

**Evaluation of Year 2 of the Drive Project
– A Pilot to Address High Risk Perpetrators of Domestic Abuse**

EXECUTIVE SUMMARY

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Introduction and Summary

The Drive Project launched in April 2016 and is being piloted in three areas across England and Wales (Essex, South Wales and West Sussex) with the aim of reducing the number of child and adult victims of domestic abuse by deterring perpetrator behaviour.

Drive targets the perpetrators of domestic abuse and improves outcomes for victims and children. The key objectives are to: reduce the number of serial perpetrators of domestic abuse; reduce the number of repeat and new victims; reduce the harm caused to victims and children; intervene earlier to safeguard families living with high-harm domestic abuse.

This Executive Summary provides findings from the evaluation of the Drive Project at the end of its second year of implementation, April 2016 to March 2018. For the duration of the pilot and evaluation period, perpetrators have been randomly allocated to either the Drive intervention, or to a control group.

There is evidence from the quantitative and qualitative data gathered in Year 2 of the pilot that Drive is reducing harm to victims and children, and doing so to a greater degree than in cases where only support to the victim is being provided. The data also shows a more sustainable impact on safety when Drive is present.

- The number of Drive service users using each type of DVA behaviour reduced substantially: physical abuse reduced by two-thirds; sexual abuse reduced by over three quarters; controlling behaviour and harassment and stalking both reduced by over half.
- IDVA reporting on the victim/survivor experience of DVA behaviours indicated that victims/survivors in the control group, where Drive was not involved, were almost 3 times more likely to experience physical abuse at case closure than victims/survivors associated with Drive service users.

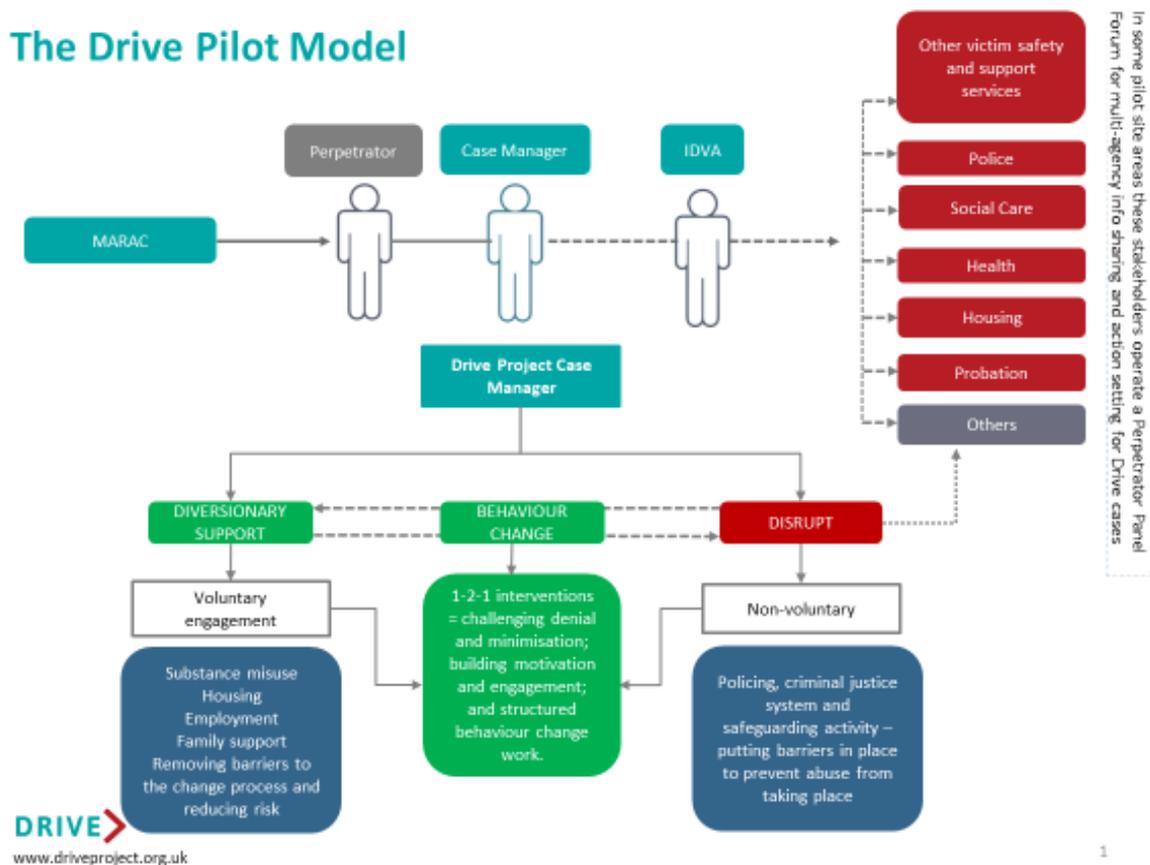
- IDVA reporting on the risk posed to victims/survivors also indicated that risk was permanently eliminated in twice as many cases for victims/survivors in the Drive associated group (13%) than for those in the control group (6%).
- Analysis of police data shows a 30% reduction in number of criminal DVA incidents for Drive service users in the 6 months after the intervention compared to 6 months before. By comparison, there was no change for control group perpetrators over the same period.

The profile of both Drive service users and their family members continues to be better understood and the model is being developed accordingly. With the intervention now better integrated in each pilot site with other parts of the voluntary and statutory sector response to abuse, tangible improvement is discernible in the systemic response.

As planned, work to calculate the reduction in perpetration over time and the resulting cost benefits is underway and the findings will be addressed in the final Year 3 report, due in Autumn 2019.

The Drive Pilot Project Model

The Drive Pilot Project focuses on priority (high risk) perpetrators, as this group carries the greatest risk of serious harm and engagement with available services is low. Drive implements a whole-system approach using intensive case management and one-to-one interventions alongside a coordinated multi-agency response, working closely with victim services, the police, probation, children’s social services, housing, substance misuse and mental health teams. Drive focuses on reducing harm and increasing victim safety by combining disruption, diversionary support and behaviour change interventions alongside the crucial protective work of victims’ services. The service has been developed to knit together existing services, complementing and enhancing existing interventions.



Evaluation

This Executive Summary provides findings from the evaluation of the Drive Project at the end of its second year of implementation, April 2016 to March 2018, including outcomes, application of interventions, and process. The evaluation is multi-method, with a random control trial design to assess outcomes, and with qualitative interviews to provide deeper understanding of the process and practices related to Drive. The evaluation has been carried out by a team from the University of Bristol, led by Professor Marianne Hester, with Nathan Eisenstadt, Cassandra Jones, Karen Morgan, Levana Magnus, and Lis Bates.

The evaluation team were asked to consider a number of key research questions, as follows:

1. What is the profile of the perpetrators worked with?
2. How and why have perpetrators changed their behaviour? Is this change sustained over time?
3. Are adult victims and children living in households where domestic abuse is present safer?
4. What were the interventions delivered and how did these differ between different types of case?
5. In what ways does the model generate/require changes in agency behaviour, leadership and interaction/modes of operation?
6. What are the costs and fiscal benefits of the approach?

The Year 2 findings in relation to these questions are based on:

- **212 service users** who had been allocated to Drive for a complete 10-month period.
- **83 victims/survivors** linked to Drive service users, who had IDVA support.
- **343 victim/survivors** with IDVA support but where the perpetrator was not allocated to Drive.

Findings were also based on qualitative interviews with practitioners (N=33), service users (N=16) and victims/survivors (N=17).

Drive Service User Profile

- Drive service users ranged in age from 17 to 77, with most aged between 20 and 40 years and an average age of 35.
- Most identified as men (94%) and when the ethnicity was known, most (95%) identified as White British/White Other.
- Of all 212 Drive service users, 40% had 3 or more needs recorded and 66% had a least one need (drugs and alcohol misuse, housing issues, unemployment, mental health issues, financial issues, children and family issues, parenting capacity issues, social isolation and poor physical health).

Victim/Survivor Profile

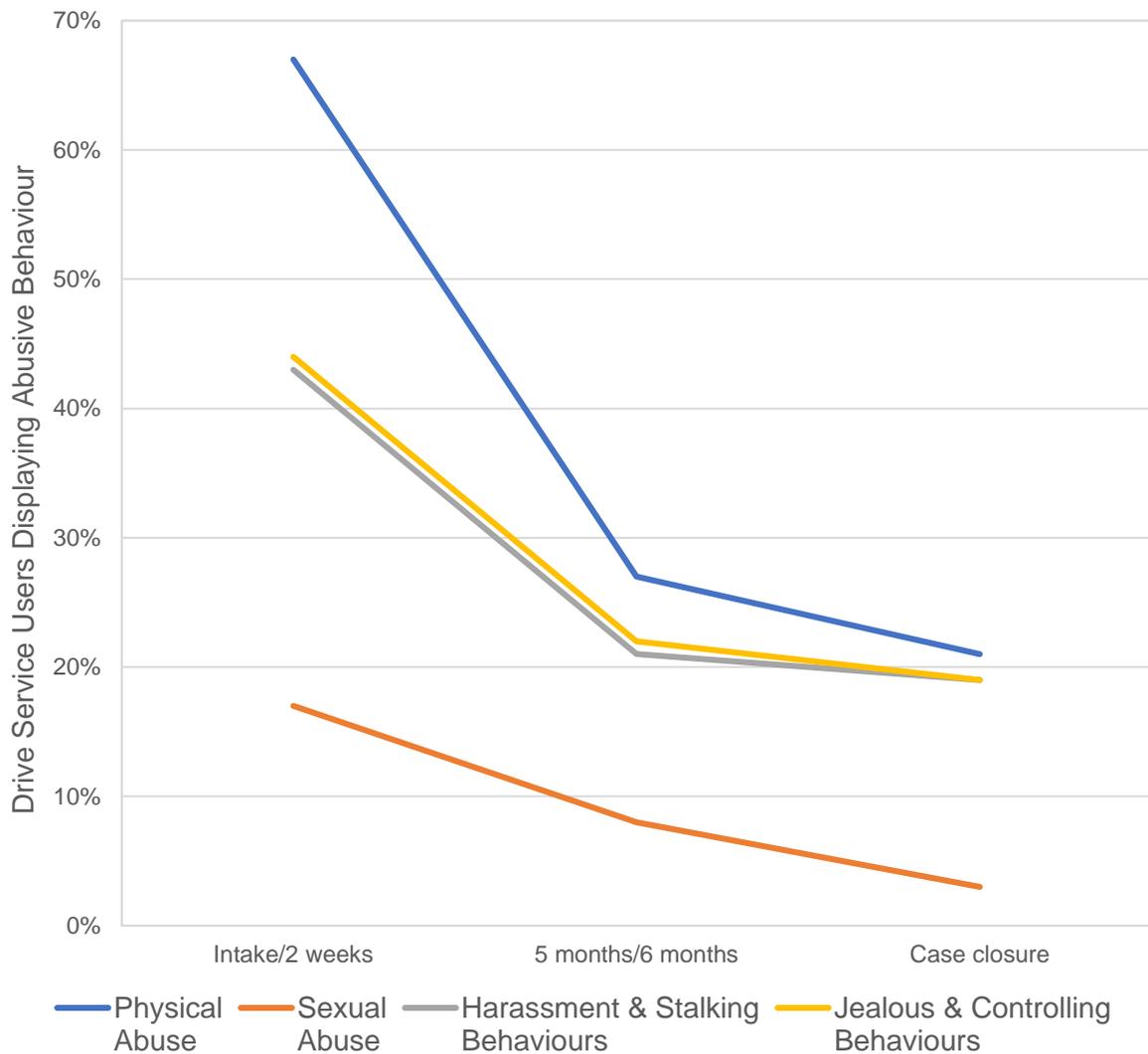
- In relation to the 212 service users, there was information on the Drive case management system for the 212 associated victims/survivors.
- Victims/survivors ranged in age from 15-77 with an average age of 34.
- Most identified as women (96%), heterosexual (97%) and White British (92%)

- 35% of victims/survivors associated with Drive service users had three or more complex needs (mental health difficulties, alcohol misuse, substance misuse, employment difficulties, and financial difficulties) and/or disabilities.

Reductions in the use of abusive behaviours

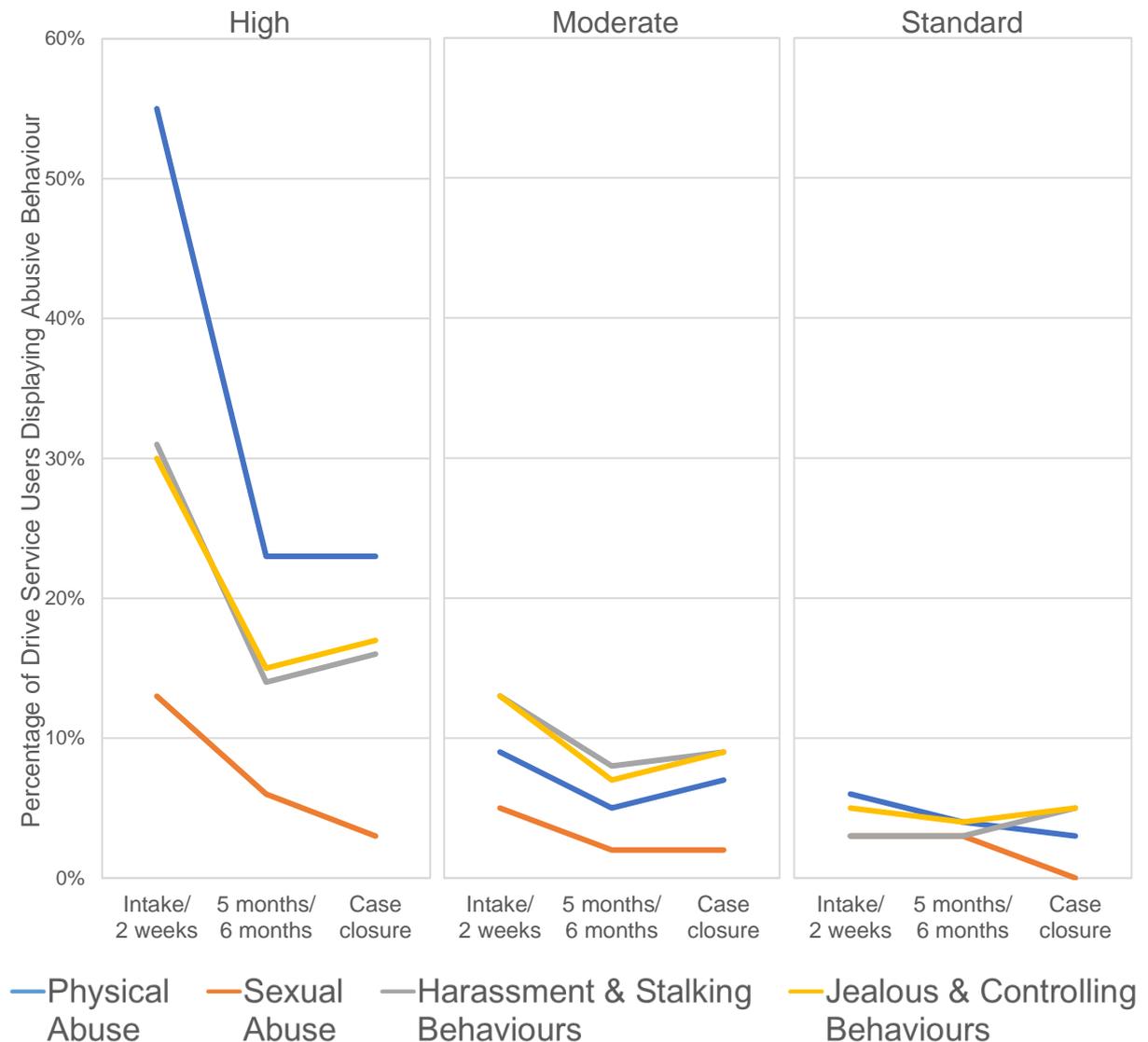
- Over the course of the Drive intervention, the number of service users using each type of DVA behaviour reduced substantially: physical abuse reduced by two-thirds; sexual abuse reduced by over three quarters; controlling behaviour and harassment and stalking both reduced by over half.

Drive service users' use of DVA from beginning to end of the intervention:



A major decrease in use of abuse was observed for service users who were assessed as posing a high risk for certain behaviours, as intended by the original design of the model, particularly for physical abuse where the reduction was 58%.

Drive service users' use of DVA from beginning to end of the intervention by the risk level associated with behaviour:

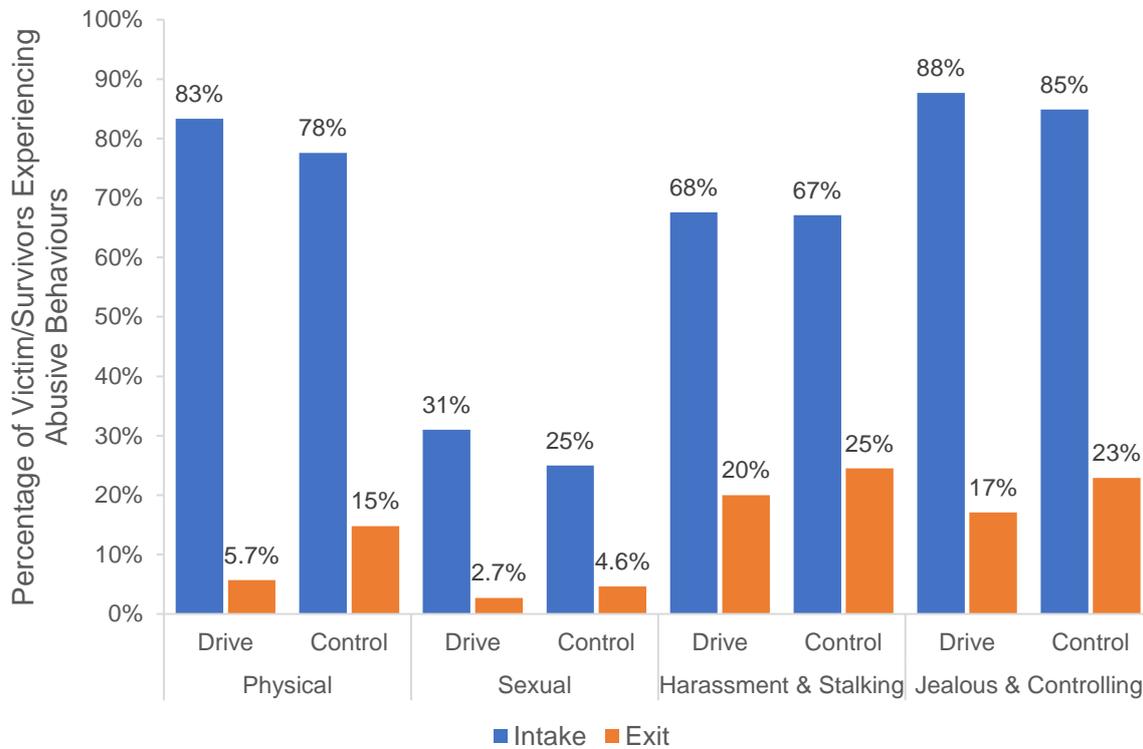


Victim/Survivor experience of abusive behaviour

- Amongst victims/survivors linked to Drive cases, there was a decrease in the number of victim/survivors experiencing each type of abuse, e.g. the reduction in physical abuse was 93%.
- There was a similar, but not as pronounced, decrease for victims/survivors who formed the control group abuse, e.g. the reduction in physical abuse was 81%.
- Analysis showed a more positive change for Drive associated victims/survivors than for those for whom Drive wasn't involved. Victims in the control group were 2.86 times more likely than Drive victims/survivors to still be experiencing physical violence at exit.

- This data confirms that core IDVA support is highly effective and also shows that reduction in abuse is then materially improved by the addition of Drive to the overall response.

Victim/survivor experience of abusive behaviours:



Victim/Survivor experience of risk reduction and safety

- For both the Drive associated victims/survivors group and the victims/survivors in the control group, IDVAs perceived a significant or moderate reduction in risk in three quarters of cases over the period of the intervention. This indicates a strong IDVA effect in both groups and is consistent with other research into effective victim support methods.
- The trend of reduced risk and increased safety was stronger for Drive associated victims/survivors. IDVAs judged risk to have been permanently eliminated for 13% of victims/survivors associated with Drive service users compared to 6% of victims/survivors in the control group.
- At case closure, Drive case managers also recorded their perception of the change in risk that service users posed to the victim/survivor on the case management system. Case managers described risk as reducing greatly or slightly in 57% of cases.

Service Users Interviewed

- Of the 16 service users interviewed in Year 2, all were high-engagers – explaining in part why they agreed to be interviewed.
- 12 of these 16 reported changes in thought process – especially impulse control and improved reasoning.

- 10/16 reported high levels of mental health need with a quarter – 4/16 – feeling suicidal at the start of Drive but not at the time of interview (3-10 months into the intervention). Given that service users interviewed were high-engagers, this might indicate that mental health need may be a lever to engagement (echoed by the quantitative analysis which showed service users with mental health needs are more likely to engage).
- 14/16 had some police involvement and 11 had been convicted of a crime against an intimate partner or family member. Four had ongoing child protection proceedings. This supports the view of Drive practitioners that some statutory involvement is key to leveraging engagement.
- All 16 service users had children, suggesting that having children is a material factor in service user engagement. This assertion is supported by the findings of the wider sample (212) which show that service users with children are more likely to engage.

Victims/Survivors Interviewed

- Overall, interviews with victims/survivors indicated that they felt safer. There was a degree of ambiguity, which is indicative not only of the trauma they have suffered, but also of their awareness that if things changed in relation to the service user, the abusive behaviour may start again. It also reflects perception of previous failures to protect them on the part of one or more agencies and the system as a whole.
- Victims/survivors reported some positive change in Drive service user abusive behaviours. Since not all victims/survivors were in contact with the corresponding service user, it was often difficult to judge behaviour change.
- Where positive change and/or feelings of safety and/or satisfaction with Drive were reported, it was where there had been a close working relationship between the Drive case manager and the IDVA, which served to keep the victim/survivor informed, providing 'holistic' support and to keep a close check on the service user. Once again, this emphasises the co-relation between effective and properly resourced victim support, as well as an increased focus on the individuals who threaten their safety.
- There was significant scepticism from victim/survivors about the possibility and/or sustainability of change post Drive once attention moved away from the service user.

Drive Process and Systems Change

- Though not without challenges, multi-agency relationships and processes are much more established in Year 2 and this is evident in the depth and complexity of multi-agency working detailed in this report.
- Highly collaborative work with children's social services including joint visits, disruption and subtle forms of institutional advocacy operating at a frontline practitioner-to-practitioner level have stood out as examples of innovative practice.
- Some multi-agency working remains challenging, however. While the high-engaging service users that were interviewed presented with high levels of mental health need, both service users and Drive caseworkers described a paucity of wider mental health provision.

- In Year 2, Drive has delivered a greater diversity of multi-agency disruption strategies – from simply raising the service user’s profile on police systems, through to more subtle techniques involving a range of other agencies.
- Step-down work, or the continuation of lower intensity case management after the formal ten months of the intervention, was a common feature of Drive casework in Year 2. Almost 98% of cases remained open for 11 months or more and 8.7% of cases involved some kind of formally recorded ‘step-down’ activity. This is noteworthy as an evolution of the model and in light of victim/survivor concerns about perpetrator behaviour if the intervention simply falls away at a rigid cut off point.
- While step-down work is an important practice development from Year 1, there remain key questions around what happens after Drive to ensure change is sustained and/or risk is adequately managed. This requires a functioning multi-agency ecosystem and a recognition that for some perpetrators, the work is never done.

Reducing perpetration now and in the longer term

- Police records were analysed in relation to 49 Drive service users for a research period covering the six-month period before, the 10 months during, and six months after Drive, and in relation to an equivalent matched control sample of 51.
- The trends appear to indicate that while the control group were reported as perpetrating DVA at the same level at the beginning and end of the research period, the reports regarding DVA for Drive perpetrators reduced by 30% across the same period.
- The picture is quite different for criminal non-DVA incidents, with the proportion of criminal non-DVA incidents increasing for Drive perpetrators and decreasing for control group perpetrators across the research period. This indicates Drive caseworkers were implementing disruption techniques via the criminal justice system in relation to both DVA and non-DVA incidents, thus helping to ensure criminal behaviour was closely monitored and recorded.
- The changes seen were sustained in the 6 months post-Drive and these early findings will be built on with a larger sample size and further analysis in Year 3.

Conclusion

There is evidence from quantitative and qualitative data gathered in Year 2 of the pilot that Drive is reducing abuse and risk to current victims/survivors and children, and doing so to a greater degree than in cases where only support to the victim is being provided, though a suitable response for victims is evidenced as also being a key aspect of this work.

The profile of both Drive service users and their family members continues to be better understood and the model developed accordingly. As in Year 1, in Year 2 the profile of perpetrators allocated to Drive is different from the profile of perpetrators that attend structured Domestic Violence Perpetrator Programmes, with Drive service users having high levels of additional need and non-DVA offending.

Case studies can be found in the Appendix below and in the full report which detail the nature of the interventions delivered and the differences seen in different case types. The varied nature of case types and interventions are discussed in detail in the full report.

Multi-agency working, in which Drive is an integrated part, is essential and is improving, amplifying the benefits the intervention can achieve on its own, however challenges persist in areas such as mental health where capacity and suitability of provision is difficult.

There is better understanding of the requirement for a fully considered 'step down' process into other responses at the end of Drive as an intervention, in order to best maintain the impact achieved. Whilst victims/survivors report some positive changes in abusive behaviours and feelings of safety during Drive's involvement in a case, they report concerns about what will happen after Drive's involvement, raising questions around what responses will be in place across the system post-Drive's involvement.

Year 2 findings give early insight into patterns of recorded DVA and non-DVA police incidents before, during and after Drive. They suggest a 30% reduction in number of criminal DVA incidents for Drive service users in the 6 months after the intervention compared to 6 months before. By comparison there was no change seen for the control group perpetrators over the same period. A larger sample size and further analysis is anticipated in Year 3.

While this Year 2 report on the Drive pilot does not report on costs, likely or actual savings, and the relative balance between them, some assumptions can be drawn from the data included in this report. Work to calculate the reduction in perpetration over time and the resulting cost benefits is underway and the findings will be addressed in the final Year 3 report, due in Autumn 2019.

It should also be noted that this Drive Pilot evaluation is based on the implementation of the random allocation of perpetrators to the service. As understanding increases around which cases are more or less likely to benefit from Drive, and case selection is applied, the gains in relation to outcomes and cost savings are envisaged to be greater due to effective targeting of resources. This will be explored further in the Year 3 report.

APPENDIX – CASE STUDIES

1. Institutional Advocacy with Children’s Social Services and the Child Protection Process as a Lever for Service User Engagement

Keywords: social services, child protection, indirect leading to direct, institutional advocacy

Background information

The service user had an extensive history of domestic abuse incidents against his partner with children present in the home. Referrals were being made to social services. Social services were then contacting the mother (victim/survivor), who would inform them that the relationship was over. This would result in the case being closed with no initial risk assessment taking place. Drive was allocated the case while the service user was on probation. The service user breached probation before Drive made contact with him.

Multi-agency disruption

When the service user was in court for a breach of probation, the magistrates refused to accept the address he provided as his own – because it was the same as the victim/survivor’s home address – but did not notify the agencies involved in the case. The case manager noticed this when reviewing notes and notified the respective agencies immediately.

The case manager then submitted a child protection referral, citing previous domestic abuse history, lack of initial risk assessments, and the fact that the service user claimed to reside at the victim/survivor’s address. As a result, the child was put on the child protection register.

The case manager liaised with the social worker, shared information about the case background, and requested that a home visit be carried out to assess risk. When social services carried out the visit, the service user was found at the victim/survivor’s house.

The case manager then liaised with the service user’s offender manager and organised for Drive engagement to be written into the service user’s probation requirements and the child protection plan. The child protection plan also required that the service user did not attend the victim/survivor’s property.

Engagement

The service user subsequently engaged with Drive, enabling the case manager to conduct behaviour change work on the effects of children witnessing domestic abuse. The case manager also worked with the service user on improving his interaction, communication and engagement with the child protection plan and system.

Salient Questions/Learning:

Disruption and engagement should not be seen as an either/or – they can work together. This case study also highlights the importance of child protection as a lever of engagement and the critical role social services play in terms of institutional advocacy.

A key question remains – what happens after Drive?

2. High Risk of Child Sexual Abuse

Key words: child abuse, social services, mappa, disruption, high-level learning difficulties, child protection

Background information

The service user has learning difficulties that are recognised as very high, but no formal assessment was available. The service user was referred to Drive for domestic abuse against a partner who was pregnant at the time by the service user. His partner also has learning difficulties, although information on the severity of this was not available.

The service user was known to have previously disclosed that he intended to get a partner pregnant solely for the purposes of abusing the child. The service user was open about his desire to abuse children and was previously prevented from attempting to enter a children's ward at a local hospital.

The service user was not supervised by probation or any adult social services, meaning Drive was the only sustained intervention that he was receiving.

Drive Actions

Information sharing

The Drive referral and information sharing highlighted the situation to social services, who opened a case to respond to the victim/survivor's needs. Prior to Drive involvement, social services were unaware of the disclosure by the father about the intention to abuse the unborn child. This information was also promptly shared with the police.

Risk assessment and escalation

After extensive assessment by the case manager, it was determined that behaviour change work was highly unlikely to be impactful because of the service user's learning difficulty needs. A referral was made to Multi-Agency Public Protection Arrangements (MAPPA) and a decision was made to escalate risk management activity.

Research and disruption work

Drive research revealed a new address where the service user was residing and the location where he was begging on the street. This information was immediately shared with police in relation to the risk of harm to children. There was also a marker placed on the name and identity of the service user at the local hospital, enabling the hospital to respond and manage risk in line with their procedures.

Drive also put in a request to the police for more intelligence and surveillance of the service user. As a result of the MAPPA referral, a civil Sexual Harm Prevention Order (SHPO) was requested to be put in place, which would apply the same conditions to the service user as a convicted child sex offender in the community. At the time of writing, work on this was ongoing.

Due to risk posed in this case, the child of the victim/survivor was taken into care shortly after birth. During the course of Drive's involvement with this case, the service user disengaged from contact with Drive and separated from the victim/survivor. However, the Drive case manager continued to gather information and found out about a new relationship the service user had begun with a potentially vulnerable young woman who had significant contact with children due to family and friends. Drive submitted a log to the police detailing this intelligence.

Salient Questions & Learnings

While behaviour change may not have been possible in this case, the indirect work seems to have been extremely useful in terms of risk reduction. The intensive research that the case manager maintained in the case proactively and consistently kept police and relevant social services alert and aware of the ongoing risk the service user was posing.

Questions:

- Is Drive the most appropriate intervention for this kind of individual?
- What if Drive did not exist? Why were the police or adult social services not more involved?
- What will happen to this service user after Drive?

3. Cross Border Multi-Agency Working – Disruption while in Prison

Keywords: cross-county/cross-border multi-agency work, prison, disruption breach, engagement

Background information

The service user had been convicted of coercive control for abuse of the victim/survivor and had a restraining order in place. The service user and victim/survivor were accessing services across two counties and providing different information to the various agencies involved. While the Drive case manager was working with the service user, the victim/survivor was being supported by two IDVAs across counties in differing capacities.

The service user was obsessed with the victim/survivor, with whom he was in an intermittent and coercively controlling relationship. He had breached his bail conditions by attending her place of work. He had also breached his restraining order conditions on multiple occasions in a short period of time.

The victim/survivor disclosed to the IDVA that she felt unsafe and trapped in the relationship. Within the context of understanding the dynamics of coercive control and the impact that this has on a victim/survivor's space for action, Drive pursued actions around disrupting the service user's ability to use coercively controlling behaviours and contact the victim/survivor. The Drive case manager worked closely with the IDVAs to conduct a dynamic risk assessment to reduce the risk posed by the service user.

Cross border multi-agency working

The Drive case manager initially started an email group of agencies involved in the case to share proportionate and relevant information, but as the case escalated and developed quickly, professionals were beginning to miss crucial information, either by being missed off the information sharing group, or through information shared bilaterally.

To remedy this, the case manager called a cross-county multi-agency meeting to bring the involved professionals together and ensure the risks were noted by all agencies involved. This revealed inconsistencies in what was thought to be known by different professionals, provided insight into the victim/survivor's thoughts and feelings, and helped develop an understanding of the dynamics of the relationship. Led by the advocacy of the Drive case manager, this meeting also provided additional information about the service user, which further elevated the risk level. This was a fundamental turning point in the case, as all agencies involved fully understood the risks involved after the meeting. The Drive case manager and the IDVAs acted

as a crucial advocate on behalf of the victim/survivor due to their understanding of the intensity of coercive control being perpetuated by the service user.

Information sharing and disruption

For example, a critical piece of information that was shared early on was that the service user had been sending letters to his mother's house when in prison. These letters were addressed to the victim/survivor's children, sometimes using their known nicknames, but they were for the victim/survivor.

As a result, the prison was requested to put a hold on all the service user's letters and to check that they were not intended for the victim/survivor.

Drive continued to engage with the service user while in prison but were unable to elicit any acceptance of responsibility for the abuse from the service user.

Upon release, the service user continued to engage with the Drive case manager and the victim/survivor continued to engage with IDVAs. From the information disclosed by both parties, it was suspected that they were arranging to meet.

As noted above, within the context of understanding the dynamics and risk associated with coercive control, disruption actions were taken to reduce the service user's risk to the victim/survivor by sharing this information with the police. As a result, the police found the service user in contact with the victim/survivor, in breach of his restraining order, and he was returned to prison.

During his time in prison, the victim/survivor applied for the restraining order to be lifted. Aware of this application through the information sharing in place, probation, Drive and the IDVA services across the two counties wrote to the court urging the judge to reject the application due to safety concerns for the victim/survivor. At the time of writing, the service user remains in prison and is engaging with his Drive case manager. Safety planning for the victim/survivor was also being undertaken.

Salient Questions & Learning

This case is an excellent example of effective and efficient multi-agency collaboration and risk management. Relevant and proportionate information sharing was essential for the quick responses to the rapid developments in the case. The multi-agency working also provided a holistic approach to the work, enabling a thorough understanding of the case from all possible angles.

A key question remains – what happens after Drive?

4. Case Manager, Social Worker and IDVA Collaborative Working

Keywords: deep institutional advocacy, what can be done when service users don't change, the value of collaboration.

Background information

This family's case was open to social services due to the risk posed by the father (the Drive service user) to the mother (the victim/survivor) and the children, who were on a child protection plan. The victim/survivor was engaging with the IDVA, and the service user was engaging with the Drive case manager, but was, according to the social worker, 'not in a place where he wanted to change any of his behaviours' (T1.15 Social Worker).

Information sharing and multi-agency working:

The Drive case manager attended and provided written reports to the core group formed at the child protection meetings. The case manager acted as a bridge between children's social services and the service user – as a check and balance on the service user and what he was saying about his own improvement/change, and as an advocate for the victim/survivor by highlighting the patterns of abuse and control that other professionals were not aware of or did not previously understand as abuse (this was reported by a social worker present T1.15).

This provided a venue and communication channel for information sharing between the Drive case manager, social worker, and the IDVA. In the words of the social worker, the Drive case manager will 'liaise with me, keep me updated about what the service user (the dad) was doing, any police involvement, how their sessions are going, engagement – things like that' (T1.15. Social Worker). For the social worker, hearing about the service user's behaviour from someone working directly with the service user was reported as being particularly 'valid' and impactful.

The case manager shared information with the social worker and IDVA, who communicated with the victim/survivor. The case manager fed back his assessment that the service user was engaging with Drive as 'box ticking exercise' without real commitment to change. As the social worker reports:

And I suppose just like really highlighting with me and the [IDVA], the patterns of control within the relationship. I think... so when I was first working the case, mum was very hopeful that he would change and that actually things were going to be different now that they had had a baby, and dad would be very much obviously saying those things to her, and she would say 'Oh well, he is meeting with [the case manager], like he's trying to change, he's working with Drive' – but actually just meeting with [the case manager], he's not trying to change, it's almost just ticking the box. And [the case manager] was really... yeah, he was really clear about that – actually [the service user] the dad has not really done very much at all in terms of being able to reflect even anything that he would want to change within his behaviour or take any responsibility. So... yeah, that was helpful for her to hear as well.

For the social worker, of particular importance to this case was having someone to work specifically with the father and the extent to which this offered insight into his behaviour and accountability in relation to his claims to have changed:

... like [the IDVA], she would work really closely with the woman and would keep me updated and support her... but when Drive's not involved it feels like there's a kind of gap. Often the dad's... well the dad in this case, he wouldn't be wanting to really engage with me because I'm the social worker and I have to kind of... yeah, my focus is on the children's safety, and I didn't really feel it was safe for him to see the children... but yeah, it just meant that he had someone working specifically with him.

[...]

It hasn't necessarily led to positive outcomes in that if dad is particularly difficult to engage... so I think [the case manager] has struggled with that [...] but it has

helped in terms of me knowing more about what's going on I suppose, and [the case manager]'s been really helpful in that respect. And I think it's helped because somebody is... [the case manager]'s been trying to build a relationship with him, with the dad, so we have got some insights that I wouldn't have got necessarily had there not been a professional involved specifically working with dad around his patterns of behaviour within relationships and that kind of thing. And also it meant that... so... there being a consistent working with dad throughout the time that the [children's cases] have been open has meant that when dad's tried to tell me one story, and then I speak to [the case manager], we can kind of piece together where he's trying to... not play us off against each other, but he's trying to portray things in one way to me when actually [the case manager] knows differently (T1.15. Social Worker).

The information shared by the case manager was thought by the social worker to have directly influenced their child protection decisions. The mother and children were subsequently moved to a refuge out of the area.

Social workers are closely monitoring the service user's requests for and actions in relation to contact with the children, recognising that this may be used to continue perpetration against the victim/survivor. Their focus is on what the service user is or is not demonstrating in terms of evidence of behaviour change, including addressing substance misuse issues. Crucially, the focus is on the service user's behaviour, not that of the victim/survivor.

Salient Questions & Learning:

This case demonstrates the utility of information sharing and collaborative working even in the absence of behaviour change – as a tool both to understand the whole picture and proactively exercise a continuous assessment of the case. Drive was impactful here in two key aspects – first, in providing information to allow the other professionals to better assess and manage risk, and second, in helping to change the focus of professionals away from the conduct of the victim/survivor to the service user, who is wholly responsible for the abuse.

5. Victim/Survivor Rent Arrears Paid Off to Enable Priority Re-Housing

Keywords: housing, local authority, multi-agency work, IDVA

Background information

While the victim/survivor and service user were separated, the victim/survivor remained under surveillance from the service user and his family and friends, who would report back to him on her whereabouts.

For this reason, the victim/survivor wanted to move but was given very low priority by the council due to rent arrears (of approximately £200-300). To be prioritised, the victim/survivor would have to make ten consecutive monthly payments or pay the arrears in full. Paying in full was not an option at her income level and a ten-month delay before getting on the priority list exposed her to significant risk.

Disruption work with the IDVA

Working closely with the IDVA, the Drive team identified, facilitated, and enabled the housing offer to access a ring-fenced fund within the local authority that was specifically designated for assisting victims of domestic abuse. This was used to pay the arrears and get the victim/survivor on the priority housing list, so she could relocate.