Foundations
What Works Centre for Children & Families

RESTART: A FEASIBILITY STUDY OF THE DRIVE PARTNERSHIP'S RESTART PROGRAMME

Programme developer	Drive Partnership (SafeLives, Respect, Social Finance)
Delivery partner(s)	Cranstoun and Respect
Evaluation partner	Cordis Bright
Principle investigator(s)	Dr Kathryn Lord, Emma Andersen, Abby Noble, Hannah Nickson, Professor Darrick Joliffe, Scarlett Whitford-Webb
Type of study	Feasibility study
Age or status of participants	• Low-to-medium risk domestic abuse perpetrators, aged over 16, who have involvement with at least one child known to Children's Social Care[1]. • Victim-survivors aged over 16, who are the partner or ex-partner of the referred domestic abuse perpetrator ("(ex-) partner victim-survivor" throughout). • Children's Social Care, Early Help and Housing workforce.
Number of participating Local Authorities	Six London Boroughs (Barking and Dagenham, Croydon, Camden, Sutton, Westminster, and Havering)

[1] Having involvement with a child could mean having parental responsibility for the child or being the partner or ex-partner of their parent.

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Summary

This is the protocol for a feasibility study of the Drive Partnership's Restart programme (referred to from this point on as Restart). The feasibility study is being conducted by Cordis Bright, and will take place between April 2024 and August 2025.

Restart aims to improve responses to domestic abuse in low-to-medium risk families that are being supported by Children's Social Care (CSC). The programme takes a multi-agency, whole family approach to hold perpetrators accountable for change, in order to prevent escalation of risk and ensure that (ex-) partner and child victim-survivors can remain safe and together at home. To do this, the programme operates at both the system level and the family level, and can be broken down into the following four components:

1. **Safe & Together model implementation**. This is a system level approach aimed at improving responses to domestic abuse, and improving awareness, knowledge and understanding of Children's Social Care, Early Help, and Housing workforces. The implementation work focuses on ensuring that system level responses to domestic abuse place the accountability with the perpetrator, to ensure that that the (ex-) partner victim-survivor and child victim-survivor are kept safe and together at home.
2. **A one-to-one domestic abuse perpetrator intervention**. This is a four to eight week perpetrator intervention delivered on a one-to-one basis, which aims to improve motivation and readiness for behaviour change. The aim of the intervention is to facilitate onwards referral to a longer-term behaviour change intervention or programme.
3. **A support pathway for (ex-) partner victim-survivors.** While the perpetrator (once accessing Restart, known as the 'service user') engages in the one-to-one intervention, Restart provides parallel support and risk monitoring for (ex-) partner victim-survivors, which includes ongoing risk management and identification of needs.
4. **An optional housing pathway for service users.** Restart provides an optional housing pathway which facilitates access to temporary, diversionary accommodation for the service user, guided by the wishes of the victim-survivor.

The feasibility study is taking an exploratory, test and learn approach, with a focus on building capacity for future impact evaluation. The primary objectives of the feasibility study are:

- To investigate the Restart programme in more detail, including the underpinning programme theory and evidence base, intended activities and outcomes, and implementation in practice.
- To consider whether and how future impact evaluation of Restart can be conducted using experimental or quasi-experimental designs.

This protocol provides further information about the Restart programme, and sets out feasibility study questions, methods and approach.

Contents

Glossary of terms

Acronym	Definition
CiN	Children in Need
CSC	Children's Social Care
IDVA	Independent Domestic Violence Advocates
RCT	Randomised Controlled Trial
QED	Quasi-experimental design

Study rationale and problem statement

Summary

This section provides an overview of the study and programme rationale. It sets out the:

- Rationale for Restart
- Rationale for a feasibility study of Restart.

A note on language

Throughout this protocol language in used in the following way:

- **Domestic abuse perpetrators** are people who use abuse against their partner or ex-partner.
- **Adult victim-survivors** are people who have experienced domestic abuse from their partner or ex-partner.
- **Child victim-survivors** are children and young people who have witnessed or experienced domestic abuse, either from a parent or from a partner or ex-partner of their parent.
- **Service users** are domestic abuse perpetrators who have received support from Restart.
- **(Ex-) partner victim-survivors** are people who have experienced domestic abuse from the service user. As people are eligible for Restart from age 16 and over, the term adult victim survivor would not be accurate.

However, we note that preferences around language vary, and should always be guided by the wishes of the individual.

Rationale for Restart

Domestic abuse affects approximately 1 in 5 children in the UK, harming their emotional, behavioural, social and physical outcomes (Bassett et al., 2011). The 2021 Domestic Abuse Act recognises that children who see, hear or experience the effects of domestic abuse are to be regarded as victims, and domestic abuse remains the most common factor identified at the end of *'Children in Need'* (CiN) assessments (Department for Education, 2022; UK Government, 2021). Despite this, data reveals that only 7% of victim-survivors see their abusers receive support (Domestic Abuse Commissioner, 2022).

Restart was developed to improve local responses to domestic abuse. The programme design was influenced by learnings generated from the evaluation of the Domestic Abuse Early Intervention and Accommodation Trial (Taylor et al. 2022). This was an emergency response trial delivered by Cranstoun with Children's Social Care and Housing teams across ten London boroughs in the context of the Covid-19 pandemic, designed as a response to the increased number of calls to domestic abuse helplines during the Covid-19 lockdowns. In particular, Restart was developed as a response to the below context:

a. Gaps in CSC responses to domestic abuse, and a need for workforce development in skills and confidence in identifying, and responding to, perpetrators of domestic abuse
b. Lack of early intervention and behaviour change programmes for low-to-medium risk domestic abuse perpetrators
c. A lack of options for adult and child victim-survivors to remain safe at home or source alternative accommodation.
d. Gaps in Housing team's response to domestic abuse.

Each of these factors is explored further below. A key part of the feasibility study will be understanding the business as usual landscape in each of the six Restart sites in more detail, and this will be explored in collaboration with Restart partners and local system stakeholders.

Gaps in CSC responses to domestic abuse

Children's Social Care (CSC) can play a crucial role in identifying perpetrators of domestic abuse and intervening earlier to ensure families' safety, preventing situations escalating to high risk (Ferguson et al., 2020). However, studies show a need to ensure that CSC practitioners have the skills and confidence to manage domestic abuse (Early Intervention Foundation, 2022). In particular, a recent report from the Child Safeguarding Practice Review Panel (2022) highlighted the need for domestic abuse informed training for CSC practitioners, which aims to improve competences, knowledge and awareness recognising signs of abuse, intervening earlier, and responding to instances of harm. Supporting this, the UK Government's Tackling Domestic Abuse Plan (2022, p.58) identifies that 'professionals who often encounter domestic abuse need support and training to improve their ability to identify and appropriately refer cases'.

Research also shows a need for cultural shifts within CSC, to place the onus for action onto domestic abuse perpetrators and not the adult and child victim-survivors (Wild, 2023; Holt, 2017). Separation of children from both parents continues to be promoted as the primary mechanism for child protection, despite longstanding argument that risk for children increases post-separation (Ferguson et al., 2020; Holt, 2017). Studies have highlighted the need to combat gendered "failure to protect" narratives (Wild, 2023; Olszowy et al., 2020), and to improve recognition of the adult victim-survivor's protective efforts through their relationship with the perpetrator to minimise harm to their child(ren) (Wendt et al., 2015). This demonstrates the need for improved knowledge and understanding across the CSC workforce, and improved responses which hold perpetrators to account for their actions to halt the cycle of harmful behaviour (Wild, 2023).

Lack of early intervention and behaviour change programmes for low-to-medium risk domestic abuse perpetrators

Complementary to a system response which places the onus of responsibility with the domestic abuse perpetrator is support at the individual level to improve motivation for change. There is emerging evidence that the effectiveness of long term domestic abuse perpetrator programmes (DAPPs) is enhanced when it is accompanied by support which aims to intervene early and improve motivation for change (Cordis Bright 2023; Eckhardt et al., 2013; Stewart et al., 2013; Vigurs et al., 2016). In a systematic review of DAPPs, Eckhart et al. (2013) found that programmes

incorporating techniques to address motivation and readiness to change had a positive impact on change-relevant attitudes, treatment engagement and abusive behaviour.

Despite this, in the UK there is limited provision which aims to intervene with low-to-medium risk domestic abuse perpetrators to improve motivation for change before risk escalates (Domestic Abuse Commissioner, 2022). Many existing programmes are either court or child protection mandated, and those that are not are often inaccessible, either requiring a fee or travelling large distances to attend (University of Stirling, 2020).

In addition, physical and financial barriers to accessing DAPPs are compounded by the fact that people may not always view their behaviours as domestic abuse, and naming and owning harmful behaviours can take specialist support and early intervention. This further provides barriers to access of domestic abuse perpetrator interventions (Make a Change, 2023), and highlights the need for increased interventions which aim to intervene early with domestic abuse perpetrators to improve insights into abusive behaviour and increase motivation for behaviour change (Asmussen et al., 2022)

A lack of options for adult and children victim-survivors to remain safe at home or find alternative accommodation

Domestic abuse is also a common cause for adult and child victim-survivor homelessness (Kendrick, 2024). Housing needs are often used to exert control over victim-survivors, with the perpetrator using housing issues to manipulate the victim-survivors economically, or to justify their return to the home (Domestic Abuse Housing Alliance,, 2021). In addition, perpetrators may block access to housing and support completely for adult and child victim-survivors. In England, figures from the Department of Levelling Up, Housing and Communities (DLUHC) show that for 2022 to 2023 domestic abuse is the second most frequently cited reason for loss of households' last settled home (DLUHC, 2024). Many women who are forced to flee their homes due to domestic abuse end up homeless, and nearly one-third of women experiencing homelessness cited domestic abuse as a significant factor (Domestic Abuse Housing Alliance, 2021). These figures are also likely to be an under-estimate, as domestic abuse is significantly under-reported, and victim-survivors are more likely to experience "hidden" or "concealed" homelessness (Bretherton and Pleace, 2018; Bretherton, 2017).

The 2021 Domestic Abuse Act mandated the statutory requirement for local authorities to provide refuge services and safe accommodation to victim-survivors (UK Government, 2021). Despite this, many areas do not have the resources or training to execute this requirement, with over 10,000 women turned away from refuge in 2022 (Jayanetti and Savage, 2023). Implementation gaps persist, with local authority capacity constraints and proof of priority requirements impacting the ability of adult and child victim-survivors to access support services (Kendrick, 2024). Those who are offered alternative accommodation are often housed away from their local neighbourhood, leaving them isolated from support networks and their children's schools, colleges, workplaces or childcare (Bimpson et al., 2021).

For many victim-survivors, remaining in the home is not possible or desirable. But for others, it is their preferred option, which requires making the home a safe space for both the adult and child victim-survivor by removing the perpetrator from the home (Kendrick, 2024). This approach is in

line with the UK Government's perpetrator strategy, which places the onus of response to domestic abuse with the domestic abuse perpetrator (Home Office, 2024). It also reflects DAHA's recommendation that perpetrators should be diverted into alternative accommodation to prevent abuse and serious harm (Domestic Abuse Housing Alliance, 2018). This allows the adult and child victim-survivors to remain close to their existing support networks, minimises disruption to children's schooling, friendships and stability, and reduces to economic and mental burdens of relocating on the adult and child victim-survivor (Domestic Abuse Housing Alliance, 2021).

However, studies report a lack of alternative accommodation options for perpetrators to enable adult and child victim-survivors to remain safe at home. High demand for social housing across the UK means there is a high threshold for single perpetrators to access housing, and without sufficient understanding of domestic abuse, housing teams may try to negotiate with families to keep them together due to high demand (Domestic Abuse Housing Alliance, 2021). Service mapping reveals limited long-term funding and pathways for individual perpetrators seeking accommodation in the UK, which would enable adult and child victim-survivors to remain safe and together at home if they choose to (Domestic Abuse Commissioner, 2022). This highlights the need for further provision and understanding of what works to keep adult and child victim-survivors safe at home.

Gaps in Housing teams responses to domestic abuse

Given the above context, the Housing workforce is pivotal in early domestic abuse identification and intervention, and in preventing the rise of family homelessness caused by domestic abuse. Whilst not domestic abuse experts, it is therefore important that Housing strategic and operational stakeholders have a sufficient confidence, awareness and understanding of domestic abuse and the impact that a lack of accommodation options can have on adult and child victim-survivors. Research from the Centre for Homelessness Impact (CHI) found a limited understanding across Housing of the impact of domestic abuse on victim-survivor mental health and wellbeing, including the misinterpretation of coping strategies such as drugs and alcohol (Bimpson et al., 2021). This further deters victim-survivors from seeking support, and prevents access to alternative accommodation. Reflecting this, research undertaken by SafeLives and Gentoo (2018) concluded that the housing workforce should be equipped with the skills and confidence to recognise signs of domestic abuse and effectively collaborate with external organisations to safeguard and support residents.

Rationale for a feasibility study of Restart

Restart was developed as a response to the above context. It builds on previous implementation and evaluation of other previous domestic abuse interventions, such as Respect's *Make a Change Safe & Together* initiative and SafeLives' *One Front Door* programme, both of which highlight the importance of engaging and intervening early with perpetrators.[2] In addition, Restart also builds on the Drive Partnership's flagship "Drive" programme, which takes a multi-agency approach, and provides direct one-to-one support with high-risk, high-harm domestic abuse perpetrators, and

[2] For more information see: https://www.respect.org.uk/pages/34-make-a-change and https://safelives.org.uk/research-policy-library/one-front-door/ *[Last accessed 28/08/2024]*.

one-to-one IDVA support for victim-survivors. In an RCT evaluation, a greater reduction in IDVA perceived risk was found for those in the treatment group, with victim-survivors in the Drive group also feeling safer (Hester et al., 2019). This indicates evidence of promise from previous, similar approaches to Restart.

While Restart builds on promising learning and evaluations, more generally across the UK there is limited evidence in what works to prevent and tackle domestic abuse (Cordis Bright, 2022). There are few evaluations of interventions which aim to address domestic abuse and homelessness in the UK (Kendrick, 2024), and less than a third of the domestic abuse programmes in the UK have been evaluated (Bassett et al, 2011). Impact evaluations which have been conducted often face methodological challenges including high attrition rates, limited triangulation of outcomes data, limited use of control groups, and small and homogenous sample sizes (Akoensi et al., 2013; Bender et al., 2018; Dykstra et al., 2013; McCausland et al., 2019). This speaks to the need for rigorous feasibility studies which aim to determine how any future impact evaluation should be designed to avoid these pitfalls.

In addition, gaps remain with regards to the impact on outcomes for child victim-survivors, particularly for those with child protection plans (Foundations, 2023; Asmussen et al., 2022). Robust evaluations face common challenges such as difficulties engaging children in an appropriate and ethical way, and obtaining reliable data on child outcomes. Parent reports of child outcomes have also been found to be subject to bias, perhaps due to anxiety around further involvement from Children's Social Care (Foundations, 2023). As such, it is uncommon for evaluations to mention established outcomes for children, such as reduced levels of risk in child protection programmes and children in need assessments (Akoensi et al., 2013). As discussed later in the protocol, while Restart does not work directly with children, ultimately Restart aims to improve outcomes for children and young people. An important part of this feasibility study will be determining whether and how child outcomes can be captured in an ethical and proportionate way in any future impact evaluation.

Taken together, a feasibility study and future impact evaluation of Restart therefore provides an important opportunity to contribute to this limited evidence base on what works at both the system and family level to improve responses to domestic abuse, and to keep adult and child victim-survivors together and safe at home if they choose to.

Overview of Restart

Summary

This section provides an overview of:

- The Restart programme
- Restart's aims and objectives
- Restart's four pathways
- Restart's theory of change.

Further information about each component of Restart is then provided in Appendix B to E. This represents our current understanding of the Restart programme at the time of producing this protocol. As the purpose of the feasibility study is to further refine and build on knowledge of programme theory and delivery, this will be updated at the end of the feasibility study as understanding improves. In addition, at the end of the feasibility study a full intervention protocol and up-to-date theory of change will be provided and published, which will be read in conjunction with the final feasibility study report.

What is Restart?

Table 1 provides an overview of Restart using the TiDieR framework (Hoffman et al., 2014).

Table 1: About Restart using the TIDieR Framework (Hoffman et al., 2014)

TiDieR item	Description
Brief name	Restart programme
For whom?	Restart aims to improve responses to domestic abuse in low and medium risk families that are being supported by Early Help or Children's Social Care (CSC). The programme takes a multi-agency, whole family approach to hold perpetrators accountable for change, in order to prevent escalation of risk and ensure that (ex-) partner and child victim-survivors can remain safe and together at home. To do this, the programme operates at both the system level and the family level. Participants of the programme include:

TiDieR item	Description
	Low-to-medium risk domestic abuse perpetrators, aged over 16, who have involvement with at least one child known to Children's Social Care. 3 Victim-survivors aged over 16, who are the partner or ex-partner of the referred domestic abuse perpetrator ("(ex-) partner victim-survivor" throughout). Children's Social Care, Early Help and Housing workforce. To be referred to Restart, there is no criteria for age range of the children. Though they do not participate directly in the one-to-one perpetrator intervention component, the primary intended beneficiaries of the programme include the children of perpetrators and (ex-) partner victim-survivors, who should be able to live safely at home. Further information on eligibility criteria and thresholds for each group is provided in Appendix B, C and E.
Why?	Restart was developed in response to the below context: Gaps in CSC responses to domestic abuse. Lack of early intervention and behaviour change programmes for low-to-medium risk domestic abuse perpetrators. Gaps in Housing team's responses to domestic abuse. A lack of options for adult and children victim-survivors to stay safe and together at home. The programme's components were developed separately and then collated for the purpose of Restart. The Safe and Together model was developed by the Safe & Together Institute in the US, which is now being implemented in the context of Restart. The one-to-one perpetrator intervention was developed by the Drive Partnership in response to the above need.
Who delivers?	Restart's strategic partners are: **Drive Partnership:** Restart is designed and developed by The Drive Partnership, which is a partnership between Respect, SafeLives and Social Finance. The Drive Partnership provide ongoing governance and leadership for Restart.

[3] Having involvement with a child could mean having parental responsibility for the child or being the partner or ex-partner of their parent.

TiDieR item	Description
	MOPAC: MOPAC are the strategic partner and commissioner of the five Restart sites in which delivery was already underway as of April 2024, providing strategic oversight and support to the project development.[4] Restart's delivery partners are: **Cranstoun**: Cranstoun are a national provider of specialist domestic abuse services, and are the delivery provider for the one-to-one domestic abuse perpetrator intervention delivery. Cranstoun also provide managerial and strategic oversight. **Respect**: Respect are an accredited provider of specialist domestic abuse services, and are the service provider for the Safe & Together implementation and workforce development strand. Practitioner roles and responsibilities are: **Safe & Together Implementation Leads,** provided by Respect, deliver the Safe & Together model implementation work. **Case managers,** provided by Cranstoun, deliver the one-to-one domestic abuse perpetrator intervention with service users. **Partner support workers,** provided by Cranstoun, provide parallel support and risk monitoring to (ex-) partner victim-survivors. **Accommodation support workers,** provided by Cranstoun, deliver the optional housing support.
What? (programme)	Restart works to improve responses to perpetrators of DA in families that are being supported by CSC or Early Help through a coordinated multi-agency response. It delivers systems change training to upskill professionals alongside directly responding to the needs of the family. The programme is a partnership-led, multi-agency approach to keeping families safe at home through earlier engagement with those causing harm through domestic abuse. It can be broken down into four components: Safe & Together model implementation and training for CSC, Early Help and Housing practitioners. It consists of a Core training for CSC practitioners, and an Overview training for Early Help and Housing practitioners. In addition, Implementation leads provide case consultation, audits and guidance. One-to-one domestic abuse perpetrator intervention with low and medium risk perpetrators. This lasts between four and eight weeks (excluding the assessment period),

[4] Existing sites funded by MOPAC are Camden, Croydon, Sutton, Westminster, and Havering. The sixth site, Barking and Dagenham, was introduced for the feasibility study with delivery starting in July 2024.

TiDieR item	Description
	contains some core components and is tailored to individuals. Sessions are delivered once or twice a week. Each session lasts for 60-minutes. A parallel support and risk monitoring offer for (ex-) partner victim-survivors. An optional housing pathway to offer temporary alternative accommodation to the one-to-one domestic abuse perpetrator intervention service user. Further detail about each component is provided in Appendix B to E of this study protocol.
Where? (Sites)	Restart is being delivered in 6 London Boroughs. Of these, Restart has been delivering in 5 since 2021: Camden, Croydon, Havering, Sutton and Westminster City Council. As part of the feasibility study funded by Foundations, Restart will also be set up to deliver in a sixth borough: Barking & Dagenham.
Where? (Settings)	Both the Safe & Together Core and Overview trainings are delivered virtually. The Core training is delivered by a trainer (i.e. it is live). Implementation leads are co-located in social care offices, and consultation and advice can be delivered either in person or virtually. The one to one domestic abuse perpetrator intervention is delivered on a one-to-one basis and this can be either virtual or in person. In person sessions can be delivered in settings including the local borough's social care buildings, and Cranstoun offices. Other local settings can be used as agreed between the service user, Social Care and Restart team.
When?	Restart delivery periods will run as follows: Existing five sites: On-going to March 2025, with the aim to secure continuation funding to extend delivery past this. Barking & Dagenham: July 2024 to May 2025
Tailoring?	As Restart is delivered in local areas, there are elements which are tailored based on local contexts and systems. Local variations at the borough level include: Referral pathways. While referrals are currently received to the one-to-one domestic abuse perpetrator intervention by CSC, Early Help and Housing across all sites, stakeholders note that this will be monitored and can be adapted based on local needs.

TiDieR item	Description
	The exact housing pathway that is available to service users. This depends on the local area's housing stock and available pathways. While all sites include the provision of temporary housing accommodation, the location and pathways of longer-term housing will differ. The availability of non-statutory onwards referral pathways to long-term Domestic Abuse Perpetrator Programmes (DAPPs). This will vary based on existing provision for low-to-medium risk domestic abuse perpetrators. The S&T training is a manualised intervention which does not vary. However, the ongoing support delivered by implementation leads is adapted based on local context. Given the fluid nature of risk and need in the context of domestic abuse, a key approach to delivering Restart is that delivery is bespoke and tailored based on the individual's need. Tailoring takes the following form across the main components: The one-to-one perpetrator intervention includes several "core" activities and sessions which are completed with all service users. However, the exact order that these sessions are completed in varies. In addition, format (virtual or in person) and dosage (between one or two sessions of support for 4 to 8 weeks) varies, and these decisions are made using the case manager's judgement, guided by the needs, wishes and accessibility requirements of the service user. The parallel support and risk monitoring delivered to (ex-) partner victim-survivors varies in length, and is typically provided between 4 to 8 weeks. This is not linked to the length of support provided to the service user, but is dependent on the (ex-) partner victim-survivors wishes and safeguarding requirement. The tailored nature of the one-to-one domestic abuse perpetrator intervention prioritises inclusivity across various cultural, racial, ethnic, and socioeconomic backgrounds. Programme documentation states that one-to-one support allows tailored assistance and delivery of the programme, supported by staff upskilling to ensure culturally competent and inclusive approach to support. This includes tailoring outreach strategies, culturally sensitive messaging, and accessible recruitment materials to reach families from a range of backgrounds. The impact of the above factors on intervention feasibility and implementation will be investigated as part of the feasibility study.
How well?	Fidelity to Restart throughout the feasibility study will be assessed against the programme's theory of change, manual and workbook. This will take place through the use of monitoring data, observations, and interviews. At the end of the study, we will recommend final changes to the Restart intervention protocol and manual based on key findings, for use in any future impact evaluation.

Restart's aims and objectives

Restart aims to improve responses to domestic abuse in low-to-medium risk families that are being supported by CSC or Early Help. The programme takes a multi-agency, whole family approach, working at the system level to upskill CSC professionals and at the family level to directly respond to need. It does this by intervening earlier to hold perpetrators accountable for change, in order to prevent escalation of risk and to ensure that (ex-) partner and child victim-survivors can remain safe and together at home.

To do this, Restart aims to achieve the following objectives:

1. To catalyse cultural and systems change across Children's Social Care, Early Help and Housing. To do this, Restart aims to build workforce knowledge and confidence in responding to domestic abuse, ensuring that accountability is placed with the perpetrator, that children are centred as victim-survivors, and that this is reflected in approaches relating to the prevention of domestic abuse related family homelessness.
2. To build motivation for change and facilitate access to long-term behaviour change interventions for domestic abuse perpetrators.
3. To ensure that (ex-) partner and child victim-survivors are kept safe, together, free from harm, and can remain in their homes if they choose to.
4. To facilitate access to alternative accommodation for perpetrators where required, building space for action and ensuring that (ex-) partner and child victim-survivors do not need to flee their homes.

Ultimately, Restart aims to reduce the frequency and gravity of domestic abuse, and achieve the long-term safety and wellbeing of (ex-) partner and children victim-survivors.

Restart's components

To achieve these aims and objectives, Restart operates across the system and family level. It does this through four components:

1. **Safe & Together model implementation.** This is a system level approach aimed at improving responses to domestic abuse, by focussing on improving awareness, knowledge and understanding of Children's Social Care, Early Help, and Housing workforces. The implementation work focuses on ensuring that system level responses to domestic abuse place the accountability with the perpetrator, that children are centred as victim-survivors of domestic abuse, and that that the (ex-) partner and child victim-survivor are kept safe and together at home.
2. **A one-to-one domestic abuse perpetrator intervention.** This is a four to eight week perpetrator intervention delivered on a one-to-one basis, which aims to improve motivation and readiness for behaviour change. The aim of the intervention is to facilitate onwards referral to a longer-term behaviour change intervention or programme.
3. **A support pathway for (ex-) partner victim-survivors.** While the service user engages in the one-to-one intervention, Restart provides parallel support and risk monitoring for victim-survivors, which includes ongoing risk management and identification of needs.

4. **An optional housing pathway for service-users.** Restart provides an optional housing pathway which facilitates access to temporary, diversionary accommodation for the service user, guided by the wishes of the victim-survivor.

Programme stakeholders describe the programme as a systems change model, with the domestic abuse perpetrator intervention and housing pathway as "tools in the toolbox" for CSC and Early Help practitioners to refer into as part of embedding the Safe & Together model in their every day practice. The four components complement each other, with referrals for the one-to-one domestic abuse perpetrator intervention generated through the Safe & Together implementation work, and referrals to ad-hoc case consultation and Safe & Together training prompted through conversations with the Cranstoun team as part of the delivery of the one-to-one perpetrator intervention. Exploring how the four components are interconnected, and refining the ways in which they collectively work together to achieve the same aims and objectives will be explored further throughout the feasibility study.

Restart's Theory of Change

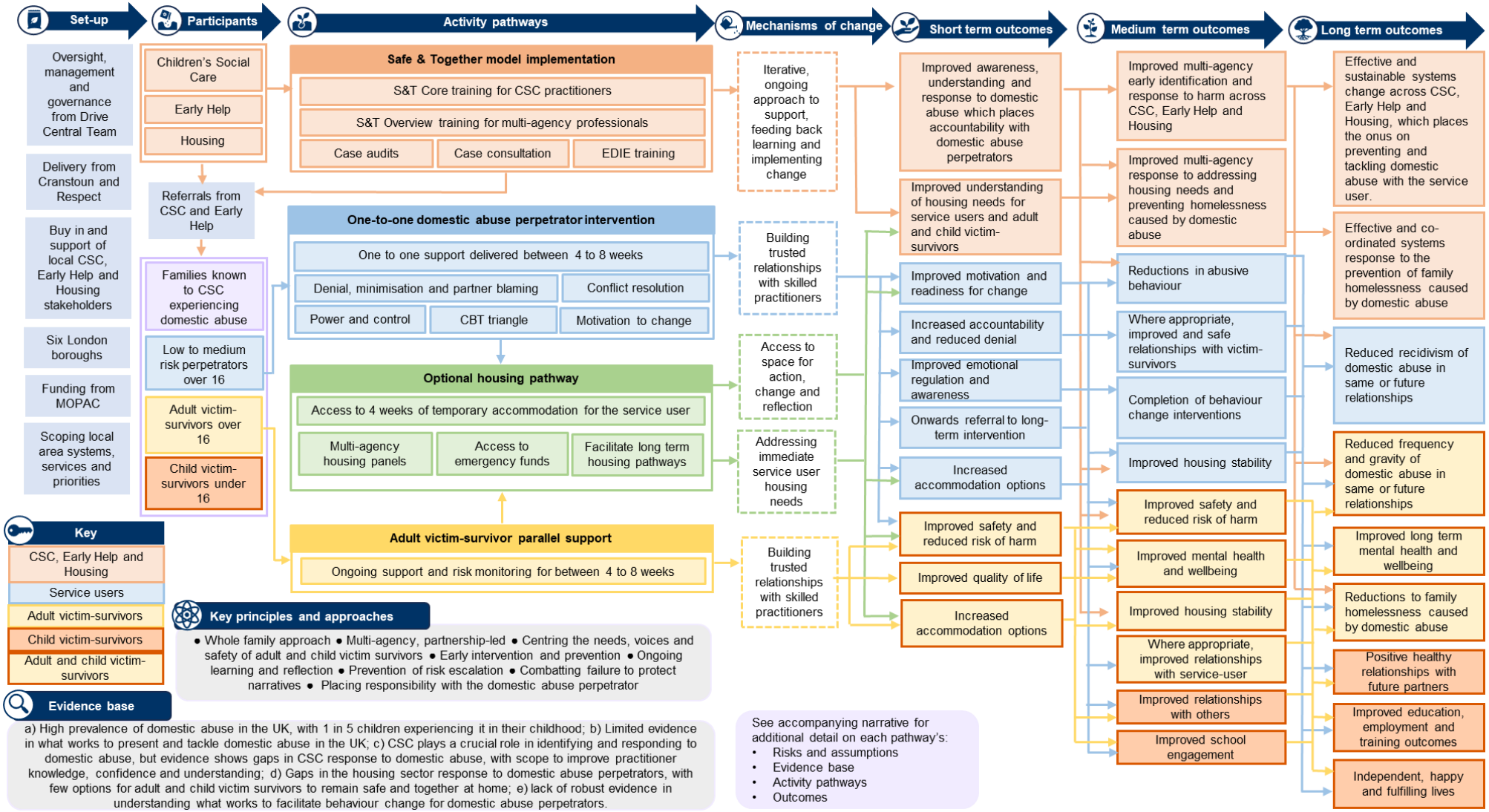
Throughout the set-up phase of the feasibility study, Cordis Bright have worked collaboratively with the Drive Partnership and Foundations to co-design and refine the Theory of Change. This has been done through the following activities:

- **Review of programme documentation**, including referral pathways, eligibility criteria, previous Theory of Change, informed consent procedures, delivery resources, and data collection processes.
- **Evidence review to validate the Theory of Change**. We have conducted a desk-based evidence review, to validate the evidence base behind Restart's intended activities, mechanisms and outcomes in more detail.
- **Two collaborative workshops with programme stakeholders.** We held two online workshops with stakeholders to understand the programme theory and participant pathways in more detail. These brought together findings from the document review and evidence review to ensure the theory of change is rooted in the evidence base and fit for purpose.

Figure 1 sets out Restart's theory of change which has been developed through this process. We intend to continue revisiting the theory of change and our understanding of participant pathways throughout the study as our understanding of programme theory improves.

Appendices B to E describe each of Restart's components, including its activities, causal mechanisms, intended outcomes and the theory which underpins the Theory of Change, in more detail. We anticipate that this will form the basis for the intervention protocol at the end of the feasibility study.

Figure 1: Theory of Change



Feasibility study methods

Summary

This chapter sets out the proposed approach to the feasibility study. It provides an overview of:

- Research objectives and research questions
- Methods overview
- Feasibility study participants
- Feasibility study delivery, and the methods which fall under each phase
- Our approach to EDIE and how it will be embedded throughout the study.

About the feasibility study design

The feasibility study consists of three phases:

- **Phase 1: Feasibility set up phase (April to July 2024).** This has included a review of programme documentation, an evidence review, two collaborative workshops with Drive and Foundations, and reviewing and refining the theory of change.
- **Phase 2: Feasibility study delivery (August 2024 to March 2025).** To reflect the test and learn approach of the study, Phase 2 is split into two parts:
    - Phase 2a will consist of a focus on data collection and outcomes measurement, and understanding delivery in practice.
    - Phase 2B will consist of understanding implementation, fidelity and future impact evaluation feasibility.
- **Phase 3: Analysis and reporting (April 2025 to August 2025).** In this phase we will produce the final feasibility study report, a refreshed theory of change and refined intervention protocol.

This feasibility study protocol has been produced after Phase 1, and sets out our plans for Phase 2a, 2b and 3. We expect that the learnings from Phase 2A will inform the design of Phase 2B, so may be subject to change. Further information on the feasibility study design is provided throughout the remainder of this chapter.

Research objectives, study approach and research questions

The primary objectives of the feasibility study of the Restart programme are:

1. To investigate the Restart programme in more detail, including the underpinning programme theory and evidence base, intended activities and outcomes, and implementation in practice.
2. To consider whether and how future impact evaluation of Restart can be conducted using experimental or quasi-experimental designs.

Table 2 below sets out the key research questions, and the phases of the study which will answer them.

Table 2 - A table showing which research questions will be addressed in each phase of the study

Research question	Research phase		
	Phase 1: Feasibility study scoping and set-up	**Phase 2A: Understanding the delivery model and outcome measurement**	**Phase 2B: Understanding implementation, fidelity and evaluation feasibility**
1. Programme theory validation: To what extent is Restart's Theory of Change rooted in evidence?	✓	✓	
1a. To what extent is Restart's theory of change supported by the evidence base and theory?	✓	✓	
1b. To what extent is Restart's theory of change validated by the views and experiences of referrers, practitioners, service users and programme stakeholders?	✓	✓	
1c. Are further changes needed to Restart's theory of change to clearly outline intended outcomes from each component for different groups?	✓	✓	✓
2. Implementation feasibility: To what extent has Restart been implemented and delivered in line with the following dimensions of implementation?			✓
2a. Fidelity/adherence: is Restart being implemented with fidelity to the theory of change and logic model? If not, in what ways does it differ and why?			✓

Research question	Research phase		
	Phase 1: Feasibility study scoping and set-up	**Phase 2A: Understanding the delivery model and outcome measurement**	**Phase 2B: Understanding implementation, fidelity and evaluation feasibility**
2b. Dosage: how much of each of Restart's components have been delivered? Does this match the dosage agreed?			✓
2c. Quality and acceptability: how well is Restart delivered? Is Restart acceptable to key stakeholder groups, such as referrers, commissioners, and system stakeholders?			✓
2d. Reach: how well has Restart reached its intended cohort?			✓
2e. Responsiveness: how well is Restart able to engage service users, (ex-) partner victim-survivors and training recipients? If people do not engage, why is this? Does this vary based on people's backgrounds and experiences?			✓
2f. Adaptation: are further adaptations to the Restart model or its implementation needed to accommodate context and need, improve delivery, or further promote EDIE?			✓
3. Evidence of promise: To what extent does Restart show evidence of promise?			✓

Research question	Research phase		
	Phase 1: Feasibility study scoping and set-up	**Phase 2A: Understanding the delivery model and outcome measurement**	**Phase 2B: Understanding implementation, fidelity and evaluation feasibility**
3a. To what extent does Restart show evidence of promise with regards to its intended causal mechanisms and outcomes for perpetrators, (ex-) partner victim-survivors, practitioners and the local system?			✓
3b. Are there any potential harms or unexpected consequences of implementation or participation?			✓
4. Impact evaluation feasibility: To what extent would an experimental or quasi-experimental methodology be feasible and acceptable?			✓
4a. What evaluation questions should be asked in any impact evaluation?			✓
4b. Are these questions suited to exploration by experimental and/or quasi-experimental methods?			✓
4c. To what extent have data collection processes, including the use of validated and appropriate outcomes measures, been established and embedded effectively?		✓	✓

Research question	Research phase		
	Phase 1: Feasibility study scoping and set-up	**Phase 2A: Understanding the delivery model and outcome measurement**	**Phase 2B: Understanding implementation, fidelity and evaluation feasibility**
4d. Which component(s) of Restart, if any, would be most appropriate for an experimental or quasi-experimental design? Which methodologies would be most appropriate for other components?			✓
4e. What is the most appropriate primary outcome for an impact evaluation? What do we know about its distribution in the Restart population?		✓	✓
4f. How many eligible participants need to be referred to, be onboarded and complete the programme to achieve a sample size which would enable a pilot or full-scale evaluation?			✓
4g. How many sites would need to be included in a pilot or full-scale evaluation to achieve the required sample size?			✓
4h. What does “business as usual” look like for families who are not supported by Restart?			✓
4i. To what extent would experimental or quasi-experimental methodologies (including randomisation) be acceptable to key stakeholder groups (such as intervention delivery staff, perpetrators, (ex-) partner and child victim-survivors and commissioners/referrers)? Do referrers accept and understand the uncertainty associated with randomisation?		✓	✓

Research question	Research phase		
	Phase 1: Feasibility study scoping and set-up	**Phase 2A: Understanding the delivery model and outcome measurement**	**Phase 2B: Understanding implementation, fidelity and evaluation feasibility**
4j. Apart from randomisation, what are the other main operational/ethical and logistical risks associated with an impact evaluation? Can these be avoided or mitigated through evaluation design? If not, how can they be mitigated during implementation?			✓
4k. Which data sources and methods could be feasibly be used to understand value for money?			✓
4l. Which comparator groups and/or administrative datasets may be feasible for use in a quasi-experimental approach, should experimental designs not be feasible?			✓
5. Equality, diversity, inclusion and equity: To what extent do key findings vary by EDIE characteristics?			✓
5a. Reach and retention: To what extent does Restart's reach, recruitment and retention rates vary based on EDIE characteristics?			✓
5b. Dosage and fidelity: To what extent does dosage and fidelity vary based on EDIE characteristics?			✓

Research question	Research phase		
	Phase 1: Feasibility study scoping and set-up	**Phase 2A: Understanding the delivery model and outcome measurement**	**Phase 2B: Understanding implementation, fidelity and evaluation feasibility**
5c. Experience of support and responsiveness: Have experiences of receiving support differed by background? Does the extent to which service users engage with support vary by background?			✓
5d. Adaptation: Are further adaptations to the Restart model or its implementation needed to further accommodate EDIE?			✓
5e. Evidence of promise: To what extent does Restart show evidence of promise in achieving outcomes, and does this vary by EDIE characteristic?			✓
5f. Future impact evaluation feasibility: What are the key considerations for a future impact evaluation to embed EDIE in its design, delivery and analysis? To what extent are these considerations feasible and acceptable to Restart's key stakeholders?			✓

Methods overview

The feasibility study is taking an exploratory, test and learn approach, with a focus on building capacity for future impact evaluation. A full timeline for the study is provided in Chapter 0. The study design has the following key components:

- **A phased, test and learn approach.** The feasibility study has been designed with a phased approach to delivery. This is to enable the feasibility study to feed in learning on both delivery adaptations and evaluation feasibility as early as possible, and to support continuous testing and learning. In practice, study delivery will be broken down into two phases: Phase 2A will explore Restart's programme theory in more detail, and provide capacity building support around data collection; Phase 2B will then build on these learnings to assess implementation, fidelity, and future impact evaluation feasibility.
- **Capacity building for provider organisations.** Successful delivery of feasibility studies with progression towards pilot trials cannot be achieved by evaluation expertise alone. As such, throughout the study we intend to work closely with Drive Partnership, Cranstoun and Respect colleagues to problem-solve evaluation and practice challenges. This will take the format of a series of collaborative workshops, ensuring that proposed evaluation activities align closely with delivery on the ground, and providing dedicated ongoing support and guidance to practitioners involved in delivering evaluation activities.
- **Combining depth and breadth.** Restart is currently being delivered in six London boroughs, of which one (Barking and Dagenham) is a new delivery site for the feasibility study. To capture both depth and breadth within available evaluation resource, we will use both quantitative and qualitative methods. Quantitative data collection methods will be conducted across all six sites, to assess considerations such as reach, recruitment, retention, quantitative measures of fidelity and to provide an assessment of data quality. Qualitative methods will be conducted in three case study sites: Barking and Dagenham, Camden and Croydon. The work conducted in these case study sites will function as a deep dive into implementation in practice, experiences of support, and variation by local area. At the end of the study, qualitative findings around implementation and evidence of promise will be sense tested with stakeholders from all six sites. These findings will inform decisions around the future sample size and number of sites needed for a sufficiently powered pilot trial.

Approach to sampling case study sites

The three case study sites (Barking and Dagenham, Camden and Croydon) were selected in collaboration with Drive Partnership and Foundations. These were selected purposively to enable the feasibility study to explore variation in implementation based on a range of area level characteristics, while also ensuring the sites are likely to generate enough referrals to enable delivery partners to meet delivery targets for the study. The characteristics which were explored as part of this sampling decision were:

- Site maturity.

- Number of referrals to the one-to-one intervention and housing pathway between February to August 2024.
- Practitioners delivering in each site.
- Ofsted rating for Children's Social Care.
- Implementation maturity.
- Ethnicity breakdown of the local population.
- Ethnicity breakdown of referrals between February to August 2024.
- Victim-survivor support pathways.
- Onwards DAPP provision pathways.

Appendix F sets out the characteristics for each of the six sites against the above characteristics. Barking and Dagenham is a new site which has been onboarded for the feasibility study, while Restart has been operating in Camden and Croydon since 2021, which are therefore a more embedded version of the model. This will enable the feasibility study to explore factors impacting implementation in both new and existing sites, which will provide relevant findings towards the feasibility of scale for any future impact evaluation, and will also enable assessment of longer term implementation factors.

- **Explore capturing the voice of the child.** While Restart's eligibility criteria include families known to Children's Social Care, Restart does not work directly with children. However, programme stakeholders agree that ultimately, Restart aims to improve outcomes for children in households with domestic abuse. Throughout the feasibility study, we will a) explore the outcomes for children which could be directly attributable to Restart, including the relevant mechanisms and timescales in which these are likely to be achieved, and b) gather stakeholders' views on the most appropriate methods to capture the voice of the child through any future impact evaluation. We will also work with the Drive Partnership's Changemakers panel, a group of young people who have experienced domestic abuse and are committed to improving policy and practice. More information about this is presented in the section: 'Equality, diversity, inclusion and equity (EDIE).

Table 3 presents an overview of the feasibility study methods, and how they relate to the phased approach and number of sites. The rest of this section outlines these methods in more detail.

Table 3: Research methods overview

Research method	Sampling across sites	Phase 2A: Understanding the delivery model and outcomes measurement (August to November 2024)		Phase 2B: Understanding implementation, fidelity and evaluation feasibility (December to March 2025)	
		Data collection method	**Research questions**	**Data collection method**	**Research questions**
Quant-itative methods	All six London boroughs	• Review of current demographic, socioeconomic, activity and outcomes data categories • Outcomes measure desk top review • Data collection workshop with programme stakeholders. • Workshop on understanding RCT and QED approaches. • Providing training, guidance and support to practitioners. • Piloting research tools and outcomes measures	**1-1c; 4c**	• Ongoing support and guidance to practitioners • Regular data quality audits • Analysis of demographic data, activity data and outcomes data	**2-5**
Qualitative methods	Qualitative deep dive in three sites (Camden, Croydon and Barking and Dagenham)[5]	• Scoping interviews with Restart programme stakeholders (n=7), case managers (n=3), partner support workers (n=3) and accommodation support workers (n=2).	**1-1c; 4c**	• Interviews with Restart programme stakeholders (n=15), case managers (n=3), partner support workers (n=3), accommodation support workers (n=2),	**2-5**
			1-1c; 4c	• Observations: perpetrator intervention, training delivered to practitioners, multi-agency Housing Panel meeting, monthly and quarterly project management and governance meeting.	**2-5**

[5] Sample sizes are the total across all three sites, and will be representation across all sites.

Research method	Sampling across sites	Phase 2A: Understanding the delivery model and outcomes measurement (August to November 2024)		Phase 2B: Understanding implementation, fidelity and evaluation feasibility (December to March 2025)	
		Data collection method	Research questions	Data collection method	Research questions
				• Interviews service users (n=12), (ex-) partner victim-survivors (n=12), training participants (n=6), wider system stakeholders including referrers (n=12). • Final workshop to sense check findings with stakeholders from the other four sites.	

Feasibility study participants

This section explains how participants will be recruited to the feasibility study. It sets out the eligibility, recruitment, and informed consent processes for the following participants:

- Service users and (ex-) partner victim-survivors
- CSC workforce and system stakeholders.

Service users and (ex-) partner victim-survivors

Inclusion criteria

Inclusion criteria for service users and (ex-) partner victim-survivors are people who:

- Are eligible for and consent to receive support from the Restart programme, i.e. in line with the eligibility criteria set out in the section on 'eligibility criteria and referral pathways' below.
- Have been referred into Restart between July 2024 and March 2025.
- Are receiving support in one of the six participating London boroughs (Barking and Dagenham, Croydon, Camden, Sutton, Westminster, Havering).
- Consent to take part in the feasibility study.

In addition, to be eligible for interviews and/or observations, service users and (ex-) partner victim-survivors must be receiving support in either Barking and Dagenham, Croydon or Camden. Further information on our approach to sampling is provided below. Throughout the feasibility study, Drive expects that 50 families will receive support in Barking and Dagenham, Croydon and Camden.

Obtaining informed consent

As part of giving informed consent to receive support from Restart, both the service user and the (ex-) partner victim-survivor will consent to monitoring and activity data being shared with the evaluation team. This will be given for all participants of Restart between July 2024 and March 2025. The exact variables which will be shared as part of this process will be finalised and agreed as part of our capacity building support around data collection in Phase 2A. At this stage, we anticipate that these will include demographic data, needs data, activity data and outcomes data collected by the Drive Partnership.

Informed consent to participate in the feasibility study and other associated activities will be achieved separately for both service users and (ex-) partner victim-survivors. In order to participate in Restart, both the perpetrator and the (ex-) partner victim-survivor must consent to receiving support. However, as participating in the feasibility study is optional, service users and (ex-) partner victim-survivors will be asked to consent to the study separately, i.e. participation in the study is not contingent on joint consent. This means that the service user may participate in the feasibility study while the (ex-) partner victim-survivor does not, and vice versa.

The service user and (ex-) partner victim-survivor will be asked to provide informed consent to participate in the study once they have consented to receive Restart. This will be done in a conversation with a Restart practitioner. In order to achieve consent, these practitioners will explain the purpose of the feasibility study, and that this would involve:

- Potentially filling out questionnaires at the beginning and end of support.
- Potentially being invited to take part in an optional semi-structured interview about their experience of support.
- For service users, that a session of support may be recorded and shared with the research team, to help them to understand more about the Restart programme.

All participants will be informed that taking part in the study is optional, i.e., that if they choose not to take part then they will continue to be able to access all usual services, including the Restart programme. They will also be told that they have the right to withdraw from the study at a later date with no adverse consequences. All participants will be provided with either a hard-copy or digital version of information sheets which will detail the study in full, as well as a privacy notice.

Participants will be informed that they may withdraw from the study at any point, and may ask for any of the information collected from them to be deleted from Cordis Bright servers at any time until six months at the end of the feasibility study in February 2026.

If they agree to participate in the programme and feasibility study, participants will be asked to complete hard-copy or online consent forms, or to provide verbal consent which will be captured on the Restart case management system. These will be collected by Restart practitioners, who will then upload the forms to Drive's servers. All written evidence of consent will then be shared securely with Cordis Bright via secure transfer in line with the Data Protection Act and GDPR (see the section on 'data protection').

Informed consent processes have been designed to adhere to good practice guidelines, including the Government Social Research Unit's guidance, to ensure they are accessible, inclusive and culturally sensitive. All information sheets and consent materials to be used throughout the study have been collaboratively designed by Cordis Bright, Foundations and the Drive Partnership, and are provided in Appendix A. We will also explore the possibility of adapting information sheets to ensure they are accessible, i.e. through the use of a translator, or producing easy read versions.

CSC workforce and system stakeholders

CSC practitioners and wider system stakeholders who have engaged with the Safe & Together implementation work and/or referred into the one-to-one domestic abuse perpetrator intervention in Barking and Dagenham, Croydon and Camden will be eligible to take part in the feasibility study. For semi-structured interviews (n=21), we envisage taking a purposive approach to sampling in order to capture a range of experiences across sites, sectors and insight into the programme.

For those who are part of the Safe & Together work, monitoring and outcomes data will be collected by Respect and shared with the research team. Consent for this will be collected as part of consent to take part in Safe & Together training. In addition, training participants may potentially be part of an observed training session, or be invited to interview.

All professionals will be provided with information about the feasibility study in advance of the interview or observation, which will explain the purpose of the study and interview, and inform them that taking part is voluntary and optional, and that notes will be stored securely on Cordis Bright servers and deleted six months post-feasibility study. Informed consent will be given at the start of semi structured interviews, and stored digitally along with interview notes on Cordis Bright's servers. Implied consent will be taken from all participants at the start of an observation.

Feasibility study delivery (August 24 to April 25)

This section sets out our approach to feasibility study delivery across the following two phases:

- Phase 2A: Understanding the delivery model in more detail and agreeing outcomes measurement.
- Phase 2B: Assessing implementation, fidelity and impact evaluation feasibility.

Phase 2A: Understanding the delivery model and outcomes measurement (August to November 24)

Phase 2A will focus on providing capacity building support for data collection and outcomes measurement, and understanding the delivery model on the ground in more detail, i.e. what the intervention looks like in practice. We will use this phase to agree the most appropriate outcomes measurement tools for each component of the Restart programme, and to revisit the progression criteria used to judge the feasibility and most appropriate approach to any future impact evaluation. This section sets out our approach in this phase to:

- Data collection and outcomes measurement capacity building
- Understanding delivery in practice.

Data collection and outcomes measurement capacity building

In order to ensure that data collection processes are robust and fit for purpose, we will conduct the following activities as part of this phase:

Review of monitoring and outcomes data categories

To support data quality and as part of our capacity building approach, we will work with the Drive Partnership to put in place robust data monitoring procedures to understand the flow of participants throughout the programme. This will involve conducting a review of the current monitoring data collected (e.g., demographic characteristics, socioeconomic characteristics, activity data and outcomes data), which are in place across Restart's four components, and recommend any improvements. As part of these recommendations, we will seek to use existing data categories and data collection processes within the study where possible, to minimise any additional burden on practitioners.

Evidence review of outcomes measures

Following the review of data currently collected by Restart, we will conduct a rapid evidence review of validated outcomes measures and administrative data. This will identify validated self-report measures for the one-to-one domestic abuse perpetrator intervention, (ex-) partner victim-survivors, and CSC practitioners who engage with the Safe & Together Implementation work. It will also explore outcomes measures and/or administrative datasets which could be used to capture outcomes for service users, (ex-) partner and child victim-survivors, and wider changes across the system. We will discuss and agree with the Drive Partnership and Foundations the priority outcomes which we will focus on for review. We will then review the available measures for each outcome, and prioritise outcomes measures which link to the Theory of Change, and are valid, reliable and appropriate for use with the target cohort. In particular, we will work closely with Drive Partnership colleagues to understand whether there are any common characteristics among service users and families which need to be accounted for in the choice of outcomes measures. For example, we may need to identify measures which are suitable (and validated) for people with lower levels of literacy, SEND or specific demographic characteristics.

Workshop: Data collection processes and outcomes measures

Following the monitoring data categories review and evidence review, we will hold a workshop on data collection processes and outcomes measures with Drive Partnership and Foundations colleagues. The purpose of this workshop will be to discuss and agree (1) any changes to referral, demographic and monitoring data collections that may be needed, (2) outcomes measures to trial throughout the remaining feasibility study period, (3) data collection points, including who is best placed to collect outcomes data and how, and (4) which keep in touch methods would maximise completion rates for any tools requiring self-report or other methods with service users and (ex-) partner victim-survivors, including a discussion on the viability of incentive payments. Exploring and discussing these issues collaboratively will ensure that data collection processes are fit for purpose, minimise the burden on practitioner time, and can be embedded into everyday practice.

Workshop: Capacity-building and building buy in to RCT/QED impact evaluation

We will then hold another workshop to bring together practitioners who have not been involved in the study activities so far. These stakeholders may have less familiarity with RCT/QED evaluation approaches, so this session will aim to encourage initial buy-in, and act as an opportunity for the research team to answer questions and concerns, and introduce ideas and concepts to be explored in subsequent activities and workshops.

Data collection training and guidance to practitioners

To support the implementation of data collection processes and outcomes tools as agreed above, we will provide training and guidance for practitioners on collecting informed consent for study participation from service users and (ex-) partner victim survivors, and supporting data completion – particularly for any new outcomes measures. We will agree the format of training to best suit the needs of practitioners. We anticipate that this may include sessions for people in similar roles, i.e. for case managers, partner support workers, accommodation support workers and Safe & Together implementation leads. However, we would also be open to running this for teams operating in the

same site if this is preferable. As part of the evaluation training and guidance, we plan to produce practitioner toolkits and handbooks, and will also provide ongoing guidance and support to practitioners with implementing feasibility study processes following the training.

Pilot monitoring data and outcomes tools

As part of our test and learn approach, following initial data collection implementation, we will then pilot monitoring data and outcomes tools. This will entail conducting an initial data quality review of the data that has been collected after 4 weeks. This will include an assessment of data completeness and may also include validity and reliability tests to ensure that the validated measures are performing as we would theoretically expect them to. We will also consult with participants and staff members on their experiences of completing the tools, to provide information about the acceptability and accessibility of selected outcomes measures, tools and data collection approaches for use in a future impact evaluation.

We have budgeted additional time to produce any recommendations for change in terms of administering or collecting this data, and to provide ongoing support with roll out to practitioners, which will be done as part of our interim findings at the end of phase 2A (see below).

Understanding delivery in practice

In addition to a focus on data collection, Phase 2A will also provide an opportunity to explore participant pathways in practice with practitioners and programme stakeholders. This will build on findings from the set-up phase, and inform our understanding of elements of the four components of Restart which are "core" and which are tailored. In order to do this, we will conduct the following methods:

Scoping interviews with programme stakeholders

We will conduct scoping interviews with Restart programme stakeholders (n=7), case managers (n=3), partner support workers (n=3), and accommodation support workers (n=2).[6] These interviews will focus on the programme theory and implementation in practice. At the system level, these will include exploring factors impacting area level implementation, and exploring core components and intended outcomes of the Safe & Together work in more detail. At the family level, this will include mapping participant journeys through the one to one perpetrator intervention in more detail, including referral pathways, eligibility criteria, screening and assessment, core components including dosage and session content, eligibility thresholds for housing pathway and safe exit criteria. They will also explore current data collection points and processes (i.e. who currently collects what and when), and sense check the feasibility of our proposed methods for Phase 2B. These interviews will also be used to inform our understanding of "core component" metrics, which we then use to assess fidelity in Phase 2B.

[6] Sample sizes equal the number of practitioners who currently deliver Restart across all six sites.

These interviews will last up to an hour, and are likely to take place online via Zoom/Microsoft Teams. Topic guides have been collaboratively designed and agreed between Cordis Bright, Foundations and the Drive Partnership (see Appendix A). Informed consent will be taken verbally at the start of each interview, and all interviewees will be informed that taking part is optional and they can pause the interview at any time. The interviewer will take notes throughout and may record the interview using Microsoft Teams. All interview notes and recordings will be stored securely on Cordis Bright servers in line with Data Protection and GDPR, and destroyed six months after the feasibility study has concluded.

Produce interim findings and recommendations

At the end of Phase 2A, we will analyse the data collected to date and feedback the key findings and messages to Drive and Foundations colleagues. This will include any recommendations for delivery adaptations as noted from interview and observations, recommendations for monitoring data and outcomes measure changes, and agreed upon methods and criteria to assess implementation and fidelity Phase 2B. At the end of Phase 2A, we will also confirm and finalise our progression criteria, These will be used to establish whether the programme should progress from feasibility study to pilot trial of other QED evaluation. Further information on progression criteria is provided in this section. At this stage, we will also revisit the theory of change to reflect changes to programme theory and participant pathways through programme.

Phase 2B: Understanding implementation, fidelity and evaluation feasibility (December 24 to April 25)

Once we have developed our understanding and recommended improvements to data collection processes in Phase 2A, we will work in Phase 2B to evidence programme implementation, fidelity and evaluation feasibility. Within this phase, it will be particularly important to test approaches, and to focus on generating wider buy-in to potential future impact evaluation. Activities which we will conduct in this phase include:

- Data collection support across all six sites
- Qualitative deep dive to understand implementation and fidelity in two sites
- Exploring future impact evaluation feasibility.

This section explains our approach to each in more detail.

Data collection support across all six sites

Following the agreed monitoring and outcomes data collection categories from Phase 2A, we will continue to provide support across the six sites with data collection. We will regularly analyse the quality and relevance of monitoring data being collected. This will allow us to develop a clear and accurate picture of all those who successfully 'complete' the programme and provide the basis for informing potential sample sizes for a future RCT in line with appropriate power calculations and outcome measures. It will also allow us to identify opportunities for amending administration techniques, or to adapt the measures and tools in place based on completion rates, practitioner feedback, and findings from semi-structured interviews.

Qualitative deep dive in three sites

In our three qualitative deep dive sites, Camden, Croydon and Barking and Dagenham, we will conduct the following qualitative research methods:

Programme observations

As part of Phase 2B, we will conduct observations of the one-to-one domestic abuse perpetrator intervention (4.5 days), training sessions delivered to practitioners (2 days), multi-agency Housing Panel meetings (1 day), and monthly and quarterly project management and governance meetings (1 day). These observations will focus on implementation and fidelity and will use the agreed upon "core component" metrics from Phase 2A to assess fidelity and adherence of the intervention.

A member of the Cordis Bright team will carry out each observation. For the one-to-one intervention, consent will be sought as part of consenting to the study, and then again through planning conversations with their case manager, and at the beginning of the observation. Recordings of sessions will be shared securely by Drive Partnership with Cordis Bright, in line with GDPR and data protection. The member of the research team will take notes throughout the recording, which will not include names or personal information.

For observations of professional meetings and training, the member of the research team will observe live, and implied consent will be verbally sought at the beginning of the observation. The researcher will not record the session but they will take notes throughout (again, without including names or personal information).

Observation guides have been collaboratively designed and developed by Cordis Bright with input from Drive Partnership and Foundations (see Appendix). As part of the observation, the researcher will record how the session (or meeting) is being delivered, and key findings relating to dimensions of implementation, including dosage reach, content, format, responsiveness and adaptation. They will also record any emerging evidence of promise relating to intended mechanisms of change or outcomes from the observation. The research team will not record any personal or identifiable data as part of the observation in these notes. All observation notes and recordings will be stored securely on Cordis Bright servers in line with Data Protection and GDPR.

In-depth, semi-structured interviews with professionals

We will conduct in-depth, semi-structured interviews with Restart programme stakeholders (n=15), case managers (n=3), partner support workers (n=3), accommodation support workers (n=2), training participants (n=6), and wider system stakeholders including referrers (n=12). For system stakeholders, we propose even representation across the three sites, which will enable analysis of differences in site maturity and implementation.

The topic guides will be designed and developed collaboratively between Cordis Bright, Drive Partnership and Foundations colleagues as part of Phase 2A. This will ensure that learnings from Phase 2A can inform the key areas of interest to explore in Phase 2B (for example, relating to data collection processes and core components of delivery). It will also enable the evaluation team to build in considerations around continuity, and to explore change over time when speaking to the same stakeholders a second time.

Interviews with programme stakeholders will explore implementation (i.e. fidelity and adherence to programme theory), evidence of promise across the four components of Restart, and future impact evaluation feasibility. Discussions around evaluation feasibility will include views on feasibility study activities so far, including views on the introduction of monitoring and outcomes data collection as part of the feasibility study, acceptability and practicality of potential randomisation, understandings of business as usual and implications for a control or comparator group, and considerations for evaluating each component of the programme in the future.

Interviews with professionals will be conducted virtually via Zoom / Microsoft Teams and will last between 45 minutes to an hour. All professionals will receive information about the study and what their involvement will entail in advance of the interview. Informed consent will be sought verbally at the beginning of each interview and all interviewees will be informed that taking part is optional and they can pause the interview at any time. Interviews will be carried out by a member of the Cordis Bright team, who will write detailed notes and may record the interview. All interview notes and recordings will be stored securely on Cordis Bright servers in line with Data Protection and GDPR.

In-depth, semi-structured interviews with service users and (ex-) partner victim-survivors

We will also conduct in depth semi-structured interviews with service users (n=12) and (ex-) partner victim-survivors (n=12). These will be sampled separately in order to manage known risks associated with perpetrator consultation, i.e. they will not be linked dyads. This will be evenly split across the sites, and we will work with the Restart programme manager to ensure that our interview sample represents a range of ages, ethnicities, and engagement with the programme. Interviews will focus on experiences of support, and evidence of promise, while acknowledging the limitations of small sample sizes. We have designed and agreed topic guides for these semi-structured conversations which have been agreed in collaboration with colleagues from the Drive Partnership and Foundations (see Appendix).

We will gain written informed consent from participants to take part in the interviews as part of consenting to take part in the feasibility study. In addition, we have designed a detailed information sheet which explains the purpose of the feasibility study and the interview, the types of questions we are interested in, and the fact that taking part is optional and will not affect access to existing services. Consent to take part will be given on the initial consent form, and additional verbal consent to take part will be given to either their case manager or partner support worker before personal detail are shared with the research team. The research team will work closely with trusted professionals to achieve this.

Interviews with service users and (ex-) partner victim-survivors will be conducted either face-to-face or online based on their preference, and last between 45 minutes to an hour. The member of the research team will take detailed notes which will be stored securely on Cordis Bright servers. We will work closely with the Restart team to arrange the most practical and appropriate method of conducting these interviews. Case managers and partner support workers will not be present while the interviews take place, but they will be on hand should issues arise throughout the conversation. They will also arrange a separate debrief conversation with the service user or (ex-)

partner victim-survivor after the conversation to ensure support can be provided as necessary. Both service users and (ex-) partner victim-survivors will be offered a £20 high street voucher as a thank you for participation.

All service users and (ex-) partner victim-survivors will be offered a pre-meet and a debrief with their case manager and partner support worker before and after the interview, to ensure that they feel supported and clear on the purpose and logistics of the conversation. The pre-meet will also act as another opportunity to remind them that taking part is optional and they do not have to answer any questions that they do not wish to. If any safeguarding issues arise in these interviews, the interviewer will discuss them with the Restart team leader and trusted professional immediately. They will follow the Drive Partnership and Cordis Bright safeguarding policies as appropriate. This, and signposting to external support services and aftercare will be set out in the information sheet and consent form too.

Future impact evaluation feasibility deep-dive

Towards the end of Phase 2B, we will conduct a series of activities to assess the feasibility of future impact evaluation and to further build programme stakeholders knowledge, understanding and confidence with these methods. This will involve the following methods:

- **Desk based rapid evidence review.** This will scope different impact evaluation approaches for each programme component, and also explore the feasibility of accessing administrative datasets such as CSC and Housing data.
- **Workshop: Randomisation approaches, ethics and understanding business as usual.** We will conduct a workshop with programme stakeholders on randomisation approaches, randomisation practicalities, and business as usual. This will include discussion around the ethical and safeguarding considerations for both groups and will inform recommendations around the most appropriate randomisation design.
- **Sample size calculations.** We will conduct desk-based power calculations to assess the sample size required for a future pilot RCT or QED to be sufficiently powered.
- **Workshop: Data collection, sample size, recruitment and attrition.** Following the desk-based sample size calculations, we would then like to hold a workshop exploring the necessary sample sizes, recruitment and retention rates for an impact evaluation. This will support recommendations around the number of sites which would be required for Restart to achieve a sufficient sample size.

Phase 3: Analysis and reporting (April 2025 to August 2025)

This section outlines our high-level approach to:

- Monitoring and progression criteria
- Quantitative data analysis
- Qualitative data analysis
- Reporting and outputs from the study.

Monitoring and success criteria

The most important recommendation of this study will be whether we recommend that the programmes progresses to pilot RCT or QED impact evaluation. As such, it is important that this recommendation is based on rigorous and pre-agreed progression criteria. During phase 2A we will work with the Drive Partnership and Foundations colleagues to agree these criteria, which will be Specific, Measurable, Achievable, Relevant and Timebound, and aligned with the agreed research questions. We will also co-develop targets using a RAG rating approach. We have developed a suggested format for the progression criteria below, with some initial suggestions for criteria focusing on the one-to-one intervention strand. However, we would like to continue to develop and refine these in collaboration with the Drive Partnership and Foundations colleagues during the set-up phase and Phase 2A, including exploring whether we need to reflect the support pathway, housing pathway and Safe & Together Implementation and training within the criteria.

Progression criteria	Go: Proceed to pilot trial	Amend: Proceed with changes	Stop: Do not proceed unless changes are possible
Recruitment *Can X% of the proposed number of eligible participants be recruited to the study?*	75%+	50% to 75%	Under 50%
Retention *Can X% of recruited participants be retained in the study until completion (i.e., completion of all outcome measures)?*	75%+	50% to 75%	Under 50%
Data completion *Can outcomes measures be completed with an average of x% of items complete?*	90%+	70% to 90%	Under 70%
Intervention fidelity *Can x% of retained participants receive the agreed core components of Restart?*	90%+	70% to 90%	Under 70%
Experiences of implementation and support *Are there significant barriers to implementation of the programme or the proposed impact evaluation approach?*	3 or fewer barriers. Those barriers which are identified are likely to	4 or more barriers. Those barriers which are identified are likely to	1 or more of the identified barriers appears unlikely to be surmountable.

Progression criteria	Go: Proceed to pilot trial	Amend: Proceed with changes	Stop: Do not proceed unless changes are possible
	surmountable.	surmountable.	

Quantitative data analysis

At the end of the study, we will analyse data for all participants who have consented to share their data with us. This will include analysis of demographic data, socioeconomic data and activity data (including number of sessions, types of topics covered). This analysis will include an assessment of data quality (i.e. completeness and appropriateness of categories), and descriptive statistics (i.e. means and proportions) for each variable of interest. Activity data analysis will be used to assess the dimensions of implementation, including fidelity, dosage, reach, recruitment and attrition. Analysis of demographic and socioeconomic data will be used to address key research questions around EDIE, including differences in access and experience of the intervention. This will also be used to address quantitative progression criteria around reach, retention, fidelity, data completion, and fidelity.

We will also analyse the data quality of outcomes data, including the completeness and appropriateness of outcomes measures completed as part of Drive Partnership's routine data collection, and of any self-report or additional tools implemented as part of Phase 2B. As this is a feasibility study with small sample sizes, we do not anticipate that a pre- post- analysis will be appropriate or provide meaningful data on evidence of promise. However, should sample sizes be sufficient to do this meaningfully, we will also conduct exploratory analysis relating to evidence of promise.

Qualitative data analysis

Qualitative data from in-depth interviews and observations will be analysed using framework analysis (Ritchie and Lewis, 2003). recorded in a matrix, which maps responses against the key evaluation questions decided with programme partners during the set-up phase. Qualitative analysis will assess the key themes across (1) implementation and fidelity, (2) evidence of promise, including whether experiences of support have differed by group, (3) the feasibility and acceptability of future impact evaluation. Taken together with quantitative findings, this will inform decisions on progression criteria around experiences of implementation and support.

Our approach to qualitative analysis involves deploying a mixture of a priori codes and open coding to categorise and identify recurring themes and issues. This is an iterative process, using initial data collected to establish themes, then drawing on these themes to continue to code further data. This allows for constant comparison of the themes and ensures that any theories or judgements are closely linked to the data that they developed from. This mirrors a thematic approach to analysing

qualitative data. This analysis will be used to inform key findings on evidence of promise, intervention feasibility and implementation, and future impact evaluation feasibility.

Triangulation and reporting

We will then take a robust approach to triangulating qualitative and quantitative evidence and ensure that evidence that has high relevance and high consistency of view is prioritised. We will map both qualitative and quantitative datasets against the research questions to understand how well both the feasibility study and the Restart programme have been implemented. Taken together, this information will inform the decision about whether progression to a future impact evaluation will be practicable and desirable.

Outputs

The following outputs will be produced throughout the feasibility study:

- **Feasibility study protocol.** This will be finalised before the feasibility study commences, and will set out an overview of the Restart programme, research questions, research methods, and our approach to analysis.
- **Interim findings.** In line with our test and learn approach, we will produce an interim findings report at the end of Phase 2A, i.e. in November 2024. This will summarise key findings relating to research questions so far, and outline any recommendations for intervention adaptations or amendments to feasibility study methods. We will also use this as an opportunity to revisit our progression criteria to ensure they are still fit for purpose.
- **Theory of change and intervention protocol.** Throughout the feasibility study we will be continually building on and refining our understanding of Restart's programme theory and participant pathways. This will be updated throughout the study, and a final theory of change and intervention protocol will be produced at the end of the feasibility study.
- **Feasibility study report.** At the end of the study, we will produce a final feasibility study report. This will bring together evidence from observations, interviews, workshops, and data analysis to provide evidence of intervention feasibility, evidence of promise, and future impact evaluation feasibility. This report will also draw on our judgement of the study findings and programme stakeholders' assessment of the go/no-go criteria to make a recommendation as to whether to proceed to a pilot trial and/or QED approach. If the recommendation is to proceed, the final report will outline the most suitable impact evaluation design to take forward.

Equality, diversity, inclusion and equity (EDIE)

We are committed to delivering this study in line with equality, diversity, inclusion and equity (EDIE). This section sets out in detail how EDIE will inform all elements of the study, from design to data analysis and dissemination of findings. We will work to ensure that our approach to EDIE is rooted in and informed by a) our experience, and b) the existing evidence around what works in conducting research with parents/carers, young people and communities from marginalised or under-served groups.

All of Cordis Bright's evaluation work is delivered in line with our EDI strategy (available here) and EDI project toolkit (available here). This sets out our commitment, principles and approaches to ensure that our work is accessible to all. We commit to:

- Providing equal opportunities in all aspects of employment and ensuring that we do not discriminate in recruitment or employment on the basis of a protected characteristic or any other characteristics or identities.
- Opposing discrimination in all its forms, be it at a structural or institutional level or an inter-personal level. This includes direct discrimination, indirect discrimination, discrimination by association, discrimination by perception, victimisation, harassment, and bullying.
- Seeking to build our understanding of the barriers created by discrimination and inequality and ensure fair, equal and inclusive treatment for our staff, clients and the people whom our work aims to support.

All members of our team are experienced at working with minoritised and marginalised communities, including specifically individuals from these communities who have experienced domestic abuse. This experience has informed the development of research tools. For instance, interview topic guides for programme participants have been produced with attention to the need for a trauma-informed approach, which ensures we are aware of and sensitive to the potential impact of involvement in the study, including re-traumatisation.

We have valuable experience in delivering evaluations which are sensitive to EDIE. However, we also recognise that for all research teams, funders and programme delivery teams improving our understanding and practice will always be a work in progress. We therefore commit to take a reflective and collaborative approach during the study, in order to be able to learn from study participants, colleagues in partner organisations and each other about how best to respond to the specific EDIE considerations in this study.

Incorporating the voices of Experts by Experience

Throughout the feasibility study set-up phase, we have identified additional opportunities to work with SafeLives' Authentic Voice team, an experts by experience group of (ex-) partner victim-survivors, and their Changemakers group, an experts by experience group of young people victim-survivors. Our suggested approach to working with each group is set out in more detail below. All participating experts by experience will be compensated for their time, and we will work closely with SafeLives' Authentic Voice and Changemakers team co-ordinators to ensure that this is done in safe, meaningful and ethical way.

Working with the Authentic Voice team

We intend to recruit a panel of four to six experts from the Authentic Voice team, who we will work with closely throughout the course of the feasibility study. This panel will inform the design and delivery of the study, and recommendations for future impact evaluation. We will work collaboratively with Drive and Foundations to agree the most appropriate and meaningful way of including their input into the feasibility study. At this stage, we anticipate that this may include the following activities:

- Reviewing and piloting research tools and topic guides before implementation on the ground, to ensure that they are fit for purpose.
- Co-facilitating interviews with professional stakeholders in our three case study sites. To support this, the research team will provide two training sessions to the panel, one to explain the study and evaluation approaches, and one on facilitating semi-structured interviews. We then anticipate co-facilitating at least 12 interviews with system stakeholders with the experts.
- Sense checking and reviewing key findings and analysis through providing written feedback and a workshop. This will involve collaboratively analysing the interviews which have been co-facilitated, and sense checking key findings from interviews with service users and (ex-) partner victim survivors.

We have suggested this approach as we believe this will enable the most meaningful involvement in the feasibility study. Co-producing research provides opportunities for participants to gain new skills and experience, and the insights provided by lived experience will add significant value to the analysis process. We have purposively decided that participants will co-facilitate the professional stakeholder interviews only (and not the service user and victim-survivor interviews) due to concerns flagged by Drive colleagues regarding the appropriateness of this, and the additional resource which would be required for training and support to implement this.

Working with the Changemakers group

To involve young people in the study, we propose holding a workshop after Phase 2B to reflect on a sense check our findings with participants. This process will involve:

- Recruiting interested participants from the Drive 'Changemakers' group (we suggest around six participants, depending on interest)
- Holding an introductory, virtual meeting for participants to introduce the feasibility study, build relationships and answer any questions in advance of the workshop.
- Holding an in-person workshop with participants where they can discuss and reflect on our study's findings, and identify ways in which outcomes for children and young people could be collected in any future impact evaluation.

As Restart does not work directly with children, we have suggested this approach as the most proportionate and ethical means of including the voice of young people in the feasibility study. This will allow us to build in the views of children and young people when considering the most appropriate way that any future impact evaluation can capture outcomes for children and young people.

We will work closely with Drive Partnership, SafeLives and the Authentic Voice Co-ordinators to ensure that involvement can be facilitated in a safe, ethical and meaningful way, and that any additional access requirements are met on a case-by-case basis as needed.

Planned action

In line with the commitments set out above, to ensure equality, diversity and inclusion in this feasibility study we will undertake the following:

Feasibility study planning and recruitment

- Protected time and space within the feasibility study set up phase to address EDIE considerations, and ensure that this is built in from the feasibility study design.
- Provide clear, accessible information so that participants from all communities can a) understand what it means to participate in the study; b) make an informed decision to participate. This includes using processes and materials that adhere to good practice guidelines, including Foundations' and the Government Social Research Unit's, to ensure they are accessible, inclusive, and culturally sensitive. It may also include document and research tool translation into community languages and/or simultaneous translation, and the production of easy-read versions for people with a learning difference or disability.
- Ensure programme delivery and evaluation activity takes account of religious holidays or other events of potential importance to participants and other stakeholders.

Data collection and analysis

- Wherever possible and where they exist, ensure that validated outcomes measures which are selected for use in the feasibility study have been developed and validated with populations which are as similar as possible Restart's target participants/those who have participated so far. For example, tools may need to be appropriate for specific age ranges, ethnic backgrounds or literacy levels.
- Pilot outcomes measures with the Restart service users to ensure that administration techniques are accessible and inclusive. We will provide training and guidance to the case managers and partner support workers to enable them to support questionnaire completion with people with different backgrounds and experiences.
- Provide support to enable people with SEND, English as an additional language or literacy support needs to participate in the evaluation as required. This may include document and research tool translation into community languages; simultaneous translation; or supporting tool use for participants with SEND.
- Monitor key demographic information of all participants. This will enable us to analyse any differences in referrals, recruitment, retention, and implementation across different groups, and to assess whether they are representative of similar cohorts in wider society.
- Ensure that participants from a range of minoritised and marginalised backgrounds are sampled as part of our approach to qualitative interviews through the feasibility study and that they are explicitly asked about their views and experiences of the intervention in terms of EDIE.
- Deploy staff who have completed cultural sensitivity training as well as undertaken projects where EDIE has been a central or important consideration.
- Conduct analysis of whether data completion rates, access, recruitment, retention, fidelity or other key metrics differ by demographic and socioeconomic groups, including by race/ethnicity.

Dissemination

We will consult with Drive Partnership and Foundations colleagues about which mechanism may be most appropriate for disseminating study findings with study participants and practitioners,

e.g., a one-page summary; video; Zoom call; in-person meeting, etc. As part of our commitment to continuous improvement we will continue discussing and working with Drive Partnership and Foundations colleagues on the most effective ways to conduct the feasibility study in as equitable, inclusive, and accessible a way as possible.

Data protection, ethics and risks

Summary

This chapter sets out our approach to data protection, ethics and risks through the study.

Data protection

Cordis Bright will deliver the feasibility study in line with our full Data Protection and Information Governance Framework when storing and handling personal data for the evaluation. Cordis Bright are also registered under the Data Protection Act, have Cyber Essentials Plus accreditation and are registered under the NHS Data Security and Protection Toolkit.

For this evaluation, we have:

- A clear legal reason for sharing data with us, e.g., public interest/public task and consent.
- Pseudo-anonymisation where possible i.e., Drive Partnership will pseudonymise data before transferring securely to Cordis Bright by removing the name or identifiable information and substituting it with a reference number. Only Drive will have access to identifiable data and the key to link programme participants' names to the reference numbers.
- A robust process to transfer data, i.e., Drive Partnership will transfer password protected data by secure methods such as secure email (CJMS) or using Switch Egress. Passwords will be shared via a different medium.
- Secure storage of data, i.e., data is saved on Cordis Bright's secure cloud-based Microsoft SharePoint server where data is always encrypted, and two-factor authentication is required on new device logins. Data will only be accessed by designated/authorised members of the team and will require complex passwords to login. All data will be password protected and any personal data will be saved and stored separately from interview, questionnaire and observation data.
- Data will be deleted securely in line with our pre-agreed retention period. This will be six months post study, i.e., in February 2026.

In addition, we have set up processes to fully inform study participants of data protection considerations regarding data collection and their data collection rights. Participants will be informed that all information about them will be stored securely. Informed consent will be gained from service users and (ex-) partner victim-survivors prior to participation in the intervention and before data can be transferred to Cordis Bright for evaluation purposes. Study participants are able to revoke their consent prior to any data being transferred and processed. If a participant wishes to withdraw consent, they may contact the feasibility study team.

All identifying information will be stored securely and in accordance with GDPR and the Data Protection Act 2018, for the purpose of correspondence with participants and only members of the research team will have access to it.

Published reports will not identify the research participant at any time. All data will be encrypted and stored securely in password protected files on password protected computers using Office 365 SharePoint and Microsoft Teams storage and only members of the research team will have access to it.

Cordis Bright, Drive Partnership and Foundations are in the process of finalising a Data Sharing Agreement and Data Protection Impact Assessment. This will be completed following finalisation of data collection processes.

Ethics

Independent ethical approval has been sought through Foundations' internal ethics committee, to verify that our feasibility study plan is safe, ethical and has taken account of all key safeguarding and ethical considerations. Ethical approval was achieved on 14th August 2024. The study protocol has been registered with the Open Science Framework in October 2024[7].

We deliver all our evaluation work in line with Cordis Bright's Research Governance Framework which aligns with the Government Social Research Unit's Ethical Assurance for Social Research in Government and SRA ethics guidance. This section outlines the key ethical considerations for the feasibility study, which include:

- Ensuring that participants understand the study and its implications, and have agreed to participate.
- Ensuring that participating in the study promotes the safety and wellbeing of participants and does not cause harm to any participant or other people involved with them.
- Protecting and promoting the safety and wellbeing of Cordis Bright team members.

Ensuring that participants understand the study and its implications and have agreed to participate

We will ensure that all those who participate in the study do so having given their full, informed consent. As part of this, we will: (1) work closely with Restart practitioners to identify the most appropriate mechanisms of collecting informed consent in a sensitive and ethical way, (2) explain the purpose of the study, how/why we are asking participants to be involved and any benefits; (3) highlight the independence of Cordis Bright from other services and reassure them that if they chose not to participate this will not affect their support from the intervention or other services; (4) reassure them that the storage and use of data will be protected; (5) emphasise that their

[7] The study protocol Open Science Framework registration can be found here: https://osf.io/wj2m9

involvement is confidential and their views will be reported anonymously; (6) clarify that their involvement is completely voluntary and that they can withdraw at any time. This ensures that details are only shared with us with participants' consent.

Ensuring that participating in the study promotes the safety and wellbeing of participants and does not cause harm to any participant or other people involved with them

The earlier section on EDIE considerations contains an overview of how we will engage participants and stakeholders in ways which promote their safety, wellbeing and positive experiences of the study. Alongside these approaches, a key aspect of safeguarding for this study is ensuring that we respond appropriately to any disclosures or evidence or risk of harm identified by researchers. In the context of a domestic abuse intervention, safeguarding concerns will most likely relate to the safety and wellbeing of service users receiving the one-to-one domestic abuse perpetrator intervention, and also to their current or former victims-survivors.

We regularly undertake projects where there is a high risk of disclosure and we are accustomed to responding sensitively, quickly and appropriately to safeguarding concerns. All our staff have enhanced DBS checks, complete safeguarding training and work to our safeguarding policy. Some of the mechanisms that we will put in place include: (a) ensuring that participants are fully informed about the purposes of the evaluation and what it will involve; (b) putting in place robust informed consent processes; (c) undertaking research in a safe place with appropriate safeguards; (d) taking an Appreciative Inquiry approach that focuses on strengths and avoids re-traumatising individuals; (e) ensuring appropriate after care is in place; (f) agreeing appropriate mechanisms in advance for people to raise safeguarding concerns.

Protecting and promoting the safety and wellbeing of Cordis Bright team members

We ensure that our study designs and approaches promote the physical safety and wellbeing of the Cordis Bright team. We work to our health and safety and lone working policies, which include safeguards to protect our staff. We also recognise that conducting research on sensitive topics can involve challenging interactions, elicit a range of emotions or remind people of difficult prior experiences. To this end, we build in regular check-ins within the project team to enable people to raise and reflect on these topics should they wish to. Our safeguarding processes also include a debrief with any staff member who receives a disclosure or raises a safeguarding concern. Outside of the project team itself, staff receive monthly 1-to-1s with their line managers and access to a range of health and mental health benefits as part of employment with Cordis Bright.

Risks and mitigations

Table 4 summarises some key risks to delivery of the feasibility study and proposes strategies to mitigate these. We will review and update this risk register on a rolling basis and use it to support project management to ensure smooth delivery of the evaluation.

Table 4 – Risks and mitigations to delivery of the feasibility study

Risk	Likelihood	Impact	Mitigations
Changing delivery approach	Medium	Medium	• Working closely with Drive Partnership and Cranstoun colleagues to understand changes to delivery. • Flexibility in research design where possible. • Ensuring all stakeholders are aware of the impact changes have on evaluation, and of communicating and agreeing changes in collaboration with the evaluation team.
Challenges engaging stakeholders	Medium	High	• Working closely with Drive Partnership and Cranstoun stakeholders to generate wider engagement with the feasibility study. • Capacity building approach which emphasises the opportunity of an impact evaluation. • Generating practitioner buy-in through guidance and training workshops. • Approach to practitioner data collection and fieldwork which minimises the burden on time.
Lower than expected recruitment to the programme	Medium	Medium	• Working closely with Drive and Cranstoun stakeholders to monitor recruitment and flow from the outset, in order to identify any risk to programme numbers as early as possible. • Using iterative feedback and learning on implementation and process to suggest adaptations and strategies to improve recruitment and flow. • Manage risk below to ensure that the study itself is not negatively impacting on recruitment and flow. • Considering expansion to additional sites to achieve required recruitment and flow.
Challenges engaging participants	Medium	High	• Working closely with Restart practitioners to introduce the research to participants in an appropriate and ethical way.

Risk	Likelihood	Impact	Mitigations
			• Flexible methods of consultation, include timings, location and interview platform to enable participation. • Exploration of paid incentives, including covering transport and childcare.
Poor quality monitoring and outcomes data	Low	Medium	• Working closely with Drive and Foundations to support the adaptation of existing monitoring and outcomes data systems, or the generation of new systems if required. • Agreement and collaboration to identify "core components" of the model and fidelity criteria, which are then used to assess implementation and fidelity. • Selection of primary outcomes for the focus of outcomes measurement (to reduce the ask on gathering data on all outcomes in the ToC). • Outcomes measurement tools selected on the basis of their likely applicability to the intervention setting. • Training, guidance and follow-up support to practitioners to ensure data collection is high quality and complete. • Early piloting and initial data quality analysis following roll out of new data monitoring systems.
Unclear Theory of Change and programme pathways	Medium	High	• Working closely with programme team and Foundations to co-design the Theory of Change. • Mapping participant pathways, and re-visiting these throughout the study as our shared understanding of the intervention in practice increases. • Understanding entrance and exit criteria. • Ensuring a screening and assessment approach that is fit-for-purpose.
Additional MOPAC sites are added	Low	Medium	• Flexibility in project management and evaluation delivery approaches.

Risk	Likelihood	Impact	Mitigations
			• Close collaboration with Drive and Foundations colleagues to revisit sampling strategies across sites and finalise resource allocation. • Rigorous approaches to analysis to identify key themes and issues across a broader range of sites.
Safeguarding breaches	Low	Medium	• Take actions as agreed with Foundations/programme protocols. • Ensure that there is learning across the team about what happened and what steps could be taken to avoid in future. • If required: introduce additional training; re-visit methodology; re-allocate team members. • Agree an appropriate communications strategy.
Service user conflict	Low	Medium	Restart staff have excellent experience of managing service users, so we do not anticipate this disrupting the intervention.
Staff confidence	Low	Medium	We will provide support to staff delivering the programme to resolve any issues and will also utilise internal support mechanisms such as clinical supervision.
Illness or attrition in the research team	Low	Low	Flexibility and capacity of a six-person team, who would be well placed to take on additional activities, and/or drawing on our wider team and network of associates to support the project delivery should this be required.

Personnel

Table 5 sets out the evaluation team and delivery team personnel and roles.

Table 5: Evaluation team and delivery team personnel

Name	Role within the project	Institutional affiliation
Evaluation team		
Dr Kathryn Lord	Principal Consultant, Principal Investigator	Cordis Bright
Emma Andersen	Senior Consultant, Project Manager	Cordis Bright
Hannah Nickson	Director, Expert Panel: Domestic abuse, Qualitative Methods and Safeguarding	Cordis Bright
Professor Darrick Jolliffe	Expert Panel: Quantitative Methods	Royal Holloway University
Abby Noble	Consultant	Cordis Bright
Stella Butler	Researcher	Cordis Bright
Scarlett Whitford Webb	Researcher	Cordis Bright
Delivery team		
Hannah Candee	Restart Programme Manager	SafeLives
Amy Hewitt	Practice Advisor	Respect
Colin Fitzgerald	Head of Domestic Abuse	Cranstoun
Jasmine Darby	Team leader for Restart	SafeLives
Kyla Kirkpatrick	Director of Domestic Abuse	SafeLives
Maria Cripps	Assistant Director of Domestic abuse	Cranstoun
Rosie Jarvis	Deputy Director	Respect
Rachael Reynolds	Head of Safe & Together team	Respect

Name	Role within the project	Institutional affiliation
Patrick Mulvihill	Senior Project Support Officer	SafeLives
	Case managers	Cranstoun
	Partner support workers	Cranstoun
	Accommodation Support Workers	Cranstoun
	S&T Implementation leads	Respect

Timeline

Table 6 sets out the timeline for key milestones in the feasibility study.

Table 6: Feasibility study timeline

Dates	Activity	Organisation responsible
June 2024	Ethics proposal submitted to Foundations	Cordis Bright
July 2024	Feasibility set-up activities complete	Cordis Bright
July 2024	Delivery commences	Drive Partnership
November 2024	Phase 2A complete	Cordis Bright
March 2025	Phase 2B complete	Cordis Bright
April-August 2025	Analysis and reporting	Cordis Bright
August 2025	Final feasibility study report submitted to Foundations	Cordis Bright

Bibliography

Akoensi, T.D., Humphreys, D.K., Koehler, J.A., and Lösel, F., 2013. Domestic violence perpetrator programs in Europe, Part II: A systematic review of the state of evidence. *International Journal of Offender Therapy and Comparative Criminology*, 57 (10), pp. 1206-25.

Ali, P.A., Ariss, S.M.B., Crowder, M., and Powell, K., 2017. *Doncaster Domestic Abuse Perpetrator Programme: Evaluation Report*. [pdf] The University of Sheffield. Available at: <https://www.researchgate.net/profile/Parveen-Ali/publication/333943216_Doncaster_Domestic_Abuse_Perpetrator_Programme_Evaluation_Report_2017/links/5eff4c4b92851c52d61398d5/Doncaster-Domestic-Abuse-Perpetrator-Programme-Evaluation-Report-2017.pdf> [Accessed 7 June 2024].

Almeida, T.C., Caridade, S., Cunha, O., and Gonçalves, R.A., 2023. Effectiveness of the Motivational Interviewing Techniques with Perpetrators of Intimate Partner Violence: A Non-Randomized Clinical Trial. *Journal of Aggression, Maltreatment & Trauma*, 33(3), pp. 291-310.

Anderson, S., Chung, D., Green, D., and Vlais, R., 2020. *Prioritising women's safety in Australian perpetrator interventions: The purpose and practices*. [pdf] ANROWS. Available at: https://anrowsdev.wpenginepowered.com/wp-content/uploads/2020/04/ANROWS_CHUNG-et-al_Partner-contact.pdf [Accessed 10 June 2024].

Armenti, N., Babcock, J., Bannon, S., Buttell, F., Cannon, C., Cantos, A., Ferreira, R., Hamel, J., Jordan, C., Kelly, D., Lauve-Moon, K., Lehmann, P., Leisring, P.A., Murphy, C., O'Leary, D.K., Salis, K.L., and Solano, I., 2016. Domestic violence perpetrator programs: A proposal for evidence-based standards in the United States. *Partner Abuse*, 7(4), pp. 355-460.

Armour, C., Cunningham, T., Hansen, M., McDonagh, T., and Travers, A., 2021. The effectiveness of interventions to prevent recidivism in perpetrators of intimate partner violence: A systematic review and meta-analysis. *Clinical Psychology Review*, 84(10).

Asmussen, K., Waddell, S., Molloy, D., and Moore, I., 2022. *What works to improve the lives of England's most vulnerable children. A review of interventions for a local family help offer*. Early Intervention Foundation. Available at: https://www.eif.org.uk/report/what-works-to-improve-the-lives-of-englands-most-vulnerable-children-a-review-of-interventions-for-a-local-family-help-offer [Accessed 10 June 2024].

Ayluçtarhan, Z., Bolen, S., Çetinsaya, E.E., Karakurt, G., and Koç, E., 2019. Meta-analysis and systematic review for the treatment of perpetrators of intimate partner violence. *Neuroscience & Biobehavioral Reviews*, 105(1), pp. 220-230.

Baker, V., McCarry, M., and Radford, L., 2021. What helps? Mothers' and children's experiences of community-based domestic violence early intervention services. *Child Abuse Review*, 30 (2), pp. 114-129.

Bassett, C., Bradley, Collishaw, S., C., Corral, S., Fisher, H.L., Howat, N., and Radford, L., 2011. *Child Abuse and Neglect in the UK Today*. [pdf] NSPCC. Available at

<https://learning.nspcc.org.uk/research-resources/pre-2013/child-abuse-neglect-uk-today/> [Accessed 29 May 2024].

Bates, E., Bolam, L.T., Graham-Kevan, N., and Thornton, A., 2016. A review of domestic violence perpetrator programs in the United Kingdom. *Partner Abuse*, 8(1), pp. 3-46.

Bimpson, E., Green, H., Reeve, K., 2021. Women, Homelessness and Violence: What Works? *Centre for Homelessness Impact*. Available at < https://shura.shu.ac.uk/29412/1/women-homelessness-violence.pdf> [Accessed 29 May 2024].

Bender, A., Logan-Greene, P., Strodthoff, T., and Voith, L., 2018. A Paradigm Shift in Batterer Intervention Programming: A Need to Address Unresolved Trauma. *Trauma, Violence & Abuse*, 21(4), pp. 691-705.

Bell, J., Eisenstadt, N., Hester, M., Morgan, K.J., Ortega-Avila, G., and Walker, S.J., 2019. *Evaluation of the Drive Project: – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*. [pdf] University of Bristol. Available at: https://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf [Accessed 7 June 2024].

Birch, P., and Boxhall, E., 2022. *Assessing the efficacy of Domestic and Family Violence behaviour change programs: A Rapid Evidence Assessment*. [pdf] Capital Region Community Services. Available at: <https://opus.lib.uts.edu.au/rest/bitstreams/47515a9e-34a7-49df-b12b-31404cc53c42/retrieve> [Accessed 10 June 2024].

Bloomfield, S., and Dixon, L., 2015. *An outcome evaluation of the Integrated Domestic Abuse Programme (IDAP) and Community Domestic Violence Programme (CDVP)*. [pdf] National Offender Management Service. Available at: <https://assets.publishing.service.gov.uk/media/5a74969f40f0b616bcb17b3d/outcome-evaluation-idap-cdvp.pdf> [Accessed 10 June 2024].

Bretherton, J., 2017. Reconsidering Gender in Homelessness. European Journal of Homelessness 11:1, 1-21.

Bretherton, J., Pleace, N., 2018. Women and Rough Sleeping: A Critical Review of Current Research and Methodology. University of York

Caridade, S., Cunha, O., and Silva, T.P.E., 2022. Motivational Interview Techniques and the Effectiveness of Intervention Programs With Perpetrators of Intimate Partner Violence: A Systematic Review. *Trauma, Violence & Abuse*, 24(4), pp. 2691-2710.

Cheng, S., Davis, M., Jonson-Reid, M., and Yaeger, L., 2021. Compared to What? A Meta-Analysis of Batterer Intervention Studies Using Nontreated Controls or Comparisons. *Trauma, Violence & Abuse*, 22(3), pp. 496-511.

Child Safeguarding Practice Review Panel, 2022. *Multi-agency safeguarding and domestic abuse*. Available at: < https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/f

ile/1107448/14.149_DFE_Child_safeguarding_Domestic_PB2_v4a.pdf > [Accessed 10 June 2024].

Chung, D., Green, D., Ridley, S., and Vlais, R., 2017. *Family and domestic violence perpetrator programs issues paper of current and emerging trends, developments and expectations*. [pdf] Stopping Family Violence. Available at: <https://sfv.org.au/wp-content/uploads/2017/05/FDV-perpetrator-programs-issues-paper.pdf> [Accessed 10 June 2024].

Cordis Bright, 2022. *Evidence review: What works in delivering effective domestic abuse programmes*. Available at: < https://www.cordisbright.co.uk/news/evidence-on-what-works-with-domestic-abuse-perpetrators > [Accessed 10 June 2024].

Cordis Bright, 2023. *Rapid evidence review 1: Approaches to DAPP evaluation - what works and what's promising?* Available at: < https://www.cordisbright.co.uk/news/research-on-criminal-histories-of-domestic-abuse-perpetrators-and-approaches-to-dapp-impact-evaluation> [Accessed 10 June 2024].

Danielsson, M., Freij, I., Haggård, U., Långström, N., and Wenander, D., 2017. Effectiveness of the IDAP Treatment Program for Male Perpetrators of Intimate Partner Violence: A Controlled Study of Criminal Recidivism. *Journal of Interpersonal Violence*, 32(7), pp. 1027-1043.

Department for Education, 2022. *Children in need*. [online] Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2022> [Accessed 7 June 2024].

Department of Levelling Up, Housing, and Communities, updated February 2024, Number of households owed a relief duty by reason for loss, of last settled home, England, 2018 Q2 to 2023 Q3.

Domestic Abuse Commissioner, 2022. Mapping of Domestic Abuse Services Across England and Wales. Available at: <https://domesticabusecommissioner.uk/wp-content/uploads/2022/07/DAC-Mapping-briefing-paper-final.pdf > [Accessed 7 June 2024].

Domestic Abuse Housing Alliance, 2021. *Accommodation for Perpetrators of Domestic Abuse*. [pdf] Available at: <https://www.dahalliance.org.uk/media/11029/accommodation-for-perpetrators-of-domestic-abuse-discussion-paper-apr-21.pdf> [Accessed 7 June 2024].

Domestic Abuse Housing Alliance, 2018. *Whole Housing Approach*. [pdf] Available at: < https://www.dahalliance.org.uk/media/10671/whole-housing-approach-guide.pdf> [Accessed 7 June 2024].

Dykstra, R., Eckhardt, C.I., Murphy, C.M., Sprunger, J., Whitaker, D.J., and Woodard, K., 2013. The Effectiveness of Intervention Programs for Perpetrators and Victims of Intimate Partner Violence. *Partner Abuse*, 4(2), pp. 1-26.

Eggins, E., Hine, L., McDermott, L., and Meyer, S., 2022. Intervention programme for fathers who use domestic and family violence: Results from an evaluation of Caring Dads. *Child & Family Social Work*, 27(4), pp. 711-724. e

Eisenstadt, N., Hester, M., Jones, C., and Morgan, K., 2017. Executive Summary - Evaluation of the Drive Project - a pilot to address highrisk perpetrators of domestic abuse Year 1 Feasibility Study. [pdf] University of Bristol. Available at: < https://safelives.org.uk/sites/default/files/resources/Evaluation%20of%20the%20Drive%20Project%20-%20Year%201%20Executive%20Summary.pdf> [Accessed 7 June 2024].

Foundations, 2023. *Improving outcomes for children with child protection concerns who have been exposed to domestic abuse*. Available at: < https://foundations.org.uk/wp-content/uploads/2024/02/improving-outcomes-for-children-with-child.pdf > [Accessed 7 June 2024].

Ferguson, G., Featherstone, B., & Morris, K. (2020). Framed to fit? Challenging the domestic abuse 'story' in child protection. Critical and Radical Social Work, 8(1), 25–40.

Garner, M., and Kelly, L., 2023. *Beyond Training: The Safe & Together London Partnership Model Evaluation Report Year 2*. [pdf] London Metropolitan University Child & Woman Abuse Studies Unit. Available at: <https://cwasu.org/wp-content/uploads/2024/01/beyond_training_st_evaluation_yr2-2.pdf> [Accessed 7 June 2024].

Gough, D., Quy, K., Schucan-Bird, K., and Vigurs, C., 2016. *A Systematic Review of Motivational Approaches as a Pre-Treatment Intervention for Domestic Violence Perpetrator Programmes*. [pdf] College of Policing. Available at: <https://library.college.police.uk/docs/college-of-policing/Motivational-intervewing-2016.pdf> [Accessed 7 June 2024].

Gilchrist, G., Gracia, E., Lila, M., and Santirso, F.A., 2020. Motivational Strategies in Interventions for Intimate Partner Violence Offenders: A Systematic Review and Meta-analysis of Randomized Controlled Trials. *Psychosocial Intervention*, 29(3), pp. 175-190.

Gracia, E., Lila, M., Moya-Albiol, L., and Romero-Martínez, A., 2019. Improving empathy with motivational strategies in batterer intervention programmes: Results of a randomized controlled trial. *British Journal of Clinical Psychology*, 58(2), pp. 125-139.

Hester, M, Eisenstadt, N, Ortega-Avila, AG, Morgan, KJ, Walker, S-J & Bell, J 2019, Evaluation of the Drive Project: – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse.

Hoffman, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D.G., Barbour, V., Macdonald, H., Johnston, M. and Lamb, S.E., 2014. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. BMJ, 348, g1687.

Holt, S., 2017. Domestic violence and the paradox of post-separation mothering. British Journal of Social Work, 47(7), 2049–2067.

Home Office, 2024. Tackling perpetrators. Published 3 January 2024.

Hughes, W., 2017. Lessons from the Integrated Domestic Abuse Programme, for the implementation of Building Better Relationships. *Probation Journal*, 64(2), pp. 129-145.

Jayanetti, C., and Savage, M., 2023. *Safe housing denied to 10,000 women in England fleeing domestic abuse*. [online] The Guardian. Available at:

<https://www.theguardian.com/society/2023/apr/15/safe-housing-denied-to-10000-women-in-england-fleeing-domestic-abuse#:~:text=Safe%20housing%20denied%20to%2010%2C000%20women%20in%20England%20fleeing%20domestic%20abuse,-This%20article%20is&text=More%20than%2010%2C000%20women%20escaping,woeful%E2%80%9D%20lack%20of%20safe%20accommodation> [Accessed 7 June 2024].

Kendrick, A., 2024. *What Works Evidence Notes - Domestic Abuse and Homelessness*. [pdf] Centre for Homelessness Impact. Available at: <https://cdn.prod.website-files.com/646dd81ef095aa13072c44e0/662fb9f8d8ff22b085c18389_CHI_Domestic_Abuse_and_Homelessness_V1.pdf> [Accessed 7 June 2024].

Make A Change, 2023. *Policy Position Paper*. Available at: < https://www.makeachange.uk.net/news/make-a-change-publishes-policy-position-paper > [Accessed 7 June 2024].

McCausland, B.M., Morgan, S.A., and Parkes, J., 2019. Baseline characteristics and outcomes of the main perpetrator programme within the Hampshire Domestic Abuse Prevention Partnership, UK: A mixed methods study. *PLoS ONE*, 14(7), pp. 1-16.

McColgan, M., McGinn, T., and Taylor, B., 2021. A Qualitative Study of the Perspectives of Domestic Violence Survivors on Behaviour Change Programs With Perpetrators. *Journal of Interpersonal Violence*, 36(1), pp. 20-45.

Olszowy, L., Jaffe, P. G., Dawson, M., Straatman, A. L. A. L., & Saxton, M. D. (2020). Voices from the frontline: Child protection workers' perspectives on barriers to assessing risk in domestic violence cases. Children and Youth Services Review, 116, 105208.

Ritchie, J., Lewis, J., Nicholls, C.M. and Ormston, R., 2003. Qualitative research practice (Vol. 757). London: sage.

SafeLives, 2018. *SafeLives Insights National Briefing - Length of abuse and access to services*. [pdf] Available at: <https://safelives.org.uk/sites/default/files/resources/SafeLives%20Insights%20National%20Briefing%20Paper%20Abuse%20Length.pdf> [Accessed 7 June 2024].

SafeLives, Getto Group, 2018. *Safe at Home. The case for a response to domestic abuse by Housing Providers*. Available at: < https://safelives.org.uk/wp-content/uploads/Safe-at-Home-Gentoo-research-report-2018.pdf> [Accessed 7 June 2024].

Taylor, B., Taylor-Gee, C., Tomlinson, M., 2022. *Domestic Abuse Early Intervention and Accommodation Trial: 12 month evaluation report*. SafeLives.

UK Government, 2021. *Domestic Abuse Act 2021*. [online] Available at: <https://www.legislation.gov.uk/ukpga/2021/17/contents> [Accessed 7 June 2024].

UK Government, 2022. *Tackling domestic abuse plan*. Available at: < https://www.gov.uk/government/publications/tackling-domestic-abuse-plan > [Accessed 7 June 2024].

Wendt, S., Buchanan, F., & Moulding, N. (2015). Mothering and Domestic Violence: Situating Maternal Protectiveness in Gender. Affilia, 30(4), 533–545.

Wild, J., 2023. Gendered discourses of responsibility and domestic abuse victim-blame in the English children's social care system. Journal of family violence, 38(7), pp.1391-1403.

Programme documents reviewed

The following Restart programme documentation and communication was used to inform this protocol:

- Blank Audit
- CM Confidentiality and Information Sharing Agreement
- DA01 FS Call for Evaluators guidance FINAL
- DRAFT Restart CMS enquiries procedure and FAQs
- Drive Restart timeline Feasibility V5 - Copy
- Email received 19.04.2024
- For Cordis Restart Dashboard Q3 2023-24.pdf
- Intervention Protocol
- PSW Confidentiality and Information sharing agreement
- Restart Accommodation Support Process v1 Dec2021
- Restart Interim Evaluation 09.2022 FINAL (3)
- RESTART MANUAL PDF
- Restart programme summary
- Restart Referral Form23.09
- Restart Theory of Change MOPAC Draft
- RESTART WORKBOOK
- ST Audit Learning review tool

Appendix A: Information sheets and research tools

The table below presents the research tools and informed consent materials which will be used as part of the feasibility study.

Research tool	Link(s)
Study participation information sheet and informed consent materials for service users.	Consent materials. Study information sl
Study participation information sheet and informed consent materials for adult victim-survivors.	Consent materials. Study information sl
Interview participation information sheet and informed consent materials for service users.	Information sheet. Interview. Service us
Interview participation information sheet and informed consent materials for (ex-) partner victim-survivors.	Information sheet. Interview. Partner su
Topic guides	Topic guide. Service users. V2..docx; Topic guide. Restart programme ; Topic guide. Partner support wo; Topic guide. CSC, Early Help, Housing
Observation guides	Observation guide. Service user interver; Observation guide. Safe and Together r; Observation guide. Restart housing pat; Observation guide. Restart governance.

Appendix B: Safe & Together model implementation

Summary

The goal of the Safe & Together model is to create systems and practice change to keep children safe and together with their non-abusive parents. The model was developed from a US model[8] and involves a suite of tools for practitioners to identify risk and take a strengths-based approach in engaging families where domestic abuse is present, including holding perpetrators accountable for the impact of their abuse on family functioning. The model encourages cultural and systemic shifts in practice, including changing the language and approach to working with perpetrators and (ex-) partner victim-survivors. The model is based on three overarching principles:

1. Keep children safe and together with their non-abusive parent to ensure safety, healing from trauma, stability and nurturance.
2. Partner with the non-abusive parent as a default position to ensure efficient, effective and child-centred practice.
3. Intervene with perpetrators to reduce risk and harm to the child through engagement, accountability and criminal justice.

Overall and using these principles, the Safe & Together model encourages practitioners to look at the whole family's well-being and functioning within the context of abuse, challenging the 'failure to protect' narrative where the non-abusive parent is held accountable and responsible for the children's safety. Through this model, the system confronts the double standards in relation to parenting and gender in heterosexual relationships, to ensure that fathers are held to the same high expectations as mothers. In LGBTQ+ relationships, or relationships where the perpetrator is a gender other than male, the impact of abusive behaviour on child and family functioning is addressed through the lens of intersectionality. Overall, Safe & Together aims to increase the confidence of practitioners in engaging perpetrators of abuse, and highlights an emphasis on early intervention and support for families as a whole.

The model is delivered by a team of Implementation Leads at Respect, across all six London boroughs participating in Restart.

Eligibility criteria

Safe & Together Core training is available to any Early Help Children's Social Care professional in the six participating Restart boroughs. The shorter overview training is available to any multi-agency professional, and is particularly targeted at professionals working in Housing. All CSC professionals in participating boroughs may access the wider package of support, including case consultations and advice. In addition, Cranstoun may direct professionals to the Safe & Together

[8] For more information see: https://safeandtogetherinstitute.com/the-sti-model/model-overview/ [*Accessed 10/06/2024*].

Implementation leads for ad-hoc consultation if they have identified a need through the delivery of the one-to-one perpetrator intervention.

Activities

The purpose of the Safe & Together implementation work is to embed the Safe & Together model within the practice of CSC and Early Help.

Respect's Safe & Together Implementation Team delivers the Core and Overview training as one aspect of embedding the model. The Core training is a 4-day training aimed at Children's Social Care and Early Help practitioners. The training is delivered online by the Respect team over 2 full days in one week and 2 full days in the following week. The maximum capacity is 40 people, recruited from all participating boroughs. Core training covers 4 main areas: Assessment, Interviewing, Documentation and Case Planning, and introduces key tools such as the Multiple Pathways to Harm Framework and the Perpetrator Pattern Mapping Tool. The training is centred on the 3 S&T Principles as well as the cross-cutting themes of intersectionality, and gender double standards.

The Overview training is a 1-day training delivered by Respect in half-day blocks over 2 consecutive days. This is a less interactive training and as such can be delivered online to up to 200 people at once. The Overview is aimed at multi-agency partners such a police, housing, drug and alcohol, mental health and education, and offers an introduction to the Safe & Together Model and its key themes and approaches.

In addition to the Core and Overview trainings, CSC, Early Help and Housing practitioners can also receive ongoing training and guidance from the Safe & Together Implementation Lead to embed the model in their everyday practice. This includes:

- One-to-one case consultations using the Safe & Together Framework for any family
- Targeted training for CSC practitioners to address specific requirements, such as disability or faith-based abuse. Safe & Together Leads collect data to identify the specific training needs of practitioners.
- Access to dedicated Practice Advisors from the Drive Partnership, providing quality assurance and support.
- Quarterly case audits and input into strategic planning within the sites.

The above activities are available to all CSC and Early Help practitioners, who do not need to have received the Core or Overview training to receive case consultation and advice.

Mechanisms of change

A key element of the Restart Safe & Together model implementation work are Respect's implementation leads, who provide ongoing support and consultation to practitioners following the training to embed the learning and key principles in practice. They do so using an iterative approach to feedback learning and knowledge, which is the key mechanism of change towards achieving systems level change to culture and practice across CSC, Early Help and Housing. Evidence from previous evaluations of Safe & Together implemented by Respect across London

boroughs suggests that this mechanism of change is valid and corroborated by programme and system stakeholders (Garner and Kelly, 2023). However, exploring this, and the ways in which short term and individual-level outcomes associated with training may translate to longer term outcomes for the wider system will be a focus of the feasibility study.

Outcomes

The purpose of the Safe & Together implementation work is to embed the model within the day to day practice of CSC, Early Help and Housing practitioners. Programme documentation states that successful implementation will look like practitioners moving away from victim-blaming language and effectively partnering with victim-survivors. This can be done by using the perpetrator mapping tool to work with the perpetrator and focusing on behaviour change goals, instead of putting the responsibility on the victim-survivor for the perpetrator's abuse. To support this, practitioners are also able to refer into the one-to-one domestic abuse perpetrator intervention.

Short term outcomes

Short term outcomes for CSC, Early Help and Housing staff are:

- Improved knowledge, awareness and confidence on identifying the need for perpetrator interventions.
- Improved knowledge, awareness and understanding of harmful patterns of behaviour including coercive control.
- Improved knowledge, awareness and confidence in engaging perpetrators of abuse and responding before harm escalates.
- Improved ability to assess risk and need for (ex-) partner victim-survivors.
- Improved attitudes towards parenting and gender (i.e. confronting "failure to protect" narratives).
- Improved knowledge, awareness and understanding of the impact of domestic abuse on child victim-survivors, and how to centre the voice of the child in risk assessments.
- Improved knowledge and understanding of how a lack of housing options impact victim-survivors.
- Improved understanding of how domestic abuse presents in different cultural contexts.
- Improved understanding and confidence in responding to domestic abuse in families with disabilities.

Medium term outcomes

Medium term outcomes for CSC, Early Help and Housing are:

- Improved multi-agency early identification and response to harm across CSC, Early Help and Housing.
- Improved multi-agency response to addressing housing needs and preventing homelessness caused by domestic abuse.
- CSC, Early Help and Housing adopt child-centred, whole-family approaches to tackling domestic abuse.

- CSC and Early Help undergo cultural change whereby accountability is placed with the perpetrator and not with the (ex-) partner victim-survivor for "failing to protect" the child victim-survivor.
- CSC, Early Help and Housing adopt culturally competent approaches to tackling domestic abuse.

For domestic abuse perpetrators:

- Domestic abuse perpetrators develop effective relationships with CSC practitioners, and are held to account for abuse as a parenting choice.

For (ex-) partner and child victim-survivors:

- Improved safety and reduced risk of harm.
- Improved housing stability.
- Improved trusting relationships with CSC practitioners.

What does the evidence say?

Safe & Together is an internationally recognised, trademarked systems change programme, meaning that any take-up of the model must be linked to the Safe & Together Institute via a formal partnership. The model has significant adoptions across the US, Australia and the UK. Previous implementations, according to the Institute, have seen a 44% to 66% decreased in domestic abuse related removals of children, and almost a third reduction in re-referrals to children's social care. Previous evaluations suggest that the Safe & Together model may reduce the escalation of families into formal child protection procedures and that it changes the framing of victim-survivors reducing the extent that they are held responsible for protecting their children (Humphreys and Nicolson, 2017; Mitchell, 2017).

Appendix C: One-to-one domestic abuse perpetrator intervention

Summary

Restart provides a one-to-one behaviour change intervention to low-to-medium-risk, low-harm domestic abuse perpetrators (service users). The intervention aims to improve motivation and readiness for behaviour change, to facilitate access to a longer-term behaviour change intervention, such as Cranstoun's Men and Masculinities programme, or RISE. Restart's perpetrator intervention is voluntary and consent-based and delivered by a case manager. Service users are expected to engage in one or two weekly 60 minute sessions per week with their case manager (on the phone or face-to-face) for at least four weeks to a maximum of eight. Support is delivered by Cranstoun, a national provider of specialist domestic abuse services, and delivered by a team of 3.5 FTE case managers across six London local authorities.

Eligibility criteria and referral pathways

Eligibility criteria

Restart works with service users whose families are already in contact with Early Help or Children's Social Care. To receive Restart support, service users must be over 16, have involvement with children known to Early Help or Children's Social Care, 9 consent to a referral being made by Early Help, Children's Social Care, or Housing and exhibit low-to-medium risk markers of abusive behaviour. There is no requirement that the child working with CSC is the perpetrator's child, or that the perpetrator is living with them. To support with decision making around referrals and identifying eligible cases, Restart stakeholders have developed early intervention risk markers in consultation with CSC professionals, to support them to identify earlier cases. They include early signs of control or low-to-medium risk abusive behaviours which have not reached court or child protection orders, such as:

- Verbal arguments.
- Early signs or onset of controlling behaviours (such as isolating a partner from their friends and/or family, or partners being made to account for time).
- The service user being asked to leave and refusing.
- Monitoring their partner (such as phone checking, questioning children).
- Dispute over child contact.
- First physical assault.
- Damaging property.
- Anger or emotional regulation issues.

[9] Having involvement with a child could mean having parental responsibility for the child or being the partner or ex-partner of their parent.

Perpetrators cannot participate in Restart if:

- They are deemed high-risk, high harm.
- The case is not open to Children's Social Care or Early Help in the boroughs in which Restart operates.
- Abuse is only directed towards a child under-16.
- Family court proceedings are in motion.
- There is no suspected domestic abuse.

If a case is deemed to be high-risk high-harm, Early Help or Children's Services are asked to refer the case to their local MARAC or speak to their MARAC representative. Alternatively, they can refer onwards to the Drive Partnership's Drive programme, which is aimed at high-risk high-harm perpetrators. Practitioners are also encouraged to speak with their borough's Safe & Together Implementation Lead for a case consultation.

Restart is suitable for victim-survivors if they are over 16 and are experiencing domestic abuse behaviours or conflict from their partner.

Referral pathways

Referrals to Restart are made by Housing, Children's Social Care or Early Help practitioners. Before a referral can be made, referrers must gain consent from both service users and victim-survivors. Once consent for a referral is obtained, the case is referred to Restart's admin inbox. If Housing, Early Help or Children's Social Care staff are unsure whether a case is appropriate for Restart, they can contact the same inbox and request a case consultation. Currently, there is no waiting list for Restart support. The referral form:

- Produces demographic profiles of both parties.
- Enquires whether either parties have been previously referred to their local multi-agency risk assessment conference (MARAC).
- Asks whether, and how many, children under 18 are involved in the case.
- Asks practitioners to rank one a scale of 0-10 (where 10 is no concern and 0 is extreme concern) how high the current risk to children is.
- Asks practitioners to outline risk factors and the reason for referral.
- Asks practitioners to identify victim-survivor needs, whether the voice of the child has been captured during assessments, and possible housing needs.

This conversation is used to screen initial eligibility. If the perpetrator is deemed to be ineligible (for example, due to being too high risk), then appropriate next steps will be agreed in collaboration with the referrer.

Informed consent

Following an initial referral, typically the referring CSC or Early Help practitioner and allocated case manager meet with the service user to go over expectations of the programme and the model and achieve informed consent. However, if this is not possible due to time constraints then the referrer may not be involved in this conversation. Both service users and victim-survivors must

provide informed consent to participate in Restart. Service users provide consent to their case manager, and victim-survivors provide consent to their partner support worker. As part of the consent form, both parties must consent to a statement outlining exceptions to their data being held confidentially where they, others, or their children are at a high risk of harm.

Onboarding

Once informed consent has been achieved, case managers must then complete the following assessments:

- **A needs assessment.** Case managers must assess whether the service user has no, low, medium or high needs for ten categories (including physical health, substance misuse, immigration status and finance and debts). This will enable the case manager to make referrals to additional services if needed.
- **An initial evaluation assessment**. The service user is asked to explain their behaviour by talking through their relationship history, how they believe they handle conflict, and how their actions may impact children. This assessment aims to highlight to what extent service users display denial, minimisation or partner-blaming behaviours. This assessment may be conducted either in one session or across a maximum of four weeks, to allow sufficient time for relationship building to encourage disclosure.
- **A severity of abuse grid (SOAG).** This evaluates the service user's level of abuse by listing the severity and frequency of four abuse profiles (physical, sexual, harassment and stalking, and jealous and controlling behaviour). The grid is completed using information from the referral form, conversations with the service user, personal judgement, and information from the partner support worker.

Where service users are female, the Respect Toolkit must also be completed by a case manager, even if it has already been completed by a children's services practitioner.

Before service users can access support from their case manager, they must then also agree to a working agreement that states their responsibilities around attendance, participation, substance use, partner support and commitment to non-violence. This may be through signing a hard copy, emailing consent, or giving verbal consent over the phone which is then recorded in case notes.

Activities

Service users receive support for a minimum of four weeks, up to a maximum of eight weeks. Support is either delivered in person or via phone or videocall, and service users are expected to engage in one or two 60-minute sessions with their case manager per week. In person sessions can be delivered in settings including the local borough's social care buildings, and Cranstoun offices. Other local settings can be used as agreed between the service user, Social Care and Restart team. Decisions around dosage and format are made at the discretion of the case manager, guided by the preferences, needs and accessibility requirements of the individual service user.

Case managers deliver support in line with a Restart behaviour change toolkit, which contains a series of reflective exercises. The sessions have been informed by a range of established approaches

to domestic abuse perpetrator programmes, including the Duluth model of power and control, CBT-informed techniques to managing thoughts, feelings and behaviours, and motivational interviewing. The exact activities delivered are tailored depending on the individual. There are a range of 'core' activities for the case manager to complete in the Restart workbook, but the order in which these are completed is bespoke and dependent on need. These decisions are made based on the case manager's professional judgement. All completed activities are recorded in case notes.

Topic and activities include:

- **Developing social-emotional skills and emotional awareness**. This includes activities such as completing a CBT triangle to help service users link their thoughts, feelings and behaviours, and observing a Feelings Wheel to help service users identify which emotions their anger may be masking.
- **Developing emotional regulation and conflict resolution strategies**. This includes identifying warning signs and signals that may require time-out, and producing storyboards in which individuals are asked to depict a recent incident between themselves and their partner, to identify how this might be prevented or dealt with differently.
- **Understanding the role of power and control.** This session is designed to develop awareness of what drives domestic abuse and is informed by the Duluth model of power and control. This session includes multiple activities, including *'the staircase'*, an illustration highlighting how abusive behaviour can creep into relationships. Service users are then presented with opposing *'wheels'* of behaviour in abusive versus healthy relationships and are asked to fill in their own 'wheel' of behaviours.
- **Addressing denial and minimisation.** This session on denial to help service users take accountability for their actions, highlighting how denial can make individuals feel protected from guilt and embarrassment. Service users are asked to view two video clips and note potential abusive behaviours in the example scenarios.
- **Encouraging motivation for change.** This involves completing a judgement box and a ladder of change– the former encourages service users to collate a list of beliefs they feel different agencies hold about their behaviours, and the latter to fill in with plausible steps for positive behaviour change. This also includes completing a table about the pros and cons of abuse, where service users are asked what they have gained and lost from their actions.

These sessions and activities are designed to:

- Establish rapport and facilitate disclosure of issues within the service user's relationship.
- Encourage each service user to accept personal responsibility for their behaviour and recognise they can choose to behave differently.
- Promote 'safety net' strategies to avoid escalation (e.g., time-out, self-talk).
- Help service users to become aware of their own patterns of behaviour.

Throughout the programme, risk and need are fluid, and a key principle of delivering Restart is to allow case managers to respond flexibly and appropriately. Restart's programme manual states that by the end of the sessions, service users should:

- Demonstrate acceptance of responsibility for their behaviour.
- Recognise that their behaviour has been abusive and/or violent.
- Be willing to discuss their patterns of behaviour in their relationship.
- Make efforts to apply skills learnt to their relationship, should it continue.

Safe exit

The ultimate aim of the one to one intervention is to encourage service users to engage with longer-term domestic abuse perpetrator support, through facilitating onwards referrals to a Domestic Abuser Perpetrator Programme (DAPP). The decision to close a case and refer onwards to a DAPP is guided by the levels accountability and motivation to change demonstrated by the service users. This is currently assessed using professional judgement through another conversation with the referring CSC practitioner and the service user, based on information gathered through the intervention delivery.

If concerns that the service user is not demonstrating the necessary levels of accountability and motivation to change remain at the end of the eight week period, then service users will not be referred onto a DAPP, as these require a certain level of accountability. Instead, case managers can complete additional targeted sessions around denial, minimisation, and partner blaming. This includes completing sessions such as the CBT triangle, the judgement box and ladder of shame. If it is ultimately decided that motivation for change will not be achieved, then appropriate next steps are agreed in collaboration with the partner support worker and the initial referrer.

Re-referrals

If a service user disengages or drops out of Restart, they can be re-referred to the service by Early Help, Children's Social Care or housing services using a new referral form. Case managers and partner support workers will then need to complete new risk and need assessments for both parties. If service users attempt to re-refer themselves, Restart will contact the original referrer and will re-open the case if Children's Social Care are still engaged with the family.

Mechanism of change

The key mechanism of change for the one-to-one perpetrator intervention is **building trusted relationships with practitioners**. Programme stakeholders report that the rapport and relationships developed between the service user and the practitioner is central to creating an environment where service users feel comfortable being honest about their thoughts and experiences, and reflecting on the impact to build motivation for change.

What does the evidence say?

There is emerging evidence to support this mechanism of change, with studies indicating that:

- One-to-one work can help engage perpetrators in wider programme activities, as once individuals build rapport with staff, they begin to explore their vulnerability, the impacts of

their past life experiences, and set positive goals (Ali et al., 2017; Eisenstadt et al., 2017; Hughes, 2017).
- Perpetrators who engage with their practitioner show a reduction in abusive and controlling behaviours from intake to case closure, compared to those who do not (Bell et al., 2019). This is because service users may start to emulate their relationship with their allocated programme staff member with their partner/s and children (Ali et al., 2017).
- One-to-one work enables service users who would feel uncomfortable or stigmatised in group sessions to discuss their treatment (Armenti et al., 2016). Individual sessions also prevent the normalisation of abusive and controlling behaviour, which can occur in peer support settings (McColgan et al., 2021).

The extent to which Restart achieves outcomes through this, or other, mechanisms of change, will be explored further throughout the feasibility study.

Outcomes

This section sets out the intended outcomes from the one-to-one domestic abuse perpetrator intervention. These will continue to be refined throughout the feasibility study.

Short term outcomes

Short term outcomes for service users are:

- Improved motivation and readiness for behaviour change.
- Improved awareness and understanding of harmful behaviour.
- Increased accountability and reduced denial for harmful behaviour.
- Improved emotional awareness and regulation.
- Improved communication and conflict resolution strategies.
- Consent for onwards referral for a longer-term intervention.
- Increased short term accommodation options and reductions in sofa surfing or rough sleeping.

Short term outcomes for (ex-) partner victim-survivors are:

- Improvements to safety.
- Improved quality of life.

Short term outcomes for child victim-survivors are:

- Improvements to safety.
- Improved quality of life.

Medium term outcomes

Medium term outcomes for service users are:

- Reductions in abusive behaviour.

- Where appropriate, improved, respectful and safe relationships with (ex-) partner and child victim-survivor.
- Completion of long-term behaviour change interventions.

Medium term outcomes for (ex-) partner victim-survivors are:

- Improved safety and reduced risk of harm.
- Improved mental health and wellbeing.
- Improved housing stability.
- Where appropriate, strengthened, respectful and positive relationships with the service user.

Medium term outcomes for child victim-survivors are:

- Improved safety and reduced risk of harm.
- Improved mental health and wellbeing.
- Improved housing stability.
- Where appropriate, strengthened, respectful and positive parenting relationships with the service user.
- Improved relationships with friends and family members.
- Improved school engagement and attainment.

Long term outcomes

Long term outcomes for service users are:

- Reductions recidivism of domestic abuse in same or future relationships.

Long term outcomes for (ex-) partner victim-survivors are:

- Reduced frequency and gravity of domestic abuse in same or future relationships.
- Improved long term mental health and wellbeing.
- Improved housing and economic stability.
- Reductions to family homelessness caused by domestic abuse.

Long term outcomes for child victim-survivors are:

- Improved safety and reduced risk of harm.
- Improved mental health and wellbeing.
- Improved housing stability.
- Where appropriate, strengthened, respectful and positive parenting relationships with the service user.
- Positive, healthy relationships with future partners.
- Improved relationships with friends and family members.
- Improved education, employment and training outcomes.
- Lead independent, happy and fulfilling lives.

What does the evidence say?

The evidence base on the effectiveness of behaviour change interventions for domestic abuse perpetrators is limited. While behaviour change interventions have been evaluated for over 20 years, evidence on the effectiveness of these interventions on domestic abuse reduction is inconclusive (Almeida et al., 2023; Cordis Bright, 2023; Cheng et al., 2021; Gough et al., 2016; Bell et al., 2019).

However, there is emerging evidence from evaluations of similar interventions to Restart which indicate that Restart may achieve its aims. Restart's tailored one to one intervention draws from a range of established principles and approaches to DAPP interventions, including Motivational Interviewing, Cognitive Behavioural Techniques, and the Duluth model. As such, it draws from the following evidence base:

Motivational techniques to facilitate behaviour change. There is a growing evidence base suggesting that incorporating motivational techniques into behaviour change interventions for domestic abuse perpetrators can lead to positive outcomes, such as:

- Engaging perpetrators in further behaviour change work (Dykstra et al., 2013; Gracia et al., 2019; Justickaja et al., 2022).
- Reducing dropout rates in behaviour change programmes, especially in the early stages where perpetrators may feel apprehensive (Almeida et al., 2023; Gilchristet al., 2020).
- Receiving a higher dosage of the intervention by attending more sessions (Gilchrist et al., 2020).
- Eliciting emotional reactions from perpetrators who appear initially ambivalent to behaviour change (Ali et al., 2017; Eisenstadt et al., 2017).
- Improving a perpetrator's ability to see and accept other people's perspectives (Gracia et al., 2019).

Incorporating Cognitive Behavioural Therapy (CBT) components. CBT approaches focusing on the perpetrator's thoughts and behaviours that precede violence and implementing coping mechanisms to change these (Birch and Boxhall, 2022; Caridade et al., 2022). The evidence base remains uncertain whether CBT approaches effectively facilitate behaviour change as a standalone intervention. However, there is positive evidence for the use of CBT as part of a wider suite of behaviour change activities. This includes:

- Statistically significant differences in domestic abuse recidivism in groups who received CBT treatment as part of their behaviour change intervention, compared to those who did not (Bloomfield and Dixon, 2015; Dykstra et al., 2013). This difference is especially marked where CBT treatments included stress reduction components in their curriculum (Armenti et al., 2016; Bates et al., 2016).
- Service users who received CBT treatment as part of their behaviour change intervention taking statistically significantly longer to reoffend than those in control groups (Birch and Boxhall, 2022; Bloomfield and Dixon, 2015).

Duluth model of power and control. The Duluth Model prioritises victim-survivor and works to hold perpetrators to account for their behaviour by providing educational sessions how

conceptions of gender roles can contribute to male aggression (Bender et al., 2018; Bell et al., 2019; Danielsson et al., 2017). There is limited evidence to suggest the effectiveness of the Duluth Model in behaviour change interventions for domestic abuse perpetrators (Bates et al., 2016; Birch and Boxhall, 2022). However, evidence does show that completing the Duluth "power-control" wheel – a core component of the Restart intervention – is commonly reported by service users as a useful exercise for conceptualising their own behaviours (Bender et al., 2018; Hughes, 2017; McCausland et al., 2019).

Combining treatment models into a holistic approach. Importantly, meta-analytical studies suggest that interventions are more likely to have a significant impact when they provide a more holistic approach, combining a variety of the three treatment models detailed above (Birch and Boxhall, 2022; Hughes, 2017).

Tailored approach to one to one interventions. Studies highlight the importance of tailoring behaviour change interventions for domestic abuse perpetrators. This is because domestic abuse perpetrators tend to have higher Adverse Childhood Experience (ACE) scores than the rest of the population (Hughes, 2017). Therefore, studies highlight that effective interventions are person centred, and should attend to the individual needs of domestic abuse perpetrators, such as personal trauma, poor mental health and substance misuse (Ali et al., 2017; Armour et al., 2021; Hughes, 2017). This may result in reduced attrition rates, greater treatment compliance and readiness for behaviour change (Armour et al., 2021; Ayluçtarhan et al., 2019; Caridade et al., 2022).

Appendix D: Housing pathway

Summary

Restart offers an additional optional housing pathway, which provides an option for service users to access emergency accommodation for up to four weeks. As part of this pathway, Restart places service users in hotels for up to four weeks while an assessment is completed by an accommodation support worker to agree next steps. This may involve the local authority housing options team identifying longer-term accommodation placements. This element of support is co-ordinated by an accommodation support worker, provided by Cranstoun. There are currently 0.5 Full-Time Equivalent (FTE) accommodation support workers operating across the six sites, and programme documentation suggests that approximately 20% of Restart referrals require access to this pathway.

Eligibility criteria

All service users engaging with Restart, where either the (ex-) partner victim-survivor or the service user have expressed a housing need or a desire for space for action are automatically eligible for the programme's housing support pathway. The pathway is consent based, and both the service user and the victim-survivor must consent to accessing the support. This pathway is led by the needs and wishes of the victim-survivor, and will not proceed without direct victim-survivor engagement and input.

The following factors would exclude a service user from this pathway:

- Evidence of stalking or monitoring behaviours.
- The service user having multiple needs, which moving away from their local support services may destabilise.
- Either the victim-survivor or the service user have not engaged with Restart.
- The victim-survivor will be severely negatively impacted (e.g., in relation to childcare).

Support process

The support process for the housing pathway takes place in four stages:

1. **Referral**. Decisions to refer individuals to the housing pathway are made by a partner support worker or case manager to an accommodation support worker.
2. **Impact assessment**. The Cranstoun Practice Team will then undertake an impact assessment to consider the financial, emotional and practical implications of short or long-term relocation of the service user on their family. Factors the assessment takes into account include level of engagement, vistitation arrangements for children and handover arrangements, financial considerations, and safety planning with the (ex-) partner and child victim-survivors. If children are involved in the case, several additional factors will also be considered as part of the housing assessment.

3. **Accommodation panel**. The case is then brought forward to a housing panel in which the local authority's housing Single Point of Contact, case manager, partner support worker, referrer, and accommodation support worker attend. This panel is organised within five days of an impact assessment identifying a potential accommodation need. The Cranstoun team will move the perpetrator into a hotel before the panel convenes if emergency relocation is needed for the safety of the family. Panel meetings are chaired by the accommodation support worker, who will provide a case overview, list any implications of the service user moving out, highlight available accommodation options and outline next steps.
4. **Ongoing review**. The housing panel continue to meet weekly while the service user is in temporary accommodation to create a longer-term accommodation pathway. These pathways vary by borough and case-by-case. However, it may involve the local authority housing options team identifying longer-term accommodation placements.

If it is deemed safer, more appropriate, or if the victim-survivor needs to be supported with accommodation, then this would be the role of both the Partner Support Worker and Accommodation Support Worker to facilitate this instead.

The housing pathway is a central component of the Restart model. It was initially expected that approximately 25% of service users would access this. However, in practice the demand has not been met. The Drive Partnership is currently partnering with Dr Kelly Henderson and her team to understand more about the housing outcomes, placements, and decision making processes to date. This further research aims to produce guidance for areas wishing to implement a housing pathway for perpetrators. The key output of this work will be a resource which includes 1) Learning to Date 2) Guidance on Perpetrator Housing Pathway Development for Local Authorities. This is due to be completed later this year.

Mechanisms of change

The main mechanisms of change for the housing pathway are:

- To facilitate space for action, reflection and behaviour change. Programme stakeholders suggest that moving the service user to alternative accommodation for four weeks provides them with the time and space to reflect on the consequences of their behaviour, which works towards improving motivation for change.
- Meeting immediate service user housing needs. Programme stakeholders noted that several service users may be sofa surfing or sleeping in their car at the point of referral. Providing them access to temporary accommodation therefore addresses immediate housing needs, which also enables them to better engage with the one-to-one perpetrator intervention.

What does the evidence say?

Studies suggest a clear rationale for the implementation and evaluation of interventions which aim to provide access to alternative accommodation for domestic abuse perpetrators. In particular, organisations are encouraging the development of larger scale pilot models in order to build the evidence base on perpetrator housing pathways for the following reasons:

- Without the option to remove, divert or rehouse a perpetrator, victim-survivors will continue to suffer by remaining trapped in abusive relationships or being forced to flee their home (Bimpson et al., 2021).
- A lack of alternative accommodation for perpetrators heightens economic insecurity and housing instability for (ex-) partner and child victim-survivors (Bretherton, 2017).
- This in turn leads to the escalation and rise in (ex-) partner and child victim-survivor homelessness (Bretherton and Pleace, 2018; Kendrick, 2024).

Emerging evidence states that the following factors may be important mechanisms of change:

- **Providing space for action, reflection and behaviour change.** DAHA (2021) states that providing alternative accommodation to perpetrators may encourage individuals to engage in behavioural change interventions, as their basic needs, including housing, will be met. Furthermore, providing accommodation may allow more intensive work to be undertaken with the perpetrator, who may need space, mentally and physically, to explore their own behaviour and needs.

Ultimately, facilitating access to alternative accommodation for the domestic abuse perpetrator aims to ensure that the (ex-) partner and child victim-survivors are able to remain at home ensures they are embedded in existing support networks, and that children do not experience disruptions to their schooling and friendships. This in turn can facilitate outcomes of improved safety, wellbeing, and reductions to stress and anxiety.

Outcomes

Restart's Housing Pathway aims to achieve the following outcomes:

Short term outcomes

Short term outcomes are:

- Increased housing options for service users, (ex-) partner and child victim-survivors.
- Improved immediate safety and wellbeing for (ex-) partner and child victim-survivors.
- Improved understanding and attitudes towards housing needs for domestic abuse perpetrators and (ex-) partner victim-survivors across Housing, Early Help and Children's Social Care.

Medium term outcomes

Medium term outcomes are:

- Improved safety and reduced risk of harm for (ex-) partner and child victim-survivors.
- Improved housing stability for service users, (ex-) partner and child victim-survivors.
- Joined up, co-ordinated response to addressing housing needs across Housing, Early Help and Children's Social Care.

Long term outcomes

Long term outcomes are:

- Reductions in family homelessness caused by domestic abuse for (ex-) partner and child victim-survivors.
- System develops safe service user accommodation responses which can be replicated to scale.
- System level cultural change in relation to the prevention of family homelessness.

What does the evidence say?

Despite a clear call for similar interventions across the UK, the evidence base regarding what works for facilitating alternative accommodation for domestic abuse perpetrators is limited and inconclusive (Kendrick, 2024). While routine screening for domestic abuse and perpetrator-oriented interventions show promise, they require further evaluation to determine their impact on survivors' and perpetrator housing outcomes. There are few, if any, examples of service models which provide access to alternative accommodation for domestic abuse perpetrators in the UK, none of which have been robustly evaluated. The small pool of available evidence for housing-related interventions is mainly limited to the United States, limiting understanding on what works in the UK (Kendrick, 2024). As such, an impact evaluation of Restart's housing pathway presents an important opportunity to add to this limited evidence base in the UK context.

Appendix E: Parallel support and risk monitoring for victim-survivors

Summary

Restart offers an integrated parallel support pathway for victim-survivors, which is delivered by a partner support worker. This pathway involves partner support workers identifying the needs of individuals and monitoring their level of risk while the service user receives the one-to-one intervention, and possibly beyond if required. Partner support workers are provided by Cranstoun, and there are currently three partner support workers operating across the six sites.

Referral and eligibility criteria

To be eligible for this aspect of support, (ex-) partner victim-survivors must:

- Be over 16 years of age.
- Be experiencing, have experienced, or be at risk of experiencing, domestic abuse from a partner or ex-partner who has also consented to receive support from Restart.
- Consent to a referral being made to Restart.

There is no eligibility criteria around parental responsibility, which means that the (ex-) partner victim-survivor may either be the parent of the child who is known to CSC, or may only have involvement with them through their relationship with the domestic abuse perpetrator.

Activities

Within three days of referral to Restart, partner support workers will attempt to make contact with victim-survivors face-to-face to assess their level of risk, offer safety planning, and provide information about the nature, possible impact and limitations of the intervention. They will conduct the DASH RIC and an initial needs assessment, and will then offer ongoing monitoring and support.

Typically, partner support workers will provide at least one telephone call to (ex-) partner victim-survivors per week. Assessments, support, and check-ins can be offered via phone, online, or face to face. This will vary on a case by case basis and be led by individual needs, circumstances, preferences, and accessibility. Across this period, partner support workers will:

- Continually assess the risk and needs of victim-survivors.
- Share information and monitor the case.
- Update relevant partners and agencies about the intervention progress.
- Maintain contact with the victim-survivor, even if their partner drops out.

The length of support (ex-) partner victim-survivors receive is not dependent on the length of support received by service users, and this is assessed on a case-by-case basis. For example, if a service user disengages from the one-to-one intervention after a few weeks, it may be judged that

the level of risk has increased, with support and risk monitoring provided to the victim-survivor for as long as required. This may also mean that (ex-) partner victim-survivors receive support for longer than eight weeks. Alternatively, should the (ex-) partner victim-survivor already be in regular contact with another trusted professional, such as an IDVA, housing professional or substance misuse worker, Restart recognise that they may not wish to engage with their partner support worker too. In these situations, the partner support worker will work closely with other supporting agencies to provide indirect safety planning and risk monitoring by working closely with the trusted professional instead.

Where the service is working with more than one victim-survivor of the same service user, different partner support workers must be allocated to each individual to prevent them meeting. Restart's programme manual states that the role of the partner support worker is not an IDVA or community based/floating support worker, but to monitor risk and need. If the needs of a victim-survivor surpass the programme, partner support workers will make referrals to other local specialist support services to provide more intensive, longer-term support.

Safe exit

Safe exit strategies for victim-survivors are determined on a case-by-case basis, in collaboration with Children's Social Care. If the service user is referred onwards to a DAPP, then the Partner Support Worker will work closely with the equivalent support worker in the DAPP to ensure a smooth and safe handover. If the level of risk is judged to have increased, then this may include onwards referral to a MARAC, specialist domestic abuse services, or referral to a Children's Social Care strategy discussion.

Outcomes

Restart's parallel support and risk monitoring aims to achieve the following outcomes:

Short term outcomes

Short term outcomes for child and (ex-) partner victim-survivors are:

- Improved safety and reduced risk of harm.
- Improved quality of life.

Medium term outcomes

Medium term outcomes for (ex-) partner victim-survivors are:

- Improved safety and reduced risk of harm.
- Where appropriate, strengthened, respectful and positive relationships with the service user.
- Improved mental health and wellbeing.

Medium term outcomes for child victim-survivors are:

- Improved safety and reduced risk of harm.

- Where appropriate, strengthened, respectful and positive relationships with the service user.
- Improved mental health and wellbeing.
- Improved relationships with others.
- Improved school engagement.

Long term outcomes

Long term outcomes for (ex-) partner victim-survivors are:

- Reduced frequency and severity of domestic abuse.
- Improved long term mental health and wellbeing.
- Reductions to family homelessness caused by domestic abuse.

Long term outcomes for child victim-survivors are:

- Improved long term mental health and wellbeing.
- Reductions to family homelessness caused by domestic abuse.
- Positive healthy relationships with future partners.
- Improved education, employment and training outcomes.
- Independent, happy and fulfilling lives.

What does the evidence say?

Support and risk monitoring for victim-survivors, such as providing information and safety planning, is a key component of behaviour change interventions for domestic abuse perpetrators (Anderson et al., 2020; Chung et al., 2017). The availability of partner support and risk monitoring for victim-survivors has increased in the past ten years. Namely, this is due to the development of resources such as practice guides to help intervention providers strengthen their support offer (Chung et al., 2017).

Despite this, the empirical evidence base for support and risk monitoring for victim-survivors in the context of perpetrator interventions is limited. This is especially visible for disabled victim-survivors, victim-survivors from linguistic and racially minoritised backgrounds, and LGBTQIA+ victim-survivors (Anderson et al., 2020). Furthermore, existing victim-survivor support and risk monitoring programmes vary greatly in terms of activity and length, making comparison difficult (Anderson et al., 2020; Chung et al., 2017).

However, emerging evidence suggests that the following characteristics of victim-survivor parallel support may be effective:

- **Centring the needs and voices of adult and child victim-survivors.** Existing victim-survivor support and risk monitoring interventions view the safety and freedom of victim-survivors as their top priority (Anderson et al., 2020). One study reported that adult victim-survivors have stated they found support valuable when it was centred on their, and their children's, needs (Anderson et al., 2020).

- **Adopting a key worker model.** Multiple sources suggest that a key mechanism for effective victim-survivor support and risk monitoring is adopting a key worker model. Several studies highlight how victim-survivors positively viewed the meaningful and supportive relationship they developed with their partner support workers (Anderson et al., 2020; Baker et al., 2021; Cheng et al., 2017). In particular, victim-survivors appreciated knowing that their information would be handled confidentially by their support worker, their non-judgmental approach, and validating their experiences (Anderson et al., 2020; Baker et al., 2021).
- **Conducting regular risk assessments.** Studies highlight the importance of conducting regular risk assessments as part of parallel support, using specialist assessment tools and frameworks. Multiple evaluations of victim-survivor support and risk monitoring initiatives found that female victim-survivors felt safer after attending their support sessions and conducting risk assessments with specialist support workers (Anderson et al., 2020; Eggins et al., 2022).

Appendix F: Case study site characteristics

Table 7 below presents area level characteristics for each of the six sites that Restart operates in, which were used to inform decisions around case study sampling.

Table 7: Restart site characteristics

Characteristic	Barking and Dagenham	Camden	Croydon	Sutton	Westminster	Havering
Geography	East London	North London	South West London	South West London	Central London	East London
Site maturity	Since July 2024	Since 2021	Since 2021	Since 2021	Since 2021	Since 2021
Number of referrals from Feb to August 24	N/A	16	33	8	3	11
Number of referrals to housing pathway from Feb to August 24	N/A	4	1	1	1	2
Case managers and PSWs delivering	Case Manager A PSW A	Case Manager B All support	Case Manager C All support	Case Manager D All support	Case Manager B All support	Case Manager A All support

Characteristic		Barking and Dagenham	Camden	Croydon	Sutton	Westminster	Havering
Breakdown of population by ethnicity (ONS 2020 data)	Asian British (%)	25%	13%	20%	16%	8%	11%
	Black British (%)	23%	11%	16%	8%	8%	11%
	Mixed / Other ethnic groups (%)	7%	17%	8%	10%	18%	4%
	White British (%)	45%	59%	57%	66%	66%	74%
Ofsted CSC rating		Requires improvement to be good (2023)	Outstanding (2022)	Good (2020)	Good (2021)	Outstanding (2019)	Inadequate (2023)
Victim-survivor support set up		Refuge	In house- Camden Safety Net	In house- Family Justice Centre	Transform (Cranstoun)	Advance/ Angelou	Women's Aid
Onwards DAPP referral pathway		MMP	(no local provision)	(no local provision)	MMP	(no local provision)	MMP