Evaluation of the Drive Project
– A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse

EXECUTIVE SUMMARY
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Introduction

There has been a long running debate as to whether interventions to change the behaviour of domestic abuse perpetrators actually 'work' in the sense of reducing perpetrators' violent and abusive behaviour and making the lives of victims-survivors and their children safer. In this report we summarise the findings from the evaluation of the Drive Project ('Drive'), showing that the intervention does indeed 'work'. As the report indicates, Drive enabled perpetrators to reduce their use of abusive behaviour. As a result of Drive, victims-survivors were safer and more likely to be free from abuse, and the work with perpetrators created space for victims-survivors to make decisions for themselves.

Drive is unique in focusing specifically on high-risk, high-harm perpetrators, including serial perpetrators[1] who are deemed to cause the most harm (Robinson, 2016). As we show, the perpetrators using the most severe violence and abuse were also the ones who changed to the greatest extent. The positive changes in perpetrators' behaviour was sustained over time, and more than a year after they completed Drive.

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[1] Serial perpetrators are those who perpetrate abuse with different victims whereas repeat perpetrators are those who perpetrate abuse with the same victim.

The Drive Project was piloted in three areas across England and Wales (Essex, South Wales and West Sussex) from April 2016 to October 2019 with the aim of reducing the number of child and adult victims of domestic abuse by deterring perpetrator behaviour. We evaluated the pilot over these three years, seeing what happened during the ten or so months of intervention to 506 perpetrators who were randomly selected to the Drive cohort, and whether change was sustained during the twelve months after they completed Drive. Findings are generated from a randomised control trial and draw on qualitative and quantitative data from a range of sources. This includes monitoring data; interviews with practitioners, Drive service users and associated victims-survivors; case note analysis; police and Multi-Agency Risk Assessment Conference (MARAC) data to establish findings and cross-check them from a range of perspectives including victim-survivors, professionals and service users.

It should be noted this is the largest evaluation of a perpetrator intervention ever carried out in the UK, and the largest with a randomised control design. This provides a sophisticated 'third generation' evaluation, with randomisation, control groups, longitudinal comparison of perpetrator behaviour, consideration of victim and children's safety and 'space for action,' and an analysis of impacts on and effects of the wider system of agencies.

Following the pilot, four further sites have adopted Drive – data from these sites does not feature here.

Summary Findings

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

Quantitative and qualitative data shows that the Drive perpetrator intervention is reducing the use of abusive behaviours, increasing safety for 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.

Key findings include:

- The number of Drive service users using each type of domestic violence and abuse (DVA) behaviour reduced substantially. For example, Figure 3 (page 8) demonstrates that the use of high-risk:
  - physical abuse reduced by 82%;
  - sexual abuse reduced by 88%,
  - harassment and stalking behaviours reduced by 75%;
  - and jealous and controlling behaviours reduced by 73%.

- For both the Drive-associated victims-survivors group and the victims-survivors in the control group, IDVAs[2] perceived a significant or moderate reduction in risk in over three quarters of cases over the period of the intervention. The overall trend

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[2] IDVAs are Independent Domestic Violence Advisers. The victim-survivor associated with each Drive service user was offered support from an IDVA as part of the programme. The study also followed a control group of survivors supported by an IDVA.

was a reduction in risk for both groups, with a stronger reduction for Drive associated victims-survivors:

- o IDVAs assessed risk as 'permanently eliminated' at the point of case closure in almost 3 times as many cases for victims-survivors in the Drive associated group (11%) compared to those in the control group (4%).
- o Drive victim-survivors were more likely (82%) to experience a moderate or significant reduction in risk than their control counterparts (78%).

These findings indicate a strong IDVA effect in both groups, consistent with other research into effective victim support methods – IDVA work is absolutely critical to the reduction in risk. They also indicate that Drive plus IDVA intervention reduces that risk even further.

- MARAC data[3] shows that Drive helped to reduce high-risk perpetration including by serial and repeat perpetrators, and this was sustained for a year after the case was closed:
  - o Drive service users appeared at MARAC less often (mean= 2.7 times) than perpetrators in the control group (mean= 3.3 times). This difference was statistically significant.
  - o Serial perpetrators who were allocated to Drive appeared at MARAC less often (mean=0.8 times) than serial perpetrators in the control group (mean=1.5 times). This difference was statistically significant.

- Police data for a matched sample in Year 2 of the pilot showed perpetration of DVA offending had reduced by 30% for Drive service users recorded in the 6 months after the intervention compared to 6 months before, where the control group were reported as perpetrating DVA at the same level. In Year 3, the Drive cohort from one site was compared to a randomly selected group of control perpetrators:
  - o The Drive service users showed a 13% greater reduction in the number of perpetrators with DVA related police incidents recorded in the 6 months after the intervention compared to 6 months before than the control group.
  - o Four fifths (81%) of cases were identified to be repeat perpetrators. Those allocated to Drive showed a 17% greater reduction in the number of perpetrators with DVA related police incidents recorded in the 6 months after the intervention compared to 6 months before than the control group.
  - o The proportion of Drive service users with recorded police DVA incidents continued to fall more than a year after the intervention, whereas in the control group it began to rise after 12-months post-intervention.

- Case note analysis shows significant risk reductions were achieved without making direct contact with the service user – by working with the victim-survivor and through multi-agency disruption activity focusing on preventing abuse.

- A degree of statutory involvement, for example from police, probation or social services, was found to be a key factor in engaging service users. Where other agencies are not involved with the service user and/or the victim-survivor is not in contact with the IDVA, it was found to be extremely challenging to engage the service user and manage risk effectively.

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[3] Data from both MARAC and police for this analysis was only available for Site 2 of Drive.

- Financial analysis of the cost to the state associated with perpetrators identified as high-risk via the MARAC referral pathway, shows the existing costs to the public purse to be £63,000 per case. Applying this cost to all 76,000 cases heard at MARAC in England and Wales in 2018, represents an estimate of the exiting cost to the state of high-risk domestic abuse of £4.8bn.
  - Of the £63K cost per case, £24,565 relates to victim-survivor and children costs and £38,835 relates to perpetrator costs, with £32,000 of that perpetrator cost falling to the police and criminal justice system.

- The Drive intervention targets high-risk perpetrators within the MARAC process with the aim of interrupting this cycle of high-risk, high-harm abuse to reduce the number of repeat and serial perpetrators, reduce ongoing costs and increase the safety of victims-survivors. The cost per case of delivering Drive, at the time of this analysis, is £2,400[4] per perpetrator with an estimated £9m per annum being the total cost of delivering Drive in all PCC and police force areas across England and Wales.

The Drive pilot project has also generated recommendations for future refinements to the model and for best practice by other stakeholders such as police, probation and social services involved in the management of risk to victims, including children. These are detailed towards the end of the executive summary and are currently being applied to delivery in new sites.

Evaluation

This Executive Summary summarises findings from the final evaluation of the Drive Pilot Project, 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, Ana Ortega-Avila, Karen Morgan, Sarah-Jane Walker and Juliet Bell.

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?

This report provides answers to questions 1 to 6.

Regarding question 6 the report (Appendix 8) details the costs associated with high-harm perpetrators, but it was not possible to assess overall fiscal benefits of such a complex approach. This is largely due to insufficient data on the control group (i.e. those high-harm

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[4] The Drive pilot budget in 2016 was £2,400 per service user. This cost has since fallen to between £1,800-£2,000 per service user due to learnings around the efficiency of delivery.

high-risk MARAC cases that were not allocated to the Drive intervention) to calculate savings. There has also not yet been any long-term tracking of the use of state services pre or post any intervention for any cohort, therefore it was not possible to estimate cashable saving – i.e. benefit.

The findings in relation to questions 1 to 5 are based on[5]:

- The 506 (of 509[6]) service users who were randomly allocated to Drive for a ten-month period.
- Drive associated victims-survivors. Outcomes data was available for 196 victims-survivors whose perpetrators were on Drive and who were themselves engaging with an IDVA.
- A control group of 610 victim-survivors who were engaging with IDVAs.
- MARAC data for 184 Drive service users and 1,139 control group perpetrators for site 2.
- Police data for 149 Drive service users and 173 control group perpetrators for site 2.
- Qualitative interviews with practitioners (N=88), service users (N=30) and victims-survivors (N=19), where N is the number of interviews.
- In-depth analysis of 30 Drive case manager case notes.

Drive Service User Profile

Drive service users ranged in age from 17 to 81 years, with an average age of 32. Most were identified as men (94%). When ethnicity was known, most (92%) identified as White British/White Other.

Children and Young People's Services were involved with 20% of cases and under half of service users (43%) were reported as having 'current legal proceedings' in relation to Criminal and Civil Justice involvement at intake. 9% of service users were recorded as living with the victim.

63% of the Drive service users had one or more needs. 34% had 3 or more needs. Case managers assessed service users for: 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.

Of those service users engaging with Drive case managers, the most likely to engage were those with financial difficulties (61%), poor physical health (62%) and mental health difficulties (51%). Drive case managers interviewed often described service users with no additional needs as some of the hardest to engage due to a lack of available 'levers' or incentives to elicit engagement.

Victim-Survivor Profile

In relation to the 509 service users, there was Insights[7] information for 196 associated victims-survivors. Victims-survivors had an average age of 33. Most identified as women (97%), heterosexual (98%) and White British (91%).

54% of victims-survivors associated with Drive service users had at least one need, 17% had three or more needs (mental health difficulties, alcohol misuse, substance misuse, employment difficulties, and financial difficulties and/or disabilities).

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[5] Information around data types and sample size given in Methodology section of evaluation.
[6] Three services users did not complete Drive due to death or moving from the area.
[7] Insights is an outcome measurement system for domestic abuse services, run by SafeLives.

Interventions Delivered

The Drive intervention is designed to focus on the specific needs of individual service users. As well as behaviour change work, it involves a mix of 'disrupt' activities aiming to stop further perpetration and 'support' activities to help service users address needs and achieve a level of stability to overcome barriers to behaviour change. Work can be carried out in direct contact with the service user, or where this is not possible, indirectly.
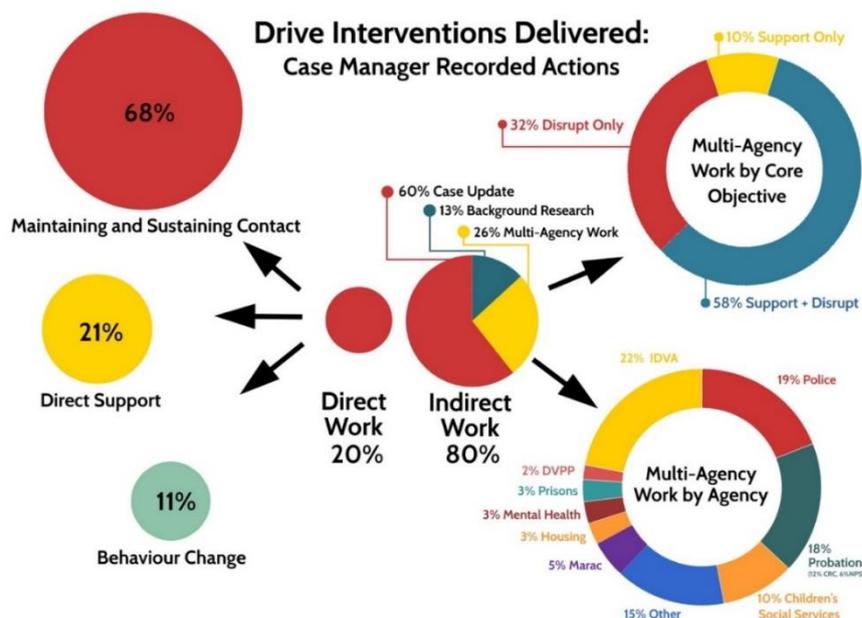
Drive's direct contact one-on-one work is a bespoke offer rather than a standard programme delivered to each service user. However, themes of direct work included:

- Relationship building to cultivate and sustain engagement in behaviour change work;
- Work on impulse control and emotional regulation;
- Working with past trauma as a route to developing empathy and acknowledging of the impact of abuse especially for service users with children;
- Partnership working with social workers enabling a level of service user engagement that had not previously been possible as well as changing the perspectives of the social workers involved in relation to their understanding of the dynamics of abuse in the case;
- Step-down work after the normal ten-months of intervention when more time was needed to consolidate change and/or to ease the transition to greater self-reliance.

Indirect work includes information sharing, institutional advocacy and co-ordinating multi-agency action to heighten risk awareness and the ability to respond. Responses include disruption activity focusing on the perpetrator and/or risk management activity to protect the victim-survivor.

Indirect work was generally much more common than direct work with service users (see Figure 2). Findings from the analysis of case managers' recorded actions showed that indirect work accounted for 84% of case managers' activities and direct work accounted for 16% in both Year 2 and 3. There was less indirect work in Year 1 as the multi-agency links required for this had not embedded to the same extent at that stage.

Figure 1 Drive Interventions

Drive Interventions Delivered: Case Manager Recorded Actions

68% Maintaining and Sustaining Contact

21% Direct Support

11% Behaviour Change

Direct Work 20%

Indirect Work 80%

- 60% Case Update
- 13% Background Research
- 26% Multi-Agency Work

Multi-Agency Work by Core Objective
- 10% Support Only
- 32% Disrupt Only
- 58% Support + Disrupt

Multi-Agency Work by Agency
- 22% IDVA
- 19% Police
- 18% Probation (12% CRC, 6% NPS)
- 10% Children's Social Services
- 15% Other
- 5% Marac
- 3% Housing
- 3% Mental Health
- 3% Prisons
- 2% DVPP

Multi-agency work had three objectives: disrupt, support, or combined support and disrupt. Nearly two-thirds of multi-agency work was combined support and disrupt, 32% was disrupt only, and 10% was support only. The most prevalent agency within multi-agency disrupt working was police (28%), followed by IDVA (20%), probation (CRC and NPS; 17%) and Children's Social Services (9%).

Case managers threaded a delicate balance between building trust, setting boundaries and critically challenging service users. The effectiveness of this hinged on the quality of the case manager-service user relationship, the presence of meaningful levers to engage (e.g. forms of statutory compulsion or perceived benefits to the service user) and information sharing on service user behaviour from other agencies, in particular the IDVA service.

High engaging service users we interviewed were quick to differentiate Drive from other interventions they had received. For service users, key to the difference was the degree to which they felt like their case manager cared and really listened without judgement. There was indication that building trust was necessary to then take the service user through more challenging and discomfort-producing activities.

Reductions in the use of abusive behaviours

During Drive, a major decrease was observed in the number of service users demonstrating high harm DVA, in particular for physical abuse, followed by harassment and stalking (H&S) and jealousy and controlling (J&C) behaviours.

Figure 2 Percentages of service users displaying abusive behaviours at different time points during Drive intervention (n=varies)
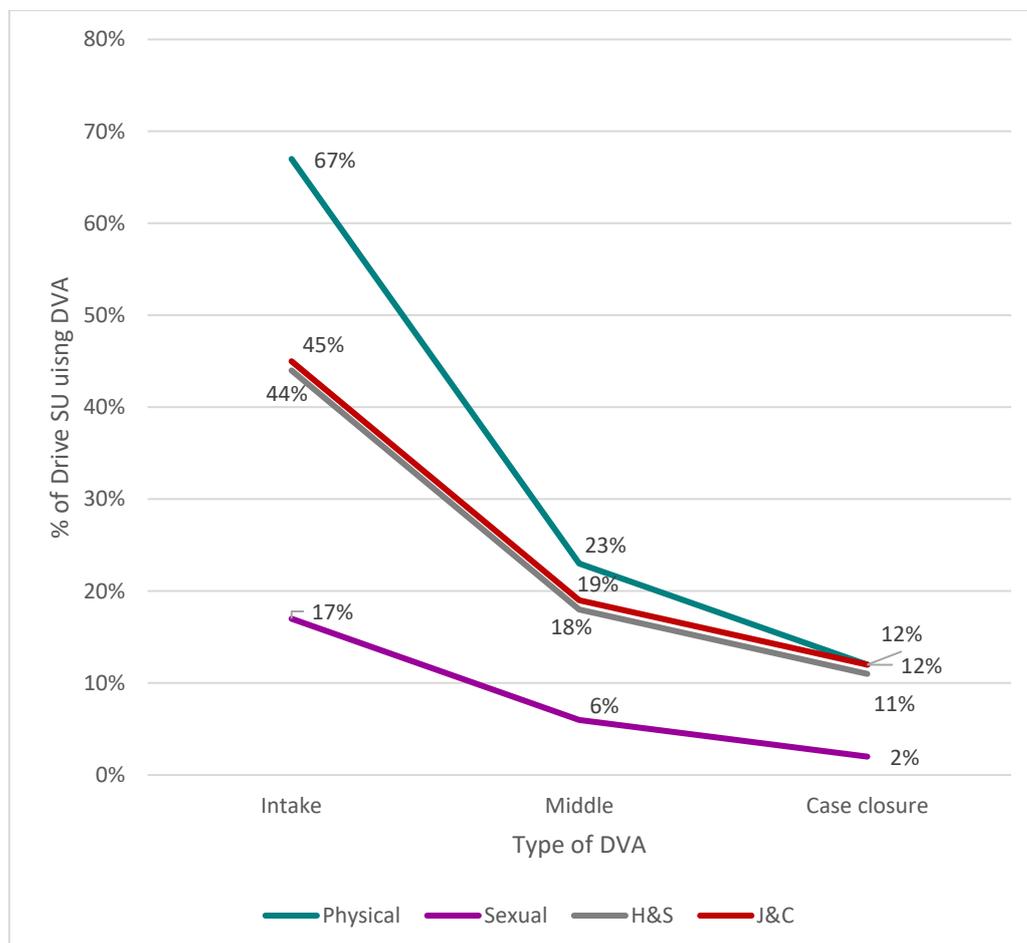
Victim-survivors who were living together with the perpetrator were more likely to show a reduction in the severity of harassment and stalking than those not living together. Also, those victim-survivors who were family members were more likely to show greater reduction in high jealous and controlling behaviour than those who were current intimate partners. This suggests Drive may be particularly equipped to work in settings where it is possible to mobilise additional pressure and incentive for service users to change via family members.

Change in Drive-DASH Risk scores

The Drive case managers used the Drive-DASH risk indicator checklist as a basic indicator of the risk of significant harm from further DVA posed to the victim-survivor. There was statistically significant reduction in Drive-DASH scores for service users from intake to case closure.

Impact of different components of the intervention

This evaluation assessed the impact of different types of direct work action (i.e. maintaining and sustaining contact, direct support and behaviour change). Findings included that behaviour change sessions by case managers were consistently associated with a reduction in all four DVA behaviours: physical abuse, sexual, harassment and stalking, and jealous and controlling behaviour.

In terms of behaviour change, those service users who partially engaged with case managers were the ones who showed the greatest reduction in physical abuse, sexual abuse and jealous and controlling behaviours from intake to case closure. However, those service users who were fully engaged showed greatest reduction in harassment and stalking behaviours from intake to case closure.

In relation to indirect work, as case note analysis indicates, even in cases where direct contact does not take place, significant risk reductions can be achieved without making contact with the service user, but by working with the victim-survivor and through multi-agency disruption activity.

Victim-Survivor experience of abusive behaviour

Analysis of Insights data, completed by IDVAs, showed that similar trends were observed for both Drive and control victim-survivor groups in the reduction of abuse experienced from intake to exit, and these changes were statistically significant.

Drive victim-survivors showed a greater increase in those experiencing no further DVA behaviours than the control group for physical abuse (9% difference), for harassment and stalking (10% difference) and for jealous and controlling behaviour (4% difference).

Figure 3 Changes in proportion of DVA behaviours between Drive victims-survivors and control victims-survivors
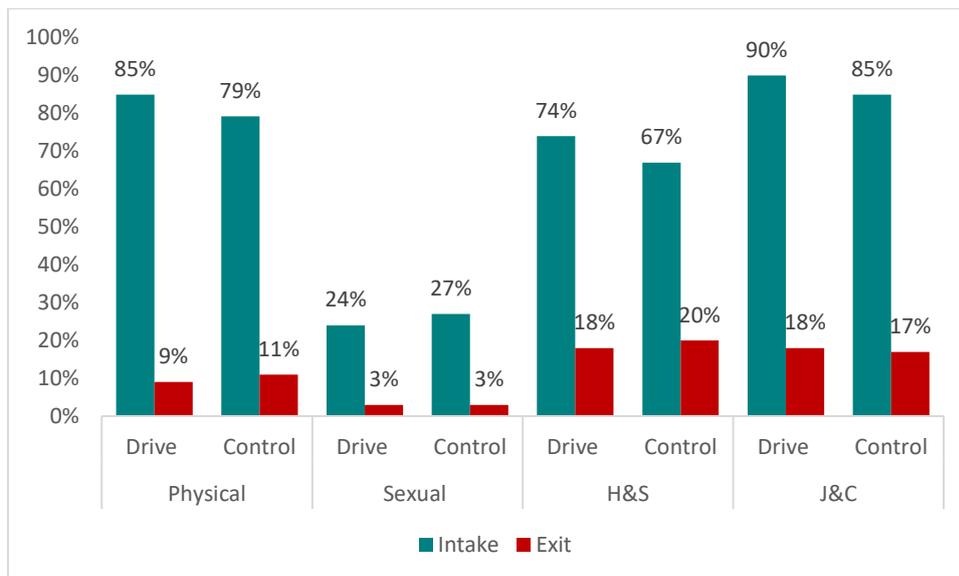
Consistent with the findings from the service user data; findings from victim-survivor data shows those who were living with the perpetrator compared to those not living together were more likely to show a reduction in the severity of harassment and stalking; those whose service users had children and young people services (CYPS) involvement compared to those without were more likely to have greater odds of high severity of harassment and stalking, and those victim-survivors who were family members were more likely to show greater reduction in high jealous and controlling behaviour than those who were current intimate partners.

For both the Drive associated victims-survivors 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. However, Drive victim-survivors were more likely (82%) to experience significant reduction than their control counterparts (78%).

The trend of reduced risk and increased safety was stronger for Drive associated victims-survivors. IDVAs assessed risk was permanently eliminated in almost 3 times as many cases for victims-survivors in the Drive associated group (11%) compared to those in the control group (4%).

What did victim-survivors think about Drive?

19 interviews were carried out with victims-survivors for the evaluation. Victims-survivors overall indicated they felt safer. There was a degree of ambiguity, which may reflect the trauma they have suffered and 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.

> *[Drive service user] is making good progress, you know we're making good progress as a couple, and the sessions that my partner is having, you know it is helping. So, it's having a positive impact…obviously you know he did serve a prison sentence for it … and then obviously like you know seeing [Drive case manager] … I don't know, I think it just brought it all home to him, you know the*

severity of it, and you know the wrong-doing… he opens up I think to [Drive case manager] as well as he does to me now about you know the triggers… you know things for us to both avoid if we feel things are going to get heated in an argument, you know that sort of thing. So yeah, it's definitely having a good impact. (VS118)

Drive victims-survivors talked about having more 'space for action' as a result of Drive, however there was scepticism from victim-survivors about the possibility and/or sustainability of change post Drive once attention moved away from the service user.

<u>What did Service Users think about Drive?</u>

30 interviews with 28 Drive service users were carried out for the evaluation, the majority of these were conducted in Years 1 and 2 with a further 3 conducted in Year 3. Interviewees were all engaged with case managers and can possibly be classified as 'high engagers'.

Most service user interviewees reported changes in their thought processes, the most common of which was improvements in their impulse control.

> *"I was getting angry, you know, I was getting angry. [...] Well now I've calmed down you know…. when I'm angry I walk away." (Service user interviewed)*

Other common reported improvements included their ability to reason when stressed and to hear criticism and having a 'different outlook on life.' For some, this was as stark as no longer being suicidal. Other service users reported feeling happier and abstaining from drugs and alcohol. Many of those interviewed reported positive changes in their relationships, including with their partner, children, wider family and colleagues. Some also reported reduced fear of group or social interaction. Although less common in the interviews, some service users also recognised the impact of abuse on their partner and/or children.

Reducing perpetration now and in the longer term

To assess if behaviour change was sustained 6 months and 12 months after the intervention ended, data analysis examined of how many service users appeared back in MARAC and/or in the police system in the 6 months and 12 months following case closure. This was compared to a control group across the same time periods. This is the first time MARAC data has been used in this way to evaluate a perpetrator intervention. This analysis was only possible in one site, which had 184 Drive service users.

The MARAC data showed Drive helped to reduce high-risk perpetration, including by serial perpetrators and this was sustained for a year after the cases were closed.

- MARAC data showed considerable reduction in repeat appearance by Drive service users during Drive, which continued in the 12 months post-Drive.

- MARAC control cases appeared slightly more times in MARAC (mean= 3.3 times) than those perpetrators who were allocated to Drive (mean=2.7 times). This difference was statistically significant.

- Serial perpetrators in the control group appeared more times in MARAC (mean=1.5 times) than serial perpetrators who were allocated to Drive (mean=0.8 times). This difference was statistically significant.

Figure 4 Proportion of service users that re-appeared at MARAC during and after Drive (n=184)
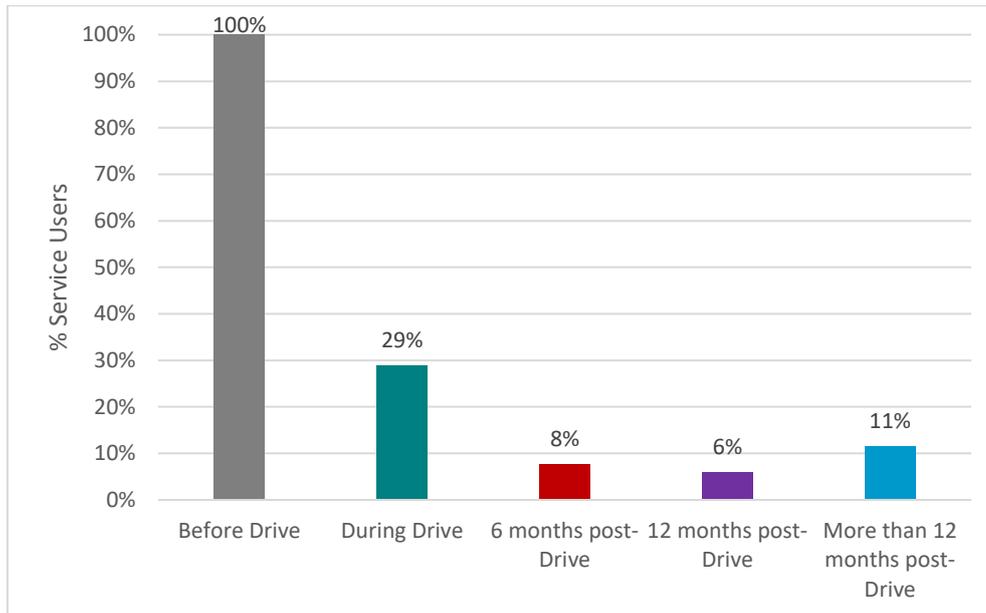

While this analysis was only carried out with a subsample of the Drive cohort (Site 2 only), the findings nonetheless indicate that Drive helped to reduce high-risk perpetration, and this was sustained for a year after the cases were closed.

Serial perpetrators are those who perpetrate abuse with different victims (as opposed to repeat perpetrators who abuse the same victim). Serial perpetrators were identified in this study by looking at MARAC data to establish if the victim-survivor was the same or different. Drive serial perpetrators showed a greater reduction in appearance at MARAC than the control serial perpetrators. This suggests that Drive was more effective at reducing high-risk DVA behaviours among serial perpetrators.

The police data showed that, in site 2, Drive services users had a lower number of police recorded incidents, sustained over time, than their control counterparts.

- Drive service users showed a greater reduction in both DV-related and non-DV incidents recorded by the police than the control perpetrators during and up to 12 months following the Drive intervention period.

- The percentage of Drive service users recorded by the police as committing DV related incidents was greatly reduced during and after the Drive intervention in comparison with those in the control group. Moreover, Drive service users were able to sustain the reduction in DV related incidents 12 months after case closure (13 to 30 months), whereas the percentage of control cases with DV related incidents increased after more than 12 months post-Drive.

Figure 5 Percentage of Drive and control cases that committed DV related police incidents in different time periods before and after Drive and by allocation (n=322 perpetrators)
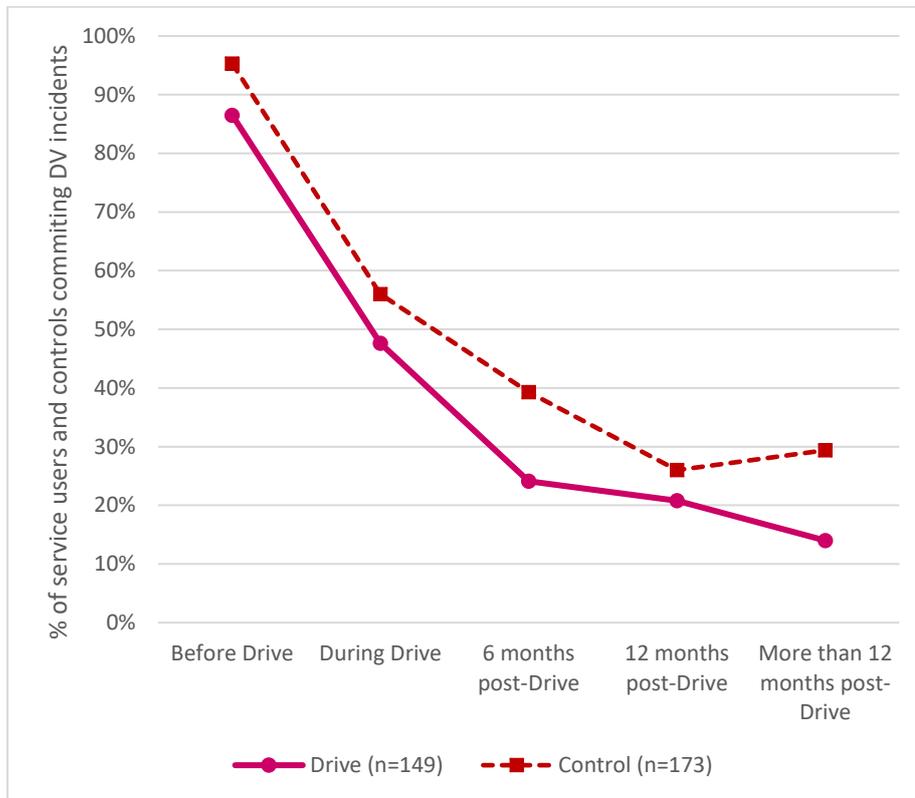
Developing Best Practice

In-depth case note analysis of 18 cases, interviews with case managers and interviews with other stakeholders identified lessons for the delivery of Drive and for the range of agencies involved.

Key lessons for the delivery of Drive

The evaluation shows some statutory involvement, for example from police, probation or social services, is a key factor in engaging service users. Where other agencies are not involved with the service user and/or the victim-survivor is not in contact with the IDVA, it is extremely challenging to engage the service user or to manage risk effectively. A degree of service user 'need' is also key factor in engaging service users. Drive works best where there is a combination of statutory compulsion and meeting a service user's needs (i.e. support).

Nonetheless, significant risk reductions can be achieved without making contact with the service user – by working with the victim-survivor and through multi-agency disruption activity. This is an innovative area and more information and skill sharing on disruption activity would be useful. Other key learnings included:

- IDVA work is absolutely critical to the reduction in risk.
- Drive can start while a service user is in prison.
- The bespoke character of Drive casework may not be possible with caseloads above 25.

- Stalking cases were identified by case managers as the most challenging for both direct and indirect work.
- A 6-month 'step-down' period during which the case remains open is useful. Change with this type of service user takes time and is not always a linear process.

<u>Observations on external systems change</u>

Under-resourcing of partner agencies presented a challenge in relation to work with police, mental health, housing and social services.

In mental health, for example, interviewees reported extremely long waiting lists, high thresholds for action, and low intensity of interventions. In one area, mental health treatment orders were made without the local provision to deliver them and this gap in services was then met by Drive case managers. In policing, it was felt that police could make better use of tools available to them, for example, by leading on the application for civil injunctions. Access to police data systems would save a great deal of Drive practitioner time when researching service user backgrounds. Training for police on what is relevant and applicable information for sharing with Drive would be useful.

There were challenges with set-up and resourcing, attendance and accountability in multi-agency forums, including perpetrator forums and MARACs. Some Drive case manager actions could have been achieved through better multi-agency relationships. A clear central point of contact for each agency with Drive would help.

Cross border information sharing was often difficult. Drive teams didn't always have tools to contest a refusal of information sharing from an out-of-area MARAC, inhibiting successful work. Cross-border information sharing with probation (CRC) was particularly challenging.

Conclusion

Drive is having a positive impact on increasing victim-survivor safety as well as facilitating a reduction in the use of abusive behaviours by the service user, especially for serial perpetrators, those using severe DVA, and those with a variety of needs. This is a particularly challenging group to work with and Drive case managers were able to engage individuals that other services struggled to engage.

Drive reduced abuse and risk to current victims-survivors and children to a greater degree than in cases where only support to the victim is being provided. The evaluation also showed an important 'IDVA effect' underlining that a suitable response for victims is a key aspect of this work. Victims-survivors reported having more 'space for action'.

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.

Drive is a multifaceted and complex intervention and relies on case managers and IDVAs that are highly skilled. 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. Drive is most effective when embedded in fully funded well-functioning multi-agency ecosystems.

Appendix

Case Study 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 a child 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.

Case Study 2

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 would '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 a '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 has 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 that of the service user, who is wholly responsible for the abuse.