise, unintended consequences and limitations include:

- Tension between giving agency and using trauma-informed approach
- Some social workers indicated feeling less confident when managing cases with DA
- Some cases will be escalated to child protection to receive adequate support
- Broadening the scope of the Voice Forum will make it less relevant to this specific programme and its outcomes
- Some survivors will still feel re-victimised when the system does not allow to engage with non-biological perpetrators.

3.4.4 Cost

*What are the economic **costs** of the intervention per survivor?*

In the absence of a counterfactual impact evaluation, a full cost–benefit analysis was not attempted. Instead, our focus was on estimating economic costs of the intervention.

The We Can Talk About Domestic Abuse (WCTADA) programme has been evolving during the lifetime of the evaluation. The staff base has not been fixed and the number of cases has been increasing. Also, due to COVID-19 some meetings and events that would ideally have been held face to face took place online. As detailed in other parts of this report, monitoring data for some aspects of the programme has been limited. Taking all these factors into account we have therefore created a simple model of the annual cost of running the programme, assuming that all staff posts are filled, that caseloads are at a reasonable level, and that meetings and training sessions are face to face where this is preferable. We believe that this presents a more useful estimate of costs for the purposes of future replication or scaling of the programme.

We include the estimated costs of the core programme team, the costs of additional staff and resources supplied by Wirral Council, the opportunity cost incurred by social workers and the costs incurred by partner agencies. We have not attempted to estimate the costs incurred by survivors of domestic abuse or their families.

Set-up costs

The WCTADA team needed some training in order to deliver the new programme; this included domestic abuse training for the DAFAs, and reflective training for all. The overall costs for set-up training were as follows:

- SafeLives Training – £14,500
- Reflective Supervision Training – £9,600.

Revenue Transaction Analysis also lists the invoices created for apprentice levy costing £1,179, and further educational courses costing £5,619 overall.

Cost of the programme team

The project was based in Wirral Council, which established a small team of eight paid subject-matter experts to provide challenge and support to social workers in their daily practice. The team was as follows:

- 1 Manager
- 3 Domestic Abuse Practice Professionals (DAPPs)
- 3 Domestic Abuse Family Advocates (DAFAs)
- 1 Project Officer.

All posts were full-time. Based on actual salaries and on-costs (National Insurance and pensions) incurred by the project, we estimate the annual cost of the core programme team as £328,635 per annum. This figure assumes a complete team without adjusting for interim vacancies and staff turnover.

In addition:

- The team was overseen by 0.08 FTE of an Assistant Director and received support from 0.08 FTE of the Head of Service at Wirral Council. Including salaries and on-costs (National Insurance and pensions), we estimate these costs as £11,000 per annum.

- The programme reported to a project board, the Domestic Abuse Alliance, that met every eight weeks for 2.5 hours. There were also four subgroups that met every four weeks. Assuming that Board members attended five board meetings per year and that each Board member sat on one subgroup and attended ten times a year and assuming two hours of preparation and travel for each meeting, it is estimated that each Board member spent 0.04FTE per annum on the Board. Board members tended to be Assistant Director/Director level, so we have assumed a salary of £60,000 per annum and added employer National Insurance and pensions (assumed at 17% employer contribution). The Board consists of 18 organisations each assumed to have one representative on the Board:
    - Wirral Children and Young People's Service
    - Family Safety Unit
    - Forum Housing
    - Involve North West (DA Team)
    - Magenta Living
    - MARAC
    - Merseyside Police
    - Merseyside Safeguarding Adults Board
    - National Probation Service
    - Next Chapter
    - Paul Lavelle Foundation
    - Tomorrow's Women Wirral
    - Wirral CCG
    - Wirral Safeguarding Children Board
    - Wirral University Teaching Hospital NHS Foundation Trust
    - Wirral Ways to Recovery
    - Wirral Women and Children's Aid
    - WEB Merseyside.

The estimated total annual cost of Board salaries is £57,558. Twenty per cent of the Board's business was estimated to be devoted to the WCTADA programme, so we estimate the annual cost of the Board at £11,511.

The programme team occupied an office. Based on information provided by the programme team, the cost for the accommodation, office equipment, furniture, broadband, laptop and phone extensions are estimated to be around £19,000 per annum.

The programme team received other support services such as HR, Occupational Health services and payroll. We have not been able to ascertain the cost of this but estimate it as 10% of salary costs, hence £32,864 per annum.

Additional running costs covering transport and counselling were as follows:

Table 3.10. Additional running costs (£)

	Cost (£)
Car Allowances	990.61
Counselling Services	147
Passenger Transport	463.5
Subscriptions	90
Grand Total	4091.11

All members of the team required a DBS check. We do not know the specific cost for this but estimate it at £50 per team member, so a total of £400 per annum.

Cost of delivering training

In support of its aim of bringing around wider system change, the project team has undertaken three multi-agency learning events.

Learning events were typically all day. They were run by the core team, but additional costs included paying for speakers (approximately £250 per event) and venue hire and catering. Due to COVID-19 all events ended up being online, but when a venue was booked for an event (which was subsequently moved online) the cost of venue hire, and catering was £2,400. We assume that if the programme were to be replicated, the majority of events would be undertaken face to face and therefore assume an average cost of venue hire and catering of £2,000 per event with £250 per event for speaker fees: a total of £2,250 per event or £6,750 for the three events per annum.

Cost of social worker input

The project has established a small team to challenge and support social workers in their daily practice. We have estimated the time that social workers allocate to the project in response to this challenge and support. This is productive time, but nevertheless represents an opportunity cost: it is time that social workers could have used on other activities. The main time allocations made by social workers are as follows.

Engagement with programme team

The Domestic Abuse Family Advocates (DAFAs) work directly with families. However, as a result of this work social workers will attend meetings with the programme team. For social workers, their engagement with the WCTADA team would mostly consist of joint visits but some additional meetings were identified, the main one being an initial consultation with the programme team at which a Domestic Abuse Risk Assessment Check List (DASH/RIC) is completed. We estimate that these lasted an average of one hour and took place for all families (206 families). This is an additional 206 hours of social worker time. A social worker's salary ranges between approximately £24,000 and £40,000.[5] We have assumed a mid-range salary of £32,000 and assumed 28% on-costs (National Insurance and pensions) giving a total salary cost of £40,960. Assuming a typical contract is for 1,500 hours per year, that gives an hourly rate of £27.31. The 206 hours of additional social worker time therefore costs £5,625.17 per annum.

Reflective practice

Promoting reflective practice among social workers was an important stream of work within the programme. Some initiatives to encourage reflective practice, such as group reflection and Joint Reflective Spaces didn't take place as originally planned but were superseded by an embedded hub model. Peer mentoring for staff did take place, but during joint visits. We have therefore assumed that the reflective practice component of the programme did not lead to any additional costs for social workers.

Cost to partners and other parts of Wirral Council

There are various ways in which the programme might lead to partner agencies incurring additional costs. This is productive time, but nevertheless represents an opportunity cost: it is time that the partner agency could have used on other activities. The main cost implications of the programme for partners are as follows.

Costs associated with increased numbers of referrals

A greater awareness of and understanding of domestic abuse might be expected to lead to more referrals being made by social workers to other support services. However, we have not been able to quantify any change in referral levels and don't have any reliable way of estimating what these might be. No such costs are therefore included in this analysis.

Costs of attending events

The online learning events attracted between 87 and 123 participants. Our primary interest in estimating the costs of the programme is to estimate the likely costs to replicate the programme. We therefore assume that the majority of learning events would be face to face, and we assume that face-to-face events might attract a smaller audience and so assume 50 participants per event.

[5] https://nationalcareers.service.gov.uk/job-profiles/social-worker

Table 3.11. Learning events

	Date	No. of attendees
1st Learning Event	15-Jul-21	123
2nd Learning Event	12-Oct-21	105
3rd Learning Event	10-Dec-21	87

Learning events were all-day events so we assume that each learning event involves seven hours of a person's time and that 50 people would attend a typical, face-to-face event. We do not have detailed information on the positions of those who attended so we assume that the majority were front-line staff or junior managers with an average salary of £32,000. Assuming 28%t on-costs (National Insurance and pensions) gives a total salary cost of £40,960. Assuming a typical contract is for 1,500 hours per year that gives an hourly rate of £27.31. The cost per person to attend is therefore £191.15. Assuming 50 attendees at each of three events per annum, the annual cost of attendance is £28,672. However, this does not include any travel costs or staff cover and so is a conservative estimate.

The programme team ran six Domestic Abuse Awareness Training events over a year. Attendance varied between 9 and 17 people. The average was 13.

Table 3.12. DA Awareness Training

Date	No. of attendees
July 2021	9
August 2021	17
September 2021	13

November 2021	10
December 2021	14
January 2022	cancelled due to low numbers
February 2022	16

DA awareness training events were attended by people from different parts of Wirral Council and some external agencies.

Table 3.13. DA Awareness Training attendees

Organisation Sector	Organisation/Agency	Total
Health	CAMHS	1
	CWP	1
	Moreton Health Clinic	1
	Wirral Community Health and Care NHS Foundation Trust	8
Local authority children's social care	Children's services	5

	CYPD	6
	Family intervention service	3
	Family Matters	4
	Family support services	2
	MILESTONES	1
	Pre-birth infant team	1
	Preliminary assessment team	1
	Probation service	1
	Targeted services	3
	WEB Merseyside	1
	Wirral Attendance Service	1
	Wirral Borough Council	13
Other Agency	Family Safety Unit	1

	Joseph Paxton Hospital School	1
	NPS	1
School	Eversley Nursery School	1
	Ganneys Meadow	1
	Prenton High School for Girls	1
	Well Lane Primary School	2
	Woodlands Primary School	1
Voluntary/Community/ Charity	Barnardos	1
	Claire House Children's Hospice	1
	Crea8ing Careers	1
	Forum Housing	2
	Koala North West	4
	New Horizons Enrichment & Education	1

	Tam O'Shanter urban farm	1
	Tomorrow's Women Wirral	2
	WIRED	1
	Wirral Ways to Recovery	3
Grand Total		**79**

We do not have detailed information on the positions of those who attended so we assume that the majority were front-line staff or junior managers with an average salary of £32,000. Assuming 28% on-costs (National Insurance and pensions) gives a total salary cost of £40,960. Assuming a typical contract is for 1,500 hours per year that gives an hourly rate of £27.31. Assuming 13 attendees at each of six events per annum the annual cost of attendance is £10,650. However, this does not include any travel costs or staff cover and so is a conservative estimate.

Programme cost

Taking account of all the costs outlined above we estimate that the annual cost of the programme was £412,643. If the programme were to run for multiple years, set-up costs could be amortised across multiple years. However, given the turnover of staff it is likely that some of these set-up costs, which were all training costs, might have to be repeated on a regular basis.

Table 3.14. Programme cost summary

Set-up costs	Description	Totals
Cost of training for core team	Save Lives [1] [2] Training	£14,500
	Reflective Supervision Training	£9,600

	Educational courses	£5,619
Annual programme running costs		
Core programme team	Core team salaries and on-costs	£328,635
Programme management	Cost of senior managers	£11,000
	Cost of management board	£11,512
Overheads	(HR, Payroll, Occupational Health, etc.)	£32,864
Office accommodation and running costs	Rent and equipment	£19,000
Additional running costs	Subscriptions	£90
	Car Allowances	£991
	Counselling Services	£147
	Apprentice Levy	£1,192
	Passenger Transport	£464

Delivering training	3 learning events (speakers, venue hire and catering)	£6,750
Cost to social workers		
Additional social worker	Completing initial review with the programme team	£5,625
Cost to other agencies		
Attending training	Learning days	£28,672
	Domestic abuse awareness training	£10,650
TOTAL		**£412,643**

Author: do you mean SafeLives or is this this different?
@fardawza.ahmed@whatworks-csc.org.uk Please can you check this one also

The cost per family worked with is £2,003 per family.

4 Discussion

In this section we discuss findings, set out the main limitations for the study, draw conclusions and make recommendations.

4.1 Discussion of findings

This section's discussion of key findings considers the plausibility, feasibility and measurability of the Theory of Change. The discussion is then organised through several tables that bring together key findings with evaluation questions regarding the fidelity, acceptability and responsiveness of the programme. It answers questions regarding the level of engagement, population characteristics, change over time and potential impact.

4.1.1 Conclusions on the Theory of Change

Drawing on the evaluation findings outlined above and considering the literature, we consider the Theory of Change's plausibility, feasibility and measurability. It is important to note that the WCTADA Theory of Change is a work in progress, is subject to change and is constantly evolving.

Plausibility

Overall, the WCTADA Theory of Change appears plausible. Evidence suggests that some of its elements and pathways are more important than others. This is the case for DAFAs, mentioned as the most important element of the programme by several stakeholders, from the WCTADA team to survivors and external agencies. The DAFAs are introduced to the families by the DAPPs and received peer support and mentoring from them. Given the hierarchical nature of work in social care, the DAPPs played an important role in deploying and endorsing the DAFAs. They are therefore a critical element of this pathway. The DAFAs' non-professional identity is a facilitating factor. It would be important to bear this in mind when DAFAs start delivering the programme on coercive control. The programme should not be introduced before they have built a relationship with the survivor. While this evaluation cannot ascertain causation, survivors have reported being satisfied with the support received, and an improvement for those who had previous experience with children's services.

The upskilling of social workers using reflective practice is another pathway that appears plausible. Evidence gathered for this report suggests that, overall, social workers engage well with the programme and change their practice accordingly, whether this is through the joint visits or the learning events. However, this pathway is more distal. It requires social workers to change their practice, in order for families to become less likely to be referred to children's services or MARAC again.

We have not been able to assess the plausibility of the Voice Forum pathway. Very few survivors were involved in the group, and its delivery changed significantly over time, from online to face to face in several locations to include other survivors of domestic abuse. The Voice Forum will therefore engage with survivors of domestic abuse that may not be involved with children's services.

Finally, the learning events were a successful part of the programme. Appreciated by both social workers and external stakeholders, they appear to have raised awareness about domestic abuse in the council. While this may lead to stronger support and funding towards domestic abuse services, it does not directly affect the key anticipated outcomes of the WCTADA programme.

Feasibility

The WCTADA programme delivered most of the anticipated activities (Voice Forum, joint visits, reflective practice sessions and learning events) in circumstances that were particularly challenging due to COVID-19. The pilot demonstrated that the programme engaged with a volume of families relatively close to the target. The anticipated outputs were generated by the team.

It is important to note that its implementation required considerable time and resources being directed towards training staff, something that is reflected in the cost analysis. DAFAs in particular have no professional understanding of domestic abuse, nor knowledge of children's services procedures. In the future the timeline for implementation may need to be revised, as approximately three months are required to set up the infrastructure and train staff before the programme can start engaging families. Furthermore, it is likely that it would take more than 12 months to measure progress regarding reduction in cases going to child protection or repeat referrals to MARAC. The evidence gathered here suggests that progress towards those outcomes would be noticeable, but not necessarily on a scale that would capture impact.

Furthermore, the team encountered capacity issues which could impede their ability to deliver anticipated outcomes. The programme would probably need more DAPPs and DAFAs to support more than 200 families in a consistent manner.

For the programme to upskill social workers through reflective practice, it needs to engage with a large proportion of social workers within the council. The evaluation findings are not clear regarding the extent to which the programme reached all social workers.

Measurability

The programme has encountered important challenges when collecting monitoring and performance data. Some of the challenges come from the fact that the programme works with parents, whereas children's services are focused on children and therefore only hold information about the focal child but not the parent.

Validated scales exist to capture progress in reflective practice and survivors' self-efficacy. Current systems were not efficient at collating and sharing data. Consequently, statistical analysis could not be conducted for this pilot. This may be a cause of concern for further evaluation work.

The programme aims to improve experiences and support for families affected by domestic abuse. The pathways involving direct work with survivors and perpetrators offer the most direct path to anticipated outcomes.

4.1.2 Programme's implementation (evidence of feasibility)

In this section we summarise the evidence for the feasibility of the programme against three main criteria:

1. **Fidelity and adaptation**: how far is the delivery of the programme consistent with its design? What are the facilitators and barriers to delivery?
2. **Responsiveness:** how well do programme activities respond to the survivors' and practitioners' needs?
3. **Acceptability:** how well is the programme received by social workers, other professionals, survivors and their families?

Table 4.1 Evidence of feasibility

Activity	Fidelity	Evaluative judgement
System change	Learning events and training are addressing gaps in knowledge.	Positive
Role of DAFA and DAPP	Some key changes to the role of DAPPs, with direct engagement of families, including work with perpetrators. DAFAs have also been trained to deliver intervention on coercive control.	Mixed findings
Family approach and active participation	The programme moved away from engaging children, incorporated a new focus on perpetrators, and made changes to the Voice Forum.	Characteristic wasn't fully achieved
Upskilling social workers through reflective practice	It was challenging to capture practice. The Theory of Change was refined to provide clearer understanding of this pathway.	Mixed findings
System change	The learning events were implemented as planned. Additional events and training were added to the original plan. Regular audits conducted as planned.	Positive

Activity	Responsiveness	Evaluative judgement
Role of DAFA and DAPP	The positions have shifted to respond to gaps in provision (perpetrators), increase social workers' engagement, survivors' needs (coercive control) and build upon DAFAs' successful engagement with families.	Positive
Family approach and active participation	Family approach is responsive to the needs of survivors and children, as well as social workers.	Positive
Upskilling social workers through reflective practice	The programme builds on the understanding that there is a need for social workers to provide better support to survivors of DA. This was evidenced through the case studies, particularly regarding coercive control.	Positive

Activity	Acceptability	Evaluative judgement
Role of DAFA and DAPP	Very high for the DAFAs, from both survivors and social workers. DAPPs' role was more controversial given their difficult role of improving social work practice, but well received overall.	Positive
Family approach and active participation	Programme is well accepted by the survivors, including the focus on perpetrators. Very small number of interviews (3) with perpetrators provide mixed views.	Positive
Upskilling social workers through reflective practice	Social workers do not all perceive the need to increase their reflective practice, yet the perception is that it is not well embedded in children's services. Most will acknowledge their limited knowledge of DA and need for upskilling.	Mixed findings
System change	Learning events and training are very well received by social workers as well as external stakeholders.	Positive

4.1.3 Programme's evidence of promise

In this section we summarise the programme's evidence of promise against the following criteria:

- What is the **level of engagement** with planned activities among practitioners and families? How does it vary among families by initial demographic factors, quantifiable need and/or other baseline service-related characteristics?
- Is there any evidence of **change over time** in measurable outcomes for practitioners and survivors (bearing in mind that any estimates of change will not warrant a causal interpretation) and what **potential impacts** of the intervention do stakeholders identify?
- Do there appear to be any **unintended consequences or negative effects**?

Table 4.2 Evidence of promise

Evaluation question	Conclusions

What is the level of engagement with planned activities among practitioners and **families**?	Level of engagement among families is overall good. (70 days, 7.3 meetings), more intense in early days and can drop (according to quals) when survivors still perceive a need or it is unclear if the team is still supporting them. Not all families were offered a DAFA (capacity issues). Few survivors were very challenging to engage.
What is the level of engagement with planned activities among **practitioners** and families?	There is some evidence that professionals engaged regularly with planned activities. Due to the lack of systematic recording of those activities, however, engagement levels could not be monitored.
How does it vary among families by initial demographic factors, quantifiable need and/or other baseline service-related characteristics?	The length of engagement is not correlated to DASH score. Yet, there is a positive correlation between DASH scores and number of meetings arranged. Very little variation among the survivors (White British, Female).
Is there any evidence of change over time in measurable outcomes for practitioners and survivors (bearing in mind that any estimates of change will not warrant a causal interpretation)?	Performance data received will not allow for change over time analysis. Both the survey and qualitative work captured that overall survivors are satisfied with the programme (survey + qualitative) Some survivors reported an increase in confidence and agency (social workers and externals too), attributed to DAFA.

Stakeholder	**Potential impact**	**Evaluative judgement**
Survivor	Better understanding of domestic abuse Better understanding of impact on children and parenting Greater self-efficacy Better experience of child protection procedures	Positive
	Increased engagement in other recovery services The majority of the cases have improved Social Care status	Mixed findings

	Better relationship between social worker and family	Characteristic wasn't fully achieved
Practitioners	Greater use of DA risk assessment tools Better safety planning Better understanding of domestic abuse	Positive
	Contradicting evidence around language used	Mixed findings

4.1.4 Readiness for trial

In this section we consider what elements of the programme might be amenable to randomisation (what experimental contrasts if any are feasible), or how might natural variation in exposure to the programme among those at which it is targeted be exploited quasi-experimentally? Specifically, we consider the following:

- Which outcomes are candidates for a primary outcome?
- What existing and new data sources are of promise?
- What eligibility criteria might be appropriate?
- How are treatment effects to be defined?

Before commencing, we first locate our readiness-for-trial discussion within a broader context. That context is "evidence-based intervention", where the research, analyses and conclusions of our research place us at a point along a continuum. This continuum stretches from the very earliest stages of intervention development, right through to a full evidence-informed intervention operating at scale. To see this clearly it is helpful to consider the Early Intervention Foundation's ten steps for evaluation success (see Figure 4.1 below).

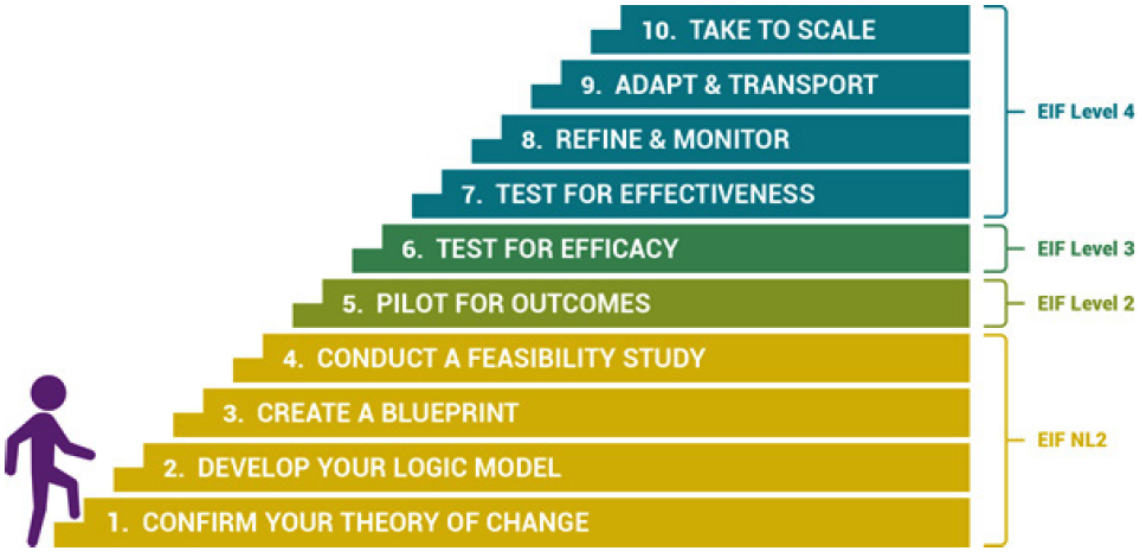


Figure 4.1. The Early Intervention Foundation's ten steps for evaluation success
Source: Early Intervention Foundation (2019, p. 6).

The development of WCTADA has been uneven; some elements of the programme appear more plausible and credible than others. Furthermore, our research has shown that some elements of WCTADA are "feasible"[6], while the feasibility of other elements are yet to be demonstrated. When the progress of WCTADA is viewed through the lens provided by Figure 4.1, it would appear premature to assess WCTADA, either in its entirety or individual elements of it, in terms of readiness for an efficacy or effectiveness trial. This leaves open the question as to whether WCTADA or some element of it might be ready for a pilot trial?

A proposed evaluand

Defining the evaluand – that is, "the entity being evaluated" (Scriven, 2008:p.18) – is a necessary first step towards assessing readiness for evaluation more broadly (Bamberger, 2015) and for a pilot trial specifically.

As attested by the Theory of Change, WCTADA is a large and complex programme, comprising several discrete elements, targeting not just individual behaviour but also system-wide change. It seems, therefore, neither practical nor desirable to consider a trial that attempts to test the entire package of measures that make up WCTADA and treat it as a single discrete evaluand. At the very least, due to its system-wide features, such a trial would necessitate randomisation at the level of social service department, or at some other similar level of aggregation. In other words, a level of aggregation must be

[6] By feasible, we mean that the intervention, or some element of it, is producing expected outputs in the quantity and to the quality anticipated in the Theory of Change, and that these outputs are received by the intended target group. Moreover, that these outputs are being produced in a way that is sustainable over time.

found over which a package of measures such as WCTADA might be varied at random. At the outset, the type of trial would appear infeasible, even if desirable.

For this reason, we return to the assessments made concerning elements of WCTADA during the Theory of Change-building process. The WCTADA Theory of Change was assessed for its plausibility, feasibility and measurability. In terms of plausibility, the role of the DAFA stands out. The DAFA role was considered very important by the key stakeholders when seen in the context of the programme. Furthermore, survivors responded very positively to DAFAs. The "lived experience" and "non-professional" aspects of the DAFA role were highly valued. The DAFA role achieved "acceptability", and led to increased confidence in negotiating "the system" among survivors as well as a greater sense of agency. The DAFA role is generally considered feasible with noted success in engaging with families, though there are some concerns around ensuring adequate training and that enough DAFAs are available to meet demand.

As a result of this assessment, attention naturally focuses on the DAFA role and the question of whether a pilot trial, where the DAFA is the evaluand, might be worthy of consideration? Further to this, however, we would suggest that the DAFA role warrants attention for wider theoretical reasons. Embedded with the DAFA role is the notion of "lived experience". There is increasing interest across policy domains in the role of "lived experience" in both policy design and delivery (Buchanan & Moulding, 2021; Doyle et al., 2021; Merritt et al., 2020; Sandhu, 2017). Particularly in the case of services delivered to vulnerable, marginalised and excluded groups, "lived experience" is seen as a key element in successful practice. For this reason, a trial in which the DAFA was the evaluand – and which focused attention on the causal effects of the DAFA on outcomes for survivors and their children – would be of general theoretical as well as practical interest. Such a study would provide evidence of general interest and have relevance beyond Wirral.

Within the context of Wirral the DAFA role is seen as strongly linked into the work of the DAPP. This is important because the DAPP acts as a gatekeeper or conduit between the DAFA and the survivor. Results from any pilot trial in terms of their generalisability will need to consider this relationship. If findings are to be transportable, the DAPP function also needs to be considered in implementing a DAFA function or role. In other words, the interface provided between the case setting and the DAFA through the actions and role of the DAPP will need to be replicated in all settings seeking to introduce the DAFA role and the implied mechanism of "lived experience".

An experimental contrast

A pilot requires, as with any trial, an experimental contrast to be defined that forms the basis of the trial. A pilot trial will comprise creation of two or more groups of "target" subjects at random, and variation across these groups in terms of exposure to the evaluand. How might such a pilot trial be conceived with the DAFA role in mind and in the context of Wirral?

We propose a pilot trial, in which a subset of survivors, as they become known to the authority and who receive an assessment (detailed discussion of inclusion criteria are discussed in more detail below), are randomised to two groups. The first of these two groups receive the DAFA and all other aspects of support available to survivors. The second of these two groups receive all aspects of support other than the DAFA. As a result, the contrast between the two arms is the DAFA. The overarching question such a trial addresses is: what difference does the DAFA make to outcomes for survivors and their children? Further, embedded within the trial, in the form of the DAFA, is the "mechanism" of "lived experience".

Thus, from a theoretical perspective, such a trial can be conceived of as a test of "lived experience" embedded within a service for survivors of domestic abuse.

Outcomes

In considering whether a trial in which the DAFA role forms the evaluand might be feasible, some attention needs to be given to the outcomes that might be relevant. Evidence from the Theory of Change and feasibility work suggests that primary data collection among survivors, within the context of delivering services within social care, is challenging. These challenges need to be born-in-mind throughout the remaining discussion and point again to the need for a "pilot" before conducting a larger more resource-intensive trial.

To identify potential relevant outcomes, we return to consider the Theory of Change (see Figure 1.1). To summarise, three different forms of outcome are linked directly to the role of the DAFA:

1. knowledge outcomes – changes in survivors' understanding of domestic abuse, services available and effects on children
2. survivor self-efficacy
3. child protection outcomes. While child protection outcomes can at least in theory be obtained from records held by social services, knowledge and self-efficacy outcomes are observable and measurable only through some form of primary data collection exercise – that is, through collection of self-report data in the form of a questionnaire.

Given a range of relevant outcomes such as those identified above, it is advisable that one is chosen as a primary outcome. The primary outcome is the measure regarded as most important and against which the performance of the intervention will ultimately be judged (Machin & Fayers, 2010). Statistical inference is focused on the primary outcome with all other analyses regarded as secondary. If, however, it is impossible to select one outcome as primary then we have co-primary outcomes and statistical inference will need to take account of this (Proschan & Brittain, 2020).

Research questions

Two sets of research questions are relevant. First, those questions which a "target" efficacy study might be designed to answer; and second, additional questions that a pilot trial might address.

In the light of the Theory of Change and the proposed evaluand, we first suggest a set of research questions that a "target" efficacy trial might consider. The choice of these questions, although they relate to efficacy, inform the design of the pilot trial:

1. Do survivors randomised to receive support from a DAFA report higher levels of self-efficacy than survivors randomised to control and not receiving the support of a DAFA?[7]
2. Do survivors randomised to receive support from a DAFA report higher levels of "service knowledge" than survivors randomised to control and receiving the support of a DAFA?
3. Do survivors randomised to receive support from a DAFA report higher levels of knowledge concerning the effects of domestic abuse on children than survivors randomised to control and not receiving the support of a DAFA?

[7] Note both intervention and control groups receive all other aspects of support available for survivors as consistent with their need. Only access to DAFA support is varied.

4. Are the co-resident children of survivors randomised to receive support from a DAFA less likely to be subject to care proceeding than the co-resident children of survivors randomised to control and not receiving the support of a DAFA?

A pilot trial would be designed in such a way that it would mimic as far as possible an efficacy study designed to answer the questions above, albeit on a smaller scale (and therefore with less risk). The pilot study itself is designed, however, to answer a different set of broader questions. These can be grouped into four distinct types:

1. Trial implementation questions – the answers to these questions aim to permit judgements to be formed as to the practical and analytical viability of a larger efficacy study. They include questions about the identification of an eligible sample, its successful recruitment to and retention in the study; questions concerning informed consent; questions concerning the successful collection of data both prior to randomisation and at follow-up (in the form of both questionnaires and linkage to administrative data); questions concerning the insertion of randomisation into recruitment procedures and the nature of randomisation itself; finally, questions that address the acceptability of the trial to stakeholders active in the trial setting. Data upon which analyses are performed will be both qualitative and quantitative.
2. Statistical design questions – the answers to these questions concern the statistical design of the efficacy study. For example, questions of sample size determination. Analyses of data from the pilot is used to assess the statistical properties of tests and outcomes measures, which in turn can be used to inform sample size calculations.
3. Intervention implementation questions **–** there will inevitably be questions associated with the implementation of the DAFA role within the context of a randomised study. These questions relate to the features of the DAFA role as they relate to fidelity, adherence and compliance, intervention acceptability, quality, dosage, resourcing/support, and so on. Attention also needs to be paid to the experience of survivors allocated to control; what service offerings did they receive? At what level and quality? Were the services they received in any way affected by the trial other than through randomisation to groups? Finally, the necessary conditions for the DAFA to function, for example, their relationship with the DAFA need to be clearly understood for wider lessons to be learned.
4. Evidence of promise – some analyses of pilot trial data can replicate that which would be conducted in the proposed efficacy study. Results from such analysis do not provide a formal or definitive test of the effects of the DAFA. However, where it has been possible to identify or agree, a priori, a minimally important difference for the primary outcome, results can be calibrated such that some judgement be made as to whether the DAFA role displays “evidence of promise” (Bell et al., 2018).

Sample inclusion criteria

Throughout this discussion, it has been implicit that the survivor is the unit of analysis and the unit randomised. Based on evidence emerging from our work, however, we can proceed further and suggest criteria that will determine whether a survivor is eligible for inclusion in a proposed efficacy study, and, by extension, a pilot trial.

The following trial inclusion criteria are proposed:

- The person concerned is referred to social services due to domestic abuse and this is the most important category of risk

- It is confirmed that the survivor is co-resident with at least one dependent child
- The survivor must be female
- The survivor must possess sufficient literacy to complete research instruments
- A focal dependent and co-resident child must have a child protection plan in place.

This final criterion ensures that we recruit to the trial survivors in situations where there are significant concerns for the focal child, and that attention from a DAFA will be required over a sustained period. The criterion is also general, in that it could be applied in most care settings.

Over a six-month period, we estimate that around 70 to 80 cases will meet these criteria. However, we have some concerns over the quality of the data. However, this indicates that a pilot trial could be run on the basis of a six-month intake process.

Randomisation

It is anticipated that survivors and their children that meet the study inclusion criteria will be identified and referred to the trial by social services colleagues on a flow basis. This means that survivors will become eligible for, and enter the study, over a period of time rather than the entire sample being identified at a single point in time and randomised as a single batch.

As an aside, randomisation in the context of this study is ethical, in that in advance we do not know whether or not the intervention is effective (Eldridge & Kerry, 2012; Friedman et al., 2015; Torgerson & Torgerson, 2008). Thus, there is a strong ethical imperative to test this intervention using the best available methods to determine whether it is a "benefit" to survivors. It is failure to do so that is unethical. Furthermore, social interventions are initiated within a context of finite resources. Studies such as that proposed, contribute to the ability of policymakers and practitioners to better judge the relative merits of different interventions. This process meets a further ethical requirement; namely, to ensure scarce public resource and used to the best effect. In summary therefore, there is a strong ethical case to test the effectiveness of the DAFA role, and to do so using the best methods at our disposal; methods that permit causal inferences to be made.

The length of time over which randomisation will be performed will depend on the time period required to identify and recruit the required number of survivors. In order to accommodate flow sample recruitment, randomisation would take the form of permuted block randomisation (Alferes, 2012). Here a computer programme generates a concealed series of slots. Each slot is either an intervention or control slot. The slots are arranged in blocks of different lengths. Across the entirety of each block the number of intervention and control slots are equal regardless of the block length.[8] For example, if a block has six slots there will be three intervention slots and three control slots; likewise, if the block has four slots, two intervention and two control slots. The order of intervention and control slots within each block is random. And a complete sequence of randomisations is derived by arranging blocks of differing lengths in sequence, again on a random basis. In total, the sequence length is equal to the number of survivors to be recruited to the pilot. If stratification is used, then separate sequences are generated for each stratum (for a discussion, see the Annex of Morris et al., 2004).

A number of computer programmes with web-interfaces can be used to implement randomisation remotely.

[8] This assumes two groups and randomisation on a 1:1 basis.

Sample size

Unlike definitive efficacy and effectiveness trials, sample size determination in the case of a pilot trial is not done on the basis of formal power calculations. A number of authors have, however, provided guidance as to the target size of pilot studies. Table 4.3 below is reproduced from Bell et al. (2018) and assumes a continuous outcome, such as a score obtained on a standardised instrument by a respondent.

Table 4.3. Stepped rules of thumb for pilot study sample size per arm

Standardised effect size *'d'* a proposed efficacy study might be powered to detect (MIDs)	**80% powered main trial (assuming individual survivor randomisation)**	
	Pilot *'n'* per arm	Main trial *'n'* per arm
Extra small (d<0.1)	50	>1571
Small (0.1 ≤d< 0.3)	20	176–1571
Medium (0.3 ≤d< 0.7)	10	34–176
Large (≥0.7)	10	34

In order to determine the size of the pilot sample and therefore the number of survivors that must meet our study inclusion criteria and be recruited, we first need to determine a minimally important difference for the main efficacy trial.

In a clinical setting a minimally important difference is "the smallest value that would make a difference to patients or that could change care" (Bell et al., 2018:p.154). In our context a minimally important difference might be the smallest difference in self-efficacy between intervention group and control group survivors, for example, that we would deem to be substantively important, or lead to programme benefits outweighing costs of delivery. This value must be decided a priori by policymakers in consultation with subject experts and practitioners. Once stakeholders have agreed a minimally important difference the required pilot study sample size can be determined by consulting Table 4.3.

Statistical analyses

Statistical analysis of pilot trial data would largely be descriptive. For example, quantitatively, analyses would explore recruitment rates, the number of eligible cases, consent rates, questionnaire response rates and loss to follow-up. Data from the pilot trial sample would be used in sample size calculations for the proposed efficacy study. Evidence of promise would come from a replication of the primary analyses proposed for the efficacy study but using pilot trial sample data; though no formal inference would be conducted other than that described in Bell et al., (2018). Bell et al. (2018) argue that evidence of promise can be identified through:

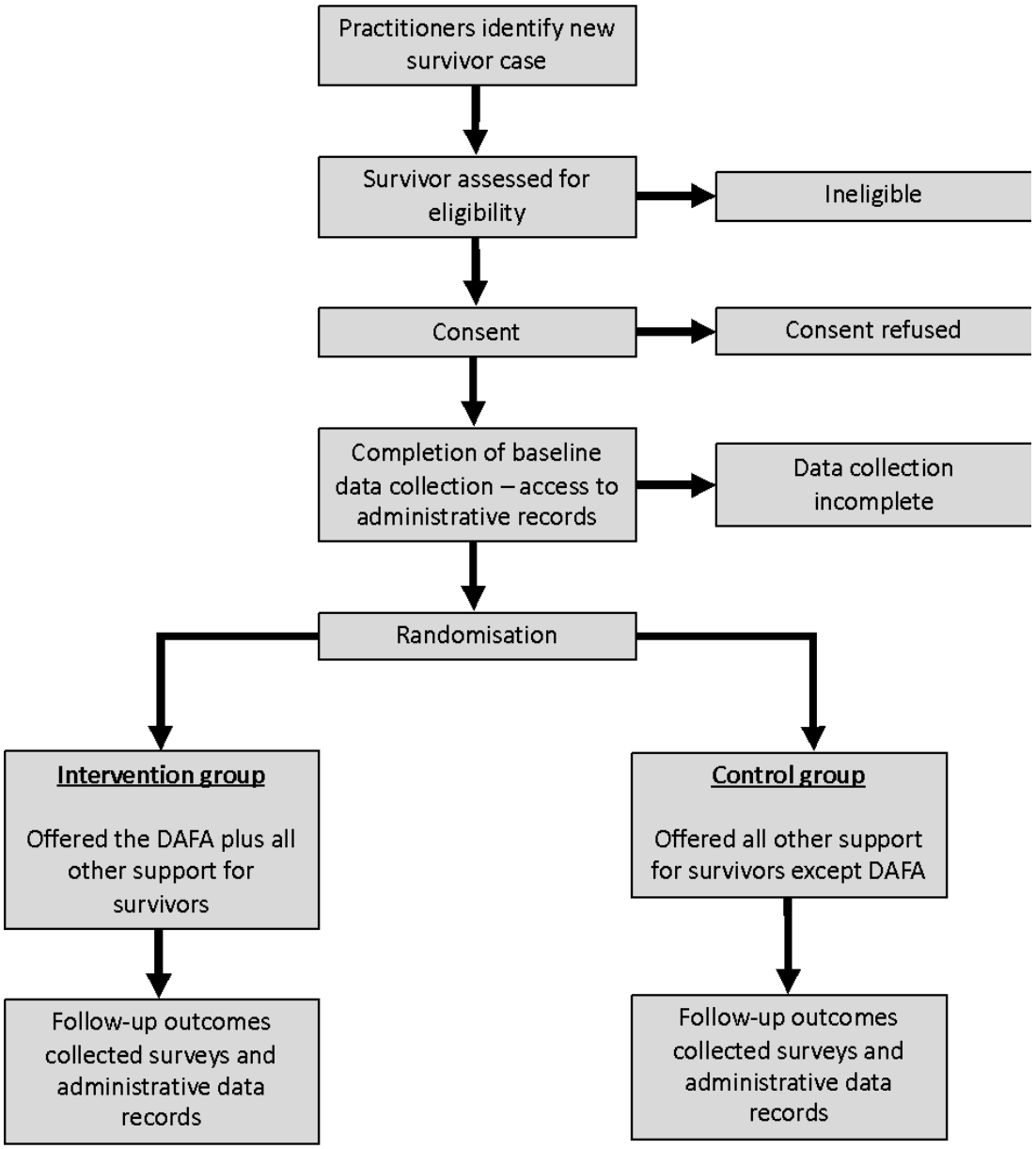
1. in advance of the pilot, developing a clear, theoretically compelling minimally important difference (MID), or what Lakens (2017) refers to as the smallest effect size of interest for the primary outcome – this is a target effect size that would render to the intervention, should it be observed, of further interest to policymakers and practitioners – noting that some effect sizes are too small to be of interest and need to be ruled out
2. running an analysis on the obtained pilot sample where the chosen primary outcome is the dependent variable in a multiple regression, containing a treatment dummy indicator and baseline covariate as righthand-side variables. Various confidence intervals are then constructed for the sample estimate of the treatment effect and if these intervals contain the pre-determined minimally important difference, we declare that the intervention shows evidence of promise.

Pilot trial overview

Figure 4.3 provides a diagrammatic representation of the proposed pilot trial design. The study will rely heavily on the cooperation of practitioners based within Wirral Social Services. Ideally, both randomisation and baseline and follow-up survey administration will be conducted online.

Social work practitioners and/or local administrators will be responsible for identifying eligible survivors and securing from them their informed consent. Following this, survivors will be asked to complete a baseline questionnaire online over a weblink. Ideally, completion of the questionnaire will be followed by randomisation within the same online environment.

Figure 4.3. Pilot trial design overview



Extensive record keeping will be required. Though it is important to bear in mind that although intensive, the study will not be running for a prolonged period. Ideally, we would want to know the number of new referrals over the trial in-take period and what proportion of them were deemed eligible for the trial.

Furthermore, the proportion of those eligible that provide informed consent and complete baseline data collection.

Further record keeping will be required in relation to the take-up of DAFA support among those allocated to the intervention. For example, we would ideally want to know how many interactions the intervention group have had with a DAFA, as well as the nature of those interactions. Some of this information can be collected retrospectively from study participants but other measures of service engagement will need to be collected as they occur.

Progression criteria

Pilot studies are conducted in order to inform judgements as to whether a larger efficacy study is feasible. In order to make such judgements more transparent and objective, many pilot trial protocols specify progression criteria. Researchers have recommended adopting “traffic light” indicators across a basket of progression indicators that are used to help inform judgements around progression to trial (Avery et al., 2017; Hallingberg et al., 2018). The traffic light system is used to reveal, based on predetermined thresholds, where issues encountered are intractable and given a red designation, require some amendment before proceeding and given an amber rating, or give no cause for concern and receive a green rating.

The choice of progression indicator is one that needs to be based on theory, previous studies and discussions between policymakers and practitioners around appetite for risk and available resources. An example could be an indicator based on loss to follow-up. For example, if the rate of loss to follow-up fell below 80% but above 60% and there were obvious strategies to address the problem, such a situation might warrant an amber light; whereas if the loss to follow-up rate fell below 60%, then this might be considered intractable and receive a red light. In this case a loss to follow-up rate above 80% would receive a green light.

Risks to the trial

The success of a pilot trial depends not just on its design and scientific validity. It crucially depends on the cooperation of practitioners “on the ground” within Wirral social services. To many of those delivering care to survivors and their children, a randomised trial will feel alien and threatening, possibly even unethical. Furthermore, practitioners may feel uncomfortable as a result of the decision as to who receives care being taken out of their hands and randomised. For these reasons, a process of “winning hearts and minds”, must take place prior to the launch of the pilot. It is essential that practitioners at all levels understand why a trial is important and can see how results from the study can help them in delivering a more effective service. Moreover, it is vital that all stakeholders appreciate the fundamental ethics of evidence-based intervention and the role of the study in promoting the wider public good. This is no easy task, but it is essential. The case for the pilot needs to be made in a way that appeals and is compelling to those whose cooperation is required.

It also needs to be recognised that running a pilot trial is costly for delivery partners. It requires staff time and other resources to be deployed consistent with the requirements of the study, for a limited time. It is important therefore that financial compensation is provided which covers not just the costs of the DAFA but also the staff time and resources required to manage and deliver, not just the costs of the intervention but also the “research” elements of the trial. Record keeping and case audit trails are important aspects of managing a study but are also time and resource intensive.

Finally, the wider implementation of the DAFA role within a care setting requires resources not just for the DAFA role itself. As the discussion of the evaluand indicated, the DAFA role needs to be properly integrated into the care setting. In Wirral this integration is partly achieved through the DAPP. For any findings to be “transportable” to other contexts (outside Wirral), the full integration of the DAFA needs to be properly considered and importantly, adequately resourced.

Our evidence to date suggests that one of the key features for successful implementation is that the DAFA receives adequate training and support and is introduced to the social workers by a credible intermediate. In the case of Wirral, this role was performed by the DAPPs.

4.2 Limitations

The programme team have faced several challenges in collecting consistent and quality data. To develop methods to improve data collection practices, it is necessary to first identify barriers to consistent data collection, and to provide advice about how to address some of these challenges and improve data collection for a prospective pilot trial.

4.2.1 Lessons learned from the WCTADA programme regarding data collection

Data collection from survivors have occurred in a variety of situations and settings where it was difficult to obtain complete and accurate information, and the amount of information gathered varied depending on the context of the situation. In the context of WCTADA, often the person responsible for collecting data has a primary role that focuses on the provision of a service (although collected data as part of these roles, it was not considered to be the primary function of their role). The absence of a coordinated effort between members of the team to standardise data collection practices meant there was considerable variation in how information was collected and recorded in relation to administrative information, demographic and primary data.

Further, in the case of WCTADA, the programme team was not resourced to implement effective data collection practices. They may have also felt that there was little incentive to improve the data collected on survivors in an administrative setting. This relates to the core functions of the programme team and time pressures in service delivery, which may have negatively impacted the type and quality of data that the team collected. Normally, administrative data are collected as a by-product of operational requirements or to meet an internal business need. However, in the case of this pilot, the broader primary use purposes of the data (i.e. to conduct an implementation and process evaluation) should have been clear across the members of the delivery team, and therefore quality data collection should have been considered as of primary importance.

As data collection was not considered to be a central role for the delivery team, they have not received training in this area. The lack of training may have resulted in a lack of understanding in why and how best to collect data. Further, the programme did not have the capacity or infrastructure to prioritise improvements to data collection systems and processes. This may be due to the small workforce to input and maintain data, and not having expert personnel within the field of IT to set up a functional management system and maintain and upgrade records systematically. These limitations have impacted the conclusions that could be drawn from the limited information provided to the evaluators.

Furthermore, the qualitative work also encountered its challenges. The number of survivors that took part in two interviews, allowing a greater understanding of their journey, was small (only 3). Similarly, it was difficult to link perpetrators to the in-depth case studies as survivors did not always want the evaluation team to contact their ex-partners. The response rate to the telephone interview was also low. To overcome these challenges, the evaluation team used case notes to gain a better and more in-depth understanding of the family's journey. Perpetrators not associated to the case studies were also interviewed.

4.3 Conclusions and recommendations

4.3.1 Programme implementation

Stabilising the model: As has been documented in this report, the programme model has evolved during this evaluation. Key changes have been illustrated through the development of the theory of change and

have included a new pathway to acknowledge the work done with perpetrators; removal of plans for a Voice group with male survivors; changed plans for engagement of children in assessments and plans; and DAFAs received training to work with survivors on coercive control, adding intervention delivery to their role. These changes represent a process of experimentation and refinement with the programme team adjusting the model according to early experience and feedback. However, if a pilot trial, using a randomised design is to be undertaken, it will be important that the intervention is fixed for the duration of the trial.

Implementation timeline: If the model is implemented in new settings, the timeline for implementation should be revised, as approximately three months are required to set the infrastructure and train staff before the programme can start engaging families.

Improving exit strategies: There remains a lack of clarity on exit strategy from the WCTADA programme. When cases are closed during conferences, the family is aware that the professional support (and probing) will cease. However, when a case is still opened to children's services, but the WCTADA team considers that their input is complete, this is not always made clear to survivors. A clearer exit strategy should be designed.

Criteria for working with perpetrators: The programme only works with perpetrators who are still in a relationship with the survivor or are the biological parent to the child. If the perpetrator is not in a relationship anymore, nor a biological parent, the programme stops working with them. This is an important gap, not only because the cause of domestic abuse is not being addressed and there is therefore a chance that the perpetrator will continue abusing in their next relationship, but also as the survivor then remains the only person having to face the consequences of domestic abuse and children's services involvement.

Awareness around role of DAFA: DAFAs have received training to deliver an intervention on coercive control. Evaluation findings indicate that the role of the DAFA being disassociated from children or recovery services is an important feature that supports good engagement from families. It is for this reason, and the understanding that survivors engage better with domestic abuse interventions when they trust the facilitator, that the DAFAs started delivering the intervention. This shift has the potential to create some tension if the survivor is not yet positively engaged with the DAFA and may become counterproductive if the DAFA becomes associated with "the system". It will be important for the DAFA to introduce the course or intervention once a trusting relationship has been established with the survivor.

The Voice Group: The Voice Group provides an important space for survivors to share their experience. While the number of attendees is relatively small, this does not constitute an issue as the value of the group is not achieved through it being statistically representative. The intention to open the group to other survivors in Wirral could positively impact the reach of the programme and possible engage with sub-populations the programme is trying to engage (Black and minority ethnic and more affluent families). Successful collaboration and good working relationships with other agencies enables the WCTADA team to run such groups in other locations. While this strategy increases the reach of the programme and the number of survivors in the Voice Group, it has the potential to make feedback on children's services more difficult to gather. The WCTADA team needs to reflect on the purpose of this group and decide whether providing feedback regarding survivors' experiences of children's services is a realistic aim. It may be that the feedback provided is much broader than children services, yet still relevant to Wirral council.

4.3.2 Data collection

Consistent data collection standards: Data standards will outline how common data items and demographic information should be collected. Established standards will contain data definitions, standardised questions and accepted response options which guide consistent collection practices. This is to ensure that the scope and detail of information collection are consistent across data collectors. It is suggested that the consultation form is designed in collaboration with the evaluators, so the aforementioned standards are warranted.

Training: Staff training can build staff understanding of the importance of proper data collection and assist in building data quality and consistency. If a clear rationale is presented for collecting certain information, the team may feel more motivated to collect data items more rigorously. It is acknowledged that – given the context in which the trial takes place – it is not feasible for either the evaluators or other trained personnel to oversee data collection practices throughout the study. Therefore, detailed instructions should be provided to the data collectors (most likely the front-line staff) that should be followed throughout the process.

IT personnel: IT infrastructure should be set up and maintained by the designated IT personnel, preferably someone already familiar with the children's social care settings. This would reduce administrative burden on the delivery team associated with ad hoc data collection tasks.

4.4 Directions for future research

Further piloting is necessary to capture the impact of the WCTADA programme on families. Section 4.1.4 outlines the conditions and details. The WCTADA programme presents interesting and innovative features that provide credible pathways to improve survivors' experience of children's services procedures and have the potential to improve children outcomes in the long term. WWCSC should explore the possibility of running a pilot trial in Wirral. There are, however, some important conditions to pursuing further piloting, which relate to implementation conditions:

- The programme must be stabilised and delivered consistently for the duration of a trial.
- A successful RCT will require strong buy-in from front-line practitioners. There is therefore a need to gain the approval of case-holding social workers to engage in the evaluation to run this trial. Some intensive effort will be required for this, including possibly some information sessions.
- The challenges encountered to collate quality data for this evaluation report indicate that there is a need for a gatekeeper post to control the flow of cases during the RCT. This post will be responsible for collecting the data, randomising cases, ensuring high-quality data, and acting like a conduit for the evaluation. This post could be based within the evaluation team or within the council.

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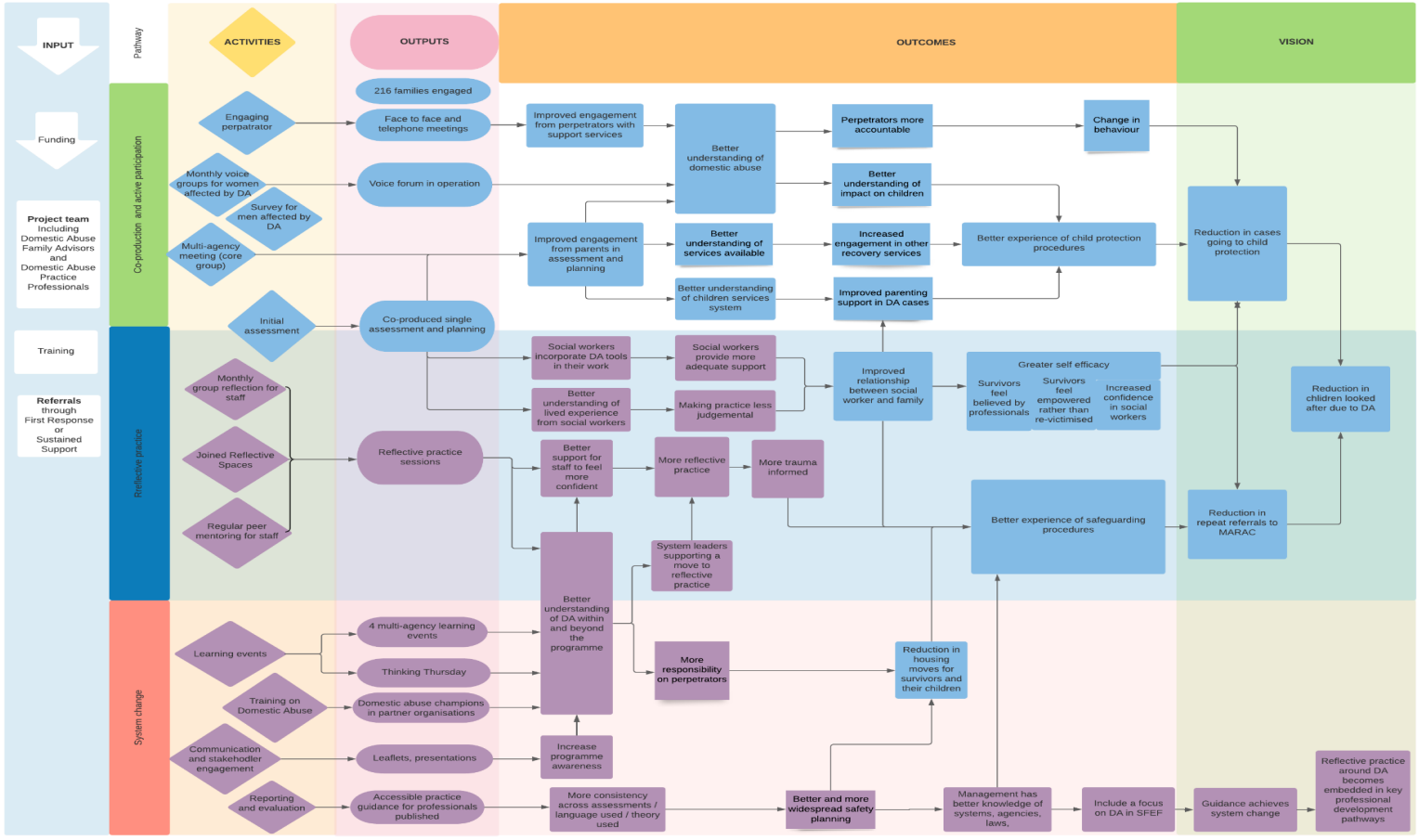
Appendices

Appendix A: (Revised) Logic model



Appendix B. Secondary data requested for quantitative analysis

	Type of data	Name of data
Survivors	Administrative data	Postcode data
		Description of family structure – single-parent, dual-parent household
		Age, gender and ethnicity of parents and children
		Special Educational Needs status (children)
		Children Social Care status (children)
		Referral pathways
		Number of contact with children's and/or safeguarding services prior to joining the programme (children)
		Previous MARAC referrals
		Moving house as a result of DA?
	Monitoring data	DASH data
		Number of survivors and children engaged in the programme
		Number of meetings DAPPs, DAFAs and social workers have with each survivor (with or without the participation of children/young people)
		Number of Voice Forums, peer mentoring meetings the survivor has attended
		Number and type of external services survivors start engaging with
	Evaluator-defined monitoring data	Self-efficacy scale (administered upon registration and after three months OR when leaving the programme if this is less than three months)
Professionals	Monitoring data	Number of group reflection sessions (DAFA, DAPP, social workers)
		Number of peer mentoring sessions (DAFA, DAPP, social workers)
		Number of Reflective supervision sessions (DAFA, DAPP, project officer, project manager)
		Number of Reflective practice sessions (DAFA; DAPP; social workers)
		Types of training attended (everyone)
		Number of inter-agency meetings and participating agencies

	Evaluator-defined monitoring data	Reflective Practice tool (administered multiple times throughout the pilot to detect change) (DAFA, DAPP, social workers, project officer, project manager)

Appendix C: Telephone interview (with survivors) template

Q1a **(ASK ALL)**

When did you join the We Can Talk About Domestic Abuse programme? Please state the month and year.

Interviewer: approximate is fine if can't remember exactly

Freetext – date in YYYY/MM format	90
Not aware I'm part of the We Can Talk About Domestic Abuse programme	1
Don't know/can't remember approx. date	97

Q1b **(Ask if Q1a = not aware of being part of programme)**

When did you start receiving support from children's services?

Interviewer: approximate is fine if can't remember exactly

Freetext – date in YYYY/MM format	90
I'm NOT receiving support from children's services – TERMINATE	96
Don't know/can't remember but YES am receiving support from children's services	97

Q2 **(ASK ALL) [if YES, omit Q12–13TX]**

Is this the first time you've been in contact with safeguarding or children services?

Yes	1
No	2
Not sure	97

Q3 **(ASK ALL)**

Have you met with a DOMESTIC ABUSE FAMILY ADVOCATE? These are staff who have lived-experience of domestic abuse and social care. They work with the parent/family, passing on their experience, support and knowledge.

Yes	1
No	2
Not sure	97

Q4 **(ASK ALL)**

Have you met with a DOMESTIC ABUSE PRACTICE PROFESSIONAL? They work with the case-holding social worker to prepare for and reflect on cases, helping social workers throughout their engagement with the survivor.

Yes	1
No	2
Not sure	97

Q5 **(ASK ALL)**

Have you attended the Voice Forum?

If necessary: A Voice Forum is a monthly group organised by Domestic Abuse Family Advocates where they can share their experience of domestic abuse.

Yes	1
No	2
Don't know	97

Q6 **(ASK ALL)**

Are you still involved with the [if Q1a = 90 or 97] We Can Talk About Domestic Abuse programme – by involved I mean still receiving support from the DAFA, DAPP or social worker? [if Q1b = 90 or 97] are you still receiving support from children's services?

Yes	1
No	2
Don't know	97

Q7. **(ASK ONLY IF 6=NO)**

If not, when did you [if Q1a = 90 or 97] leave the programme [if Q1b = 90 or 97] stop receiving support from children's services? Please state the month and year

Freetext – date in YYYY/MM/DD format

Q8. **(ASK ALL)**

As a result of [if Q1a = 90 or 97] joining the programme [if Q1b = 90 or 97] receiving support from children's services, have you made contact with any external service such as substance abuse, peer mentoring, youth clubs or other?

Freetext
Prefer not to say

Q9. **(ASK ALL)**

The following questions will ask about your experience with the [if Q1a = 90 or 97] We Can Talk About Domestic Abuse programme [if Q1b = 90 or 97] children's services. Please indicate to what extent to which you agree/disagree with the following statements:

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	N/A
The support I've been given meets my needs.	1	2	3	4	5	
The professionals I've been in contact with explained things clearly.	1	2	3	4	5	
I was involved in decisions made about next steps.	1	2	3	4	5	
My children's opinions were taken into account during the process.	1	2	3	4	5	
The programme gave me a better understanding of how some partners use controlling behaviour.	1	2	3	4	5	
The service gave me a better understanding of the impact domestic abuse has on children.	1	2	3	4	5	
I've been met with judgement and criticism from my social worker, as though it's my own fault.	1	2	3	4	5	
I'm satisfied with the parenting support the service provides.	1	2	3	4	5	
I feel believed by the professionals working with me.	1	2	3	4	5	
I feel empowered by the professionals working with me.	1	2	3	4	5	
The length of support was adequate to address my needs.	1	2	3	4	5	
The service has helped me with my parenting.	1	2	3	4	5	
The service has helped me understand children's services better.	1	2	3	4	5	

Q10. **(ASK ALL)**

How satisfied or dissatisfied are you with the relationship you have with your social worker?

If necessary: If had contact with more than one social worker – please ask about the one you've had most contact with

Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5

10TX. **(ASK ALL)**

Why do you say that?

Freetext

Q11. **(ASK ALL)**

To what extent are you satisfied or dissatisfied with the support provided by the [iF Q1a=90 or 97] *We Can Talk About Domestic Abuse* programme [if Q1b = 90 or 97] children's services?

Very satisfied	1
Fairly satisfied	2
Neither satisfied nor dissatisfied	3
Fairly dissatisfied	4
Very dissatisfied	5

Q11TX. **(ASK ALL)**

Why do you say that?

Freetext

Services over time

Q12. **(ASK ONLY IF Q2=NO/DK)**

You told us that this is **NOT** the first time you are in contact with the safeguarding or children's services.

The following questions will ask whether you think that the services have improved since your previous contact with them. Please indicate the extent to which you agree/disagree with the following statements.

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	N/A
I am more involved in the process of planning and decision-making than before.						
Professionals in the service are less judgemental when assessing my case than before.						
My relationship with the social worker has improved compared to previous experiences with other social workers. Interviewer: please note the social worker will have changed						
My confidence in the social worker has increased.						

Q13. **(ASK ONLY IF Q2=NO/DK/Ref)**

To what extent do you agree or disagree that your overall experience with the service has improved?

Strongly agree
Tend to agree
Neither agree nor disagree
Tend to disagree
Strongly disagree
Don't know

Q13TX **(ASK ONLY IF Q13=1-5)**

Why do you say that?

Freetext

Q14 **(ASK ALL)**

Have you moved house in the last three months or are in the process of moving house?

Yes	1
No	2
Prefer not to say	98

Q15 **(ASK IF Q14=YES)**

Was it your choice to move?

Yes	1
No	2
Prefer not to say	98

Family situation

The following questions refer to sensitive family information and you do not have to answer them.

Q16 **(ASK ALL)**

Do you live with a partner? **(if NO, go to Q22a)**

Yes	1
No	2
Prefer not to say	98

Q17 **(ASK ONLY IF Q15=YES)**

If you don't mind me asking, and please feel free not to answer this question – Is this partner the one with whom you have a history of domestic abuse?

Yes	1
No	2
Prefer not to say	98

Q18a **(ASK ALL)**

How many children do you have? This includes any children that are adults.

1
2
3
4

5
6
7
8
9
Prefer not to say

Q18b **(ASK ALL)**
Do all of your children live with you?

Yes	1
No	2
Prefer not to say	98

Q18c (ASK if Q17b = No)

How many of your children currently live with you? This includes any children that are adults.

1
2
3
4
5
6
7
8
9
Prefer not to say

Q18d **(ASK ALL)**

And how old are each of your children who are currently living with you?

Child 1

Child 2

Child 3

Child 4

Child 5

Child 6

Child 7

Child 8

Child 9

under 1 year old
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

Q19b **(ASK ONLY IF Q17b=NO)**

Can I ask – who do the children who don't currently live with you, live with?

With another parent (e.g. Mother/Father/Step-parent)
With grandparent(s) or other family member

In foster care or care facility
Other – please specify

Demographics

The following questions refer to sensitive personal data and you do not have to answer them. If, however, you do, your responses will be very helpful to identify specific issues relating to different groups within the community.

Q20 **(ASK ALL)**
What is your gender? (Interviewer: don't read out options)

Male	1
Female	2
Other (please specify)	3
Prefer not to say	98

Q21 **(ASK ALL)**
What is your age? (Interviewer: don't read out options/tick appropriate age band)

16-24	1
25-34	2
35-44	3
45-54	4
55-64	5
65-74	6
75 and over	
Prefer not to say	98

Q22 **(ASK ALL)**

What is your ethnic group?

Are you Asian, Black, of a mixed background, White, or of another ethnic group?

And is that...?

White **English/Welsh/Scottish/Northern Irish/British**
White **Irish**
White **Gypsy or Irish Traveller**

White **Any other White background**
Mixed **White and Black Caribbean**
Mixed **White and Black African**
Mixed **White and Asian**
Mixed **Any other mixed background**
Asian or Asian British **Indian**
Asian or Asian British **Pakistani**
Asian or Asian British **Bangladeshi**
Asian or Asian British **Chinese** Asian or Asian British **Any other Asian or Asian British background**
Roma
Black or Black British **Caribbean**
Black or Black British **African**
Black or Black British **Any other Black or Black British background**
Other ethnic group **Arab**
Other ethnic group **Any other ethnic group**
Prefer not to say

Q23 **(ASK ALL)**

Which of these activities best describes what you are doing at present? (Interviewer: read out options)

An employee in a full-time job (31 hours or more per week)	1
An employee in a part time job (less than 31 hours per week)	2
Self-employed (full- or part-time)	3
On a government-supported training programme (e.g. Modern Apprenticeship or Training for Work)	4
In full-time education at school, college or university	5
Unemployed and available for work	6
Wholly retired from work	8
Looking after the home	9
Otherwise unable to work	10
Doing something else (please specify)	98

ORS RECONTACT (ASK ALL)

Finally, just to let you know that you may be contacted for quality control purposes or in the event of us wanting to speak to you very briefly again in relation to this survey only. Would we be able to contact you?

(Interviewer: Please explain if necessary that they will not necessarily be contacted again. It will only be in the case of us wanting to ask an additional question for the survey or for verifying something they've said for quality control purposes.)

Yes

No

Refused

ORS RECONTACT NAME (ASK IF ORS RECONTACT = YES)

And can I take your name, so we know who to ask for if we call back?

Yes

No

Refused

What Works *for* Children's Social Care

info@whatworks-csc.org.uk
@whatworksCSC
whatworks-csc.org.uk