



Department
for Education

Evaluation of the Newham NewDAy programme

Evaluation report

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Key messages

There is local demand for a range of proven interventions that improve outcomes for families facing domestic abuse. Newham NewDAy was designed to help meet some of this demand.

There is interest in programmes that provide support to children and young people, victims-survivors, users of abuse, and the whole family, and are structured in a way that tackles barriers to take-up.¹ There are benefits to interventions that operate in multiple domains, for example the home, school, and community, and that take non-judgemental, consent-based approaches. In parallel, there is also concern amongst some stakeholders working with families (for example some social workers) about safeguarding and management of risk. As a result, making the case for such approaches requires ongoing work, especially providing clear and robust guidance to all partners about the safe management of risk and how an approach like NewDAy fits into the spectrum of support for families facing domestic abuse.

The challenges faced by families experiencing domestic abuse are often longstanding, entrenched, and complex. Developing a model for intervention requires a robust analysis of need, significant time, substantial investment of resources, and room to adapt in light of lessons learned. It also requires a clear understanding of the model of practice and the theory of change.

A highly-skilled, multi-disciplinary team providing intensive support to individuals, couples, and whole families in partnership with other professionals (such as social workers and school staff) can facilitate a reduction in risk, increased emotional and social wellbeing, and improved educational attainment (i.e. about 6 months). A longer period is needed to assess whether this change is sustainable in the long term.

To be effective, domestic abuse interventions need to be operating in a wider environment which is stable, well-functioning, and effectively led. Without this, there is a risk of low referrals, low take-up, and high attrition, as well as slow adoption of effective practice within mainstream social work and other practice.

Careful consideration should be given to ensuring effective governance arrangements. The right balance needs to be struck between involving the full range of partners to reflect the multi-faceted impact of domestic abuse, and ensuring governance is

¹ 'Users of abuse' is the preferred term used by Newham NewDAy in reference to perpetrators of domestic violence, and the terms 'victim-survivor' has been agreed upon by NewDAy and Cordis Bright, as these terms were used interchangeably by participants in the consultation.

manageable. Clarity is needed from the outset about respective roles and responsibilities.

The cost-benefit analysis shows that over the course of one year, NewDAy saves 72% through reducing service use compared to a historical comparison group (n=74). When the running costs of NewDAy are factored in, NewDAy is operating at a net cost of 15% per year. A longer period would be needed to assess whether this impact is sustained in the long term.

Executive summary

Introduction

This report presents the findings from the summative evaluation of the Newham NewDAy programme. NewDAy is a whole-family domestic abuse programme supported through the Department for Education's (DfE's) Children's Social Care Innovation Programme (Innovation Programme hereafter).

NewDAy is a non-statutory service which takes a non-judgemental, consent-based approach to working with families experiencing domestic abuse. It is offered to couples who have experienced situational violence not connected to controlling behaviour. Situational violence is defined as violence that occurs because the couple has conflict which turns into arguments that can escalate to emotional and possibly physical violence. This is different to controlling behaviour, where one partner uses a variety of violent and non-violent tactics to try to control the other.² Given the focus of NewDAy – and its commitment to working with parents together – it is aimed at a particular sub-group of families experiencing domestic abuse where it is deemed safe to work in this way.

NewDAy consists of 4 parts accessed separately or in combination: (1) short-term interventions providing preliminary support to children and young people, victims-survivors, and users of abuse; (2) Caring Dads (www.caringdads.org): a 17-week group programme centered on gender-based violence, used within NewDAy for users of abuse; (3) Inter-Parental Relationships (IPR): planned sessions with both parents informed by systemic practice and the work of Vetere and Cooper (2001); (4) Schools and Learning: school-focused support for children and young people. NewDAy seeks to achieve a range of improvements including reductions in prevalence of, and risk associated with, domestic abuse, and improvements in wellbeing and other outcomes for families.

The evaluation

The evaluation was focused on Caring Dads, IPR and Schools and Learning as these were deemed the elements of NewDAy most likely to have long-term/sustained impact on families. It deployed a mixed methods approach including semi-structured interviews with NewDAy staff, professionals working with families experiencing domestic abuse, children and young people, victims-survivors, and users of abuse. Other methods included an observation of a group consultation session, a review of case files, and analysis of

² Johnson (2008) *A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance and Situational Couple Violence* cited in Tavistock Relationships *Working relationally with couples where there is situational violence*

performance monitoring and impact data (including Strengths and Difficulties Questionnaires (SDQs), Score-15, and education and social care outcome data). Analysis of quantitative data involving a counterfactual analysis using a historical comparison cohort was combined with data on social care tariffs to produce a cost-benefit analysis. The report considers the period from September 2017 to January 2020, with a focus on March 2019 to January 2020.

Key findings

Implementation and process

NewDAy was developed in response to the high prevalence of domestic abuse in children and young people's social care cases in Newham (data suggests it ranges from 27% to 60% of cases) and its complexity means specialist input was required.³ Senior stakeholders praised its mixture of individual and whole-family approaches and its multiple tiers and points of access (such as home and school). That said, there was a mixed understanding among stakeholders outside of the NewDAy team in relation to NewDAy's core rationale, and some difficulties were experienced translating this into practice. Making the case for a model based on a non-judgemental, consent-based approach to working with families experiencing domestic abuse required regular and ongoing communication, especially around reassuring practitioners about risk.

The collaborative, multi-disciplinary approach taken by NewDAy and the enhanced skills of the team were key strengths; the time, capacity, and specialised knowledge of the team resulted in more targeted and effective support for families. The programme was hindered by wider challenges across Newham children's services, including high caseloads, high social worker turnover, and churn in senior leadership. This reduced the programme's ability to embed and sustain improvements in mainstream practice.

Referrals to NewDAy and take-up was lower than expected, particularly in the first 9 months, and attrition was relatively high (averaging 38% but as high as 55% - although this is similar to levels in other programmes). Barriers to referrals included parental understanding of the service at the beginning of implementation, and a lack of parental engagement and the wider context in the children's services directorate (such as inconsistent levels of knowledge in relation to domestic abuse and a disjointed strategy across the children and adult services partnership) as implementation progressed. Although improvements were achieved for families involved in NewDAy, these low referral, take-up and completion rates meant that the total number of families who

³ Newham Council application to DfE (2016)

benefited from improved outcomes was lower than hoped by some stakeholders and only a proportion of those families experiencing domestic abuse.

Outcomes for children and young people

NewDAy had a positive impact on outcomes for children and young people: both qualitative and quantitative data highlighted improvements in anxiety and wellbeing, educational engagement and achievement, and the health of family relationships (the School and Learning offer had a particularly positive effect). Risk of harm to children and young people was reduced and feelings of safety improved, as evidenced in reviews of case files, interviews with professional stakeholders and families, and quantitative analysis of social care status. e.g. over 1 year, 81% of cases supported by IPR or Caring Dads de-escalated, compared to 57% for the comparison group.

Outcomes for families

The evaluation identified several individual success stories with positive outcomes for victims-survivors, including better communication between partners, a more relaxed family environment and improvements in their partner's behaviour. This was achieved through facilitating conversations with partners and developing trusting relationships with the NewDAy team. The evaluation identified improvements in the ability of users of abuse and victim-survivors to communicate with their family and their conflict management skills, plus reductions in the number of arguments or incidents reported. Score-15 data (a measure of family wellbeing) confirm improvements in family wellbeing. That said, analysis of qualitative consultation with victim-survivors, NewDAy staff and wider stakeholders suggest improvements varied in relation to engagement with NewDAy, co-parenting, and understanding their partner's point of view.

Success stories of victim-survivors

One victim-survivor reported that prior to working with NewDAy she had an argumentative relationship with her husband, who was reluctant to work with social services. She reported that once they started work with IPR they had a calmer relationship. She felt the opportunity to discuss problems in a space where he would listen to her made a positive difference.

A school professional also reported that the NewDAy School and Learning team had supported a mother to find accommodation and employment, which would likely lead to a less stressful home environment for the family. And finally, a NewDAy staff member reported how one couple had an initially volatile relationship, but discussion strategies like 'in room reflection' during conflict had supported them to work through aggressive behaviour.

Outcomes for professionals and Newham children's services

NewDAY contributed positively to improvements in knowledge, understanding, skills, and practice of social workers (especially in relation to engaging with users of abuse) but the extent to which changes in culture and practice was embedded, scaled, and sustained was limited by wider challenges experienced by Newham children's services. Positive impact was achieved for teachers and other school staff in relation to identification of domestic abuse and strategies to support children and young people.

A cost-benefit analysis was undertaken focused on families who participated in IPR and/or Caring Dads and compared the costs of services received by these families to an historical comparison group.⁴ Based on the results for 74 families, the analysis shows over the course of 1 year (comprised of a 6-month intervention and a 6-month follow-up period) NewDAY resulted in a reduction in costs of -56% (£138,549). This was principally due to the de-escalation of statutory care status of children and young people. However, once the costs of IPR and Caring Dads were factored in, NewDAY cost more than it saved, i.e. a net cost of £31,828 per year (15% more than the comparison group after 1 year).⁵ This does not factor in cost savings that might be achieved over a longer period of time if the impact of reduced risk is sustained. A longer evaluation period would be needed to assess this more fully.

Lessons and implications

- Effective evidence-based innovation is most successful when the wider context in which it is operating is stable and with strong and effective leadership in place.
- Substantial time needs to be invested upfront in order to design an evidence-based model. This is especially the case for domestic abuse interventions where the needs of families are complex, and the service response needs to reflect this.
- A strong needs assessment should be undertaken at the start. This will help to ensure that the intervention is based on needs, is matched to the reasons for escalation, and reflects the challenges that are faced by children and young people and families. This should ideally be at the levels of individuals, groups and the local area as a whole.
- A model of practice is essential to guide work with families. The model should be based on evidence of 'what works' and on how to achieve sustained change for families. In NewDAY's case the model was based on understanding the typologies of violence, and taking a consent-based, non-judgmental, therapeutically-informed, and

⁴ The cost tariffs for services were calculated using the [Greater Manchester Combined Authority Cost Benefit Analysis Tool](#).

⁵ It is possible that NewDAY creates further savings in the longer-term. A follow-up evaluation would be needed to gauge the scale of this.

collaborative approach, which is responsive to the needs of families and based on systemic practice. It was also informed by evidence as detailed in Vetere and Cooper (2001) and Johnson (2008). It is important to have a clear view on the changes or improvements that will be achieved by a programme and put in place key performance indicators and measures to help monitor performance. This is especially important in relation to measuring the sustainability of change over time.

- A skilled multi-disciplinary team of staff with knowledge and understanding of domestic abuse, and with the capacity to offer flexible and targeted support in addition to social work and therapeutic input, is a key enabler to achieving positive outcomes for children and young people and families.⁶ Key features that help to ensure that multi-disciplinary working is effective are: group or reflective supervision; an effective partnership board; group case management; supportive development; and establishing a common language and approach.⁷
- Interventions such as NewDAy can have a positive impact in a relatively short period of time for children and young people, victims-survivors, and users of abuse. This is achieved through interventions that provide support to individuals and to the whole family and take place in homes, schools, and community settings.
- It may be difficult for a domestic abuse intervention to create system-wide cost savings in the period of 1 year. This is because – at least in the Newham case – the cohort was not experiencing substantial escalation into or use of very expensive provision, for example looked after children (LAC). The ability to create savings therefore is limited. This is especially the case as the evidence suggests that quite intensive, multi-disciplinary, high cost support is required to create sustained impact.

⁶ The NewDAy multi-disciplinary team included qualified teachers, systemic family psychotherapists, a social worker practice lead and domestic abuse pathfinders. They collaborated closely with social care and Early Help professionals.

⁷ NewDAy and the social care team co-worked cases, whereby families retained their existing social worker but had access to both social care and NewDAy interventions. The group supervision model involved social workers and NewDAy practitioners meeting weekly to discuss the work NewDAy is doing and reflect on the interventions being offered and the progress being made. The NewDAy team were also available for social workers to discuss cases involving domestic abuse and offered training sessions for social workers.

1. Overview of the project

Project context

NewDAy is a whole-family domestic abuse programme operating in the London Borough of Newham. It was designed to respond to the significant prevalence of domestic abuse in Newham in cases of Children in Need (CIN) (prevalent in 32% of cases); child protection (CPP) (prevalent in 60% of cases) and looked after children (LAC) (prevalent in 27% of cases).⁸ Further, it was hoped that NewDAy would help to address:

- Low levels of engagement with fathers, especially in instances when they are the users of abuse.⁹
- High incidence of social workers 'case managing' rather than actively achieving change for families.
- Lack of direct and honest engagement with families about domestic abuse and the associated risks.
- Lack of a consistent model of practice to help to tackle domestic abuse.
- Social workers reporting a lack of confidence and skills in working with families where domestic abuse exists.
- In schools, education attainment for CIN or those subject to a CP plan being identified as poor, with children and young people on average 28% behind peers at Key Stage 2 and 34% at GCSE level.
- The need for services to reflect the diversity of the local population; e.g. Newham Council's application to the Department for Education (DfE) noted that in some communities some beliefs about gender roles and marriage render disclosing and stopping abuse more challenging
- The need for services to respond to the challenges presented by the fact that in 2015 Newham ranked 8th out of 152 local authorities in England in terms of deprivation.¹⁰

In combination, there was concern that these challenges were resulting in:

- Families spending longer than necessary in categories of need (i.e. CIN, CPP or LAC).
- Families escalating to higher categories of need.
- Families re-entering statutory services due to unmet underlying need.

⁸ Newham Council application to DfE (2016)

⁹ 'Users of abuse' is the preferred term in Newham for those who are perpetrators of domestic abuse.

¹⁰ <https://www.newham.info/deprivation/>

In parallel, Newham's proposal to the DfE highlighted that these pressures incurred costs for children's services as well as longer-term costs to other agencies and to society as a whole.¹¹ NewDAY sought to address these challenges by offering a model of domestic abuse systemic interventions that worked with the whole family and that could be delivered alongside statutory social work.

Project aims and intended outcomes

The original theory of change for NewDAY is provided in Appendix 1. This was expanded upon and refined in a Logic Model which is provided in Appendix 3. The Logic Model highlights the following intended outcomes for NewDAY:

- Improved levels of child or young person wellbeing, e.g. children and young people's experience and/or witness less domestic abuse in the home; are less anxious; have improved wellbeing; experience improved family relationships; and feel safer.
- Improved educational engagement and attainment, i.e. improved attendance and punctuality at school; fewer exclusions; improved wellbeing at school; and improved academic attainment.
- Children and young people experience reduced levels of risk, i.e. more children and young people de-escalate from a CPP ; more children and young people de-escalate from being CIN; fewer children and young people escalate into being subject to CPP; fewer children and young people escalate to become LAC; fewer children and young people re-enter statutory services as CIN, subject to a CPP or as LAC; and overall families have a shorter period of engagement with social services.
- Social workers and Families First Practitioners (a service available for families in Newham with children under 18 who need extra support) who work with families where domestic abuse is experienced are more skilled and confident at working with these families.
- School staff are more skilled and confident at: identifying children and young people who may be experiencing domestic abuse; understanding how their experience of domestic abuse might impact their presentation at school; and engaging with and providing support to children and young people who have been affected by domestic abuse.

¹¹ In the original proposal, it was identified that if 10% of LAC cases where domestic abuse was a factor were diverted from going into care, this could represent cost avoidance equivalent to £4.5m over three years (Newham Council's own calculation).

- A change in culture amongst all professionals working with families experiencing domestic abuse, towards a respectful, permission-seeking approach to addressing their needs.
- Newham Council have in place a more cost-effective response to domestic abuse as a result of reduced use of statutory social services.

There was a substantial shift of the focus of the programme in Year 2. Some of the desired outcomes evolved over the lifecycle of the programme, with shifts away from educational attainment and towards children and young people's social and emotional wellbeing. There has also been an increased focus on improving safety planning for families affected by domestic abuse, with less emphasis placed on de-escalating cases as this might not always be the safest option for the cohort of families with whom NewDAy worked. The updated theory of change (Appendix 2) reflects these changes.

Project activities

NewDAy was awarded funding in April 2017 and began supporting a small cohort of families as part of a testing phase in September 2017. Between September 2017 and July 2018, changes were made to the model of practice to reflect experiences on the ground. These changes are outlined in Appendix 5.

The current model – which is the focus of this evaluation – was established from July 2018. A summary of the NewDAy project can be seen at Appendix 4 and the changes over time are detailed in Appendix 5.

NewDAy is a non-statutory service which requires participants' consent. NewDAy takes a non-judgemental, consent-based approach to working with families, which distinguishes it from other court mandated perpetrator programmes or statutory responses. It is offered to couples who have experienced situational violence (violence that occurs because the couple has conflict which escalates – see Johnson, 2008) which is not connected to controlling behaviour. This is because it focuses on the relational factors that may contribute to violence, triggers of violence, and solutions to the escalation of conflict. If violence is being used as a form of control, it is not possible to reduce risk through these mechanisms and NewDAy would make referrals to a more appropriate service.¹² Given the focus of NewDAy – and its commitment to working with parents together – it is aimed at a particular sub-group of families experiencing domestic abuse with whom it is deemed safe to work in this way.

¹² For further information see <https://www.blackburncenter.org/single-post/2015/11/04/Situational-Violence-Versus-Domestic-Violence> and Vetere and Cooper (2001) 'Working systemically with family violence: risk, responsibility and collaboration'.

NewDAy consists of 4 parts:

1. Short-term interventions: 3-session interventions aimed at providing preliminary support to children and young people and victims-survivors, and engaging users of abuse including: (a) children and young people's wishes and feelings; (b) talking about emotions; and (c) engaging users of abuse.
2. Caring Dads: a 17-week group work programme focused on gender-based violence. Within NewDAy the programme is used with users of abuse aiming to increase child-centred fathering, encourage responsibility for abuse or neglectful fathering, and re-build trust in father-child relationships.¹³
3. Inter-Parental Relationships (IPR): planned weekly or fortnightly sessions with both parents for up to 6 months. It is informed by systemic practice and the work of Vetere and Cooper (2001). Sessions are delivered separately and then together when safe to do so. It consists of a 'discovery' phase, followed by a 'risk analysis, safety planning, and self-soothing' phase and finally a 'family trial' where families test-out the strategies provided. In the majority of cases, it also involves children and young people attending the 'wishes and feelings' short-term interventions. Throughout IPR, NewDAy upholds a no-violence commitment and where further violence and abuse is noticed or reported, the NewDAy team will respond accordingly, e.g. liaising with social workers about whether to refer to an alternative service or type of intervention.
4. Schools and Learning intervention: school-focused support for children and young people aiming to improve participation, engagement, attainment, and wellbeing at school delivered over 3 terms.

The NewDAy team included 15 people in total. The roles were:

- Programme Manager
- Lead Advisory Teacher
- 2 x Advisory Teachers
- Schools Liaison Officer
- Social Work Practice Lead
- 4 x Senior Domestic Abuse Pathfinders
- 2 x Domestic Abuse Pathfinders
- 2 x Systemic Family Psychotherapists
- Co-Production and Programme Officer

¹³ For further information see <https://www.caringdads.org/>.

2. Overview of the evaluation

Evaluation questions

This evaluation focused on the process of implementing NewDAy and on the impact of the programme. The evaluation questions in Figure 1 were developed in partnership with stakeholders in Newham.

Figure 1: Newham NewDAy evaluation questions

Evaluation Questions
<p>1. Outcomes for children and young people</p> <ul style="list-style-type: none">a. What is the impact of the project on outcomes for children and young people?b. What aspects of the NewDAy model made the most difference to children and young people?c. What factors enable or hinder the achievement of better outcomes for children and young people?d. What is the impact of the project on the quality of support or care for children and young people?e. What factors enable or hinder improvements to the quality of support or care for children and young people?f. What are the key mechanisms of change and how do these relate to observed or measured impact?
<p>2. Impact on professionals working with children and young people or families experiencing domestic abuse or violence</p> <ul style="list-style-type: none">a. What is the impact of the project on confidence and skills of social workers (and other social care professionals), working with children and young people or families experiencing domestic abuse or violence?b. What factors enable or hinder the achievement of improved confidence and skills for social workers (and other social care professionals)?c. What is the impact of the project on confidence and skills of teachers and other school staff?d. What factors enable or hinder the achievement of improved confidence and skills for teachers and other school staff?e. What is the impact of working in the NewDAy programme on practitioners? Have they been adequately supported?
<p>3. Impact on Newham children's services</p> <ul style="list-style-type: none">a. What are the cost implications of the project? Is it cost-effective?b. Has NewDAy had an impact upon the practice culture in Newham

4. Process (implementation) factors

- a. What lessons are there for wider roll-out of the model?
- b. What needs to happen at the organisational and community levels for projects such as NewDAy to be a success?
- c. What are the necessary and sufficient legal and policy conditions of project success?
- d. Is there sufficient flexibility in the system for projects to be implemented successfully?
- e. What is lacking (or present) in the system that hinders the success of the project?

The evaluation started in October 2018 and finished in March 2020. Two waves of fieldwork were undertaken (the first wave resulting in an interim report in March 2019). Evaluation methods included:¹⁴

- Semi-structured interviews with:
 - Senior social worker managers and leads (n=5 during wave 1 and n=4 during wave 2). [1-4]
 - NewDAy staff and managers (n=11 during wave 1 and n=15 during wave 2). [1-4]
 - Professionals with experience of working with the NewDAy team, such as teachers, headteachers, designated safeguarding leads, CPP? Chairs, interpreters, NewDAy steering group members, family and systemic psychotherapists, police, social workers, auditors, and Families First practitioners (n=13 during wave 1 and n=28 during wave 2). [1-4]
 - Strategic leads within Newham Council (n=4 during wave 1 and n=4 during wave 2). [1-4]
 - Adult victims-survivors of domestic abuse involved IPR or whose partners are involved in Caring Dads NewDAy (n=6 for final report).¹⁵ [1, 4a, 4b]
 - Adult users of abuse involved in NewDAy (n=5 during wave 2). ¹⁶ [1, 4a, 4b]
 - Children and young people involved in the Schools and Learning intervention (n=4 during wave 2). [1]
 - Parents whose children were involved in the Schools and Learning intervention, but who were not themselves involved in IPR or Caring Dads (n=3 during wave 2) [1, 4a, 4b]

¹⁴ Numbers in square brackets relate to the evaluation questions that each method addresses.

¹⁵ Of the 6 adult victims-survivors who were interviewed, 4 had received IPR, 1 had a partner who received Caring Dads, and 1 had received IPR and her partner was also receiving Caring Dads.

¹⁶ Of the 5 adult users of violence who were interviewed, 2 had received IPR, 2 had received Caring Dads, and 1 had received both.

- Focus group with a Caring Dads cohort to explore experiences and self-reported outcomes of the programme (n=4). [1]
- Observation of a group consultation session to assess quality of practice, case management, and family outcomes. [1, 2]
- Analysis of:
 - Strengths and Difficulties Questionnaires (SDQs) for children receiving the Schools and Learning intervention (n=51). [1]
 - Score 15 data for families involved in IPR to assess impact on family functioning (n=31). [1]
 - Social care outcome data for children and young people of families participating in IPR work and the Caring Dads intervention from the start of the intervention to exit of the programme (n=139), and from start to 6 months after exit (n=74), to assess impact on family outcomes. This was compared to an historical comparison group with similar characteristics who had not received the NewDAy intervention (n=50). [1, 3a]
 - Education outcome data for children and young people receiving education support and/or families participating in IPR and Caring Dads to assess impact on children and young people's educational engagement and attendance (n=79). [1]
 - Performance management data, including budget expenditure, number of referrals and families participating to assess changes in cohort and scale of the project. [4]
- Independent reviews of case files for families who participated in the IPR, Schools and Learning and/or Caring Dads intervention (n=20) to assess quality of practice, case management and family outcomes. [1,2,3b]
- Cost-benefit analysis based on the counterfactual data analysis. [3a]

Changes to evaluation methods

There were no significant changes to the evaluation methods from the original design. As numbers of interviews with families participating in Caring Dads and IPR were smaller than originally intended (due to a lack of engagement from families with the evaluation and low numbers of young people who were able to give informed consent – please see Appendix 6), the consultation was extended to families who had received the School and Learning intervention as well as those who had received Caring Dads or IPR. This was because the School and Learning offer was extended to schools directly for referrals, and so some children and young people received only this intervention. This differed to the original conception of the intervention on which the original evaluation methods were based. The additional resource was also spent expanding the consultation to a wider range of stakeholders, such as psychotherapists who had delivered training to the NewDAy team and members of the NewDAy steering group. Numbers of case file reviews were also lower than originally intended due to the numbers worked with by the

project and consent (summarised in more detail below). Lastly, it was not possible to get SCORE15 data for all families.

Limitations of the evaluation

The number of interviews conducted with families was lower than anticipated. This was a result of several factors. Firstly, NewDAy worked with fewer people than originally anticipated, resulting in a smaller pool of possible participants. This was linked to challenges with referrals and attrition once people had started the programme (see Chapter 3 for further information).

Secondly, there were challenges with engagement with the evaluation itself and consent: fewer than expected children and young people were of the age/capacity to give informed consent, and many parents who gave informed consent to be interviewed were subsequently unwilling to engage with the evaluation. Stakeholders reported that this was linked to the difficult subject matter, with some families being unwilling to revisit difficult periods in their lives. (see Appendix 6 for more detail).

The evaluation team sought to expand the evidence base by conducting a Caring Dads focus group alongside interviews, and broadening the range of people interviewed.

The number of case file reviews conducted was lower than originally intended. This is because the Caldicott Guardian for Newham advised that case files could only be reviewed independently by a member of the evaluation team if consent was given from both parents, and if the child was of secondary school age. This limited the pool of cases that could be included and affected the number of consents achieved from all relevant parties. In addition, it was advised that access to case files needed by the evaluation team needed to be supervised by a member of Newham Council. This also affected the number of case files that could be accessed due to time constraints of Council staff.

These small sample sizes were taken into consideration when reviewing the findings of the qualitative consultation and case file reviews, as generalisability is limited. Overall, the mixed-methods evaluative approach was considered appropriate for this project.

3. Key findings

This section presents the results of the triangulation of all the evidence collected as part of the evaluation. It is organised by the following themes: (1) implementation and process factors; (2) referrals and engagement; (3) outcomes for children and young people; (4) outcomes for parents and carers; (5) outcomes for professionals; and (6) outcomes for Newham children's services.

Implementation and process factors

Responding to local need

NewDAy staff and stakeholders stated in interviews that the NewDAy programme helped to address the prevalent issue of domestic abuse in Newham and responded to the significant need for support. Stakeholders widely agreed that the issue of domestic abuse was complex and welcomed the fact that NewDAy's core rationale attempted to address it in new and innovative ways. On occasions, stakeholders reported that there were groups of families which would benefit from support on domestic abuse but who were not eligible for NewDAy. This highlighted perceived gaps in services to tackle domestic abuse in Newham, particularly in relation to support for addressing sexual violence and availability of domestic abuse perpetrator programmes.

Core rationale

NewDAy staff widely understood the purpose of the programme to be safeguarding children and young people affected by domestic abuse by providing a whole-family, consent-driven approach, offering multiple tiers of intervention that vary in terms of length, focus, and participants. In interviews, victims-survivors commented that the whole-family approach had been an effective model of support for them, particularly the focus it offered for couples in addition to direct work with children. For example, a victim-survivor who had received support from the Schools and Learning team stated:

“Social workers care more about the children, but NewDAy care about the relationship.”

In contrast, there was less consistency across wider stakeholders (e.g. the majority of social workers and interpreters) about NewDAy's overall aims. For instance, interviews with social workers revealed contrasting opinions about objectives for victims-survivors: some highlighted that NewDAy aimed to rebuild relationships, while others stated that the goal was to empower women to leave abusive relationships. One stakeholder summarised this tension, stating:

“How does it work if the family want to stay together and are working with IPR, but the social worker thinks that child should be removed? There is no way of reconciling this within the system and it could result in dangerous or risky decisions.”

Reviews of case files (see Chapter 2 for further information)¹⁷ also suggested some lack of clarity amongst some stakeholders about the emphasis on a whole-family approach. For instance, only 26% (5) of case files reviewed were judged ‘to a large extent¹⁸’ to have whole-family planning in relation to domestic abuse, and only 18% (3) contained ‘high levels’ of evidence of a holistic family approach¹⁹. There was evidence of a greater focus of whole-family approaches as part of interventions and reviews, with 65% of cases (13) containing evidence of reviews of interventions considering the progress and needs of the family to a large extent.

There was a consensus amongst NewDAy staff, managers and wider stakeholders that this lack of understanding was principally due to number of changes to the programme over time which were made to ensure the programme could respond more effectively and safely to domestic abuse. These are detailed in Appendix 5 and include:

- It was initially suggested that NewDAy staff would hold cases, but it was later decided that social workers would keep their own cases.
- Policies and procedures addressing risk management changed over time.
- There were threshold changes including widening the programme to children and young people in schools whose parents were not involved in the other components of the NewDAy programme.
- The age range for eligible children and young people expanded to increase engagement numbers.
- Indicators and tools to measure impacts and outcomes for children and young people’s educational attainment were refined over time.
- Originally, the Schools and Learning and social care (IPR and Caring Dads) support were to be offered together, however a delay from the social care side meant that the Schools and Learning offer began earlier.

¹⁷ As far as possible the NewDAy aspect of case files was reviewed rather than the social care aspects. However, because the files are stored in a shared system, it was not always possible to distinguish between the two.

¹⁸ Scale used was: ‘To a large extent’, ‘To some extent’, and ‘Not at all’.

¹⁹ Scale used by reviewers was: high, medium, and low.

- NewDAY resulted in a greater focus on recognising different typologies of violence and understanding how this affects the work that can be done with families (for example, the NewDAY model is designed to work with families facing situational couple violence – see Johnson (2008)).

These changes and the subsequent impact on understanding were also judged by staff, managers and wider stakeholders to have also limited the extent to which the programme and its approach were embedded across social care. This, in turn, negatively affected referral numbers and the extent to which outcomes could be achieved for professionals and families (see later sections for further information). Stakeholders also suggested that this lack of an embedded message would limit the prospects of continuing the programme long term, as it lacked the consistency and clarity to be executed on a larger scale. However, a minority of staff and stakeholders suggested this flexible model was positive as it fostered evolving and continual improvements.

Collaborative approach

Stakeholders highlighted that NewDAY's collaborative approach was an important part of its model of practice, but identified some teething problems in establishing it early on. For instance, a core of wider stakeholders reported that initially there was weak communication between those delivering the different interventions of the programme, and with other teams within children's services. NewDAY staff working in the Schools and Learning offer reported they felt a distance from the other interventions within NewDAY.

That said, it was widely reported that most of these issues improved significantly over time and the collaborative approach to the programme was implemented very well later on. For instance, stakeholders highlighted that the multi-agency and holistic approach allowed staff to share knowledge and work closely to deliver the programme. Social workers stated that sharing access to systems, working collaboratively, and consulting regularly with NewDAY staff who have specialist knowledge on domestic abuse was extremely beneficial in improving their confidence and ability in working with domestic violence cases (see 'Outcomes for professionals'). Case file reviews also showed strong evidence of collaboration among professionals:

- 80% (16) of the case files reviewed revealed high evidence of multi-agency working, such as joint meetings with wider professionals (for example, between teachers, NewDAY, and social workers), ongoing liaison with teachers, the sharing of risk between NewDAY and social workers, the sharing of information and resources between NewDAY and social care, and NewDAY conducting joint home visits with social workers.

- 100% (19) showed evidence of the use of multi-disciplinary skill sets, such as through assessments, therapy work, safety-planning work and reflection work.²⁰
- 67% (12) included evidence of group case discussions taking place.

One area that proved difficult to improve – especially in the early stages of the programme – was the level of engagement with social workers and other children’s services staff, for example during service days, team meetings, and group consultations. Workload and time capacity constraints of social workers and other staff were highlighted as the main barriers. For instance, 1 social worker explained:

“The attendance fluctuates but generally it isn’t as good as it should be. Practitioners have all fed back how important this service is to them, but it feels like attendance is a luxury for them because they just don’t have the time.”

That said, in the latter stages of the project, attendance at training, consultations and group supervision increased; for example, performance monitoring data showed that 88 professionals attended service meetings in 2019.

Collaboration with families was also a key aspect of the NewDAy model. Analysis of case file reviews showed that 50% (10) had high levels of evidence that the preferences of families were being considered when reviewing interventions, and 45% (9) evidenced this ‘to some extent’. Families who were interviewed widely reported that they felt well-included in the support they were offered. For example, 1 victim-survivor who had received support from IPR, and whose children received support from the Schools and Learning offer, said:

“They don’t tell us what they need, but they help get it out of us. They help us realise that we do know how to change, and we can do.”

The majority of victim-survivors and users of abuse interviewed reported they felt this contrasted with previous support they had received from social care. However, there was limited evidence to suggest that children and young people also had a significant say in shaping the support they received. Although some children and young people mentioned in interviews that their wishes and feelings shaped support, in 47% (9) of case files reviewed, there was ‘little evidence’ of children and young people’s voices in the assessment stage of the referral. This means that the views, thoughts and feelings about what they were experiencing at home and the impact that domestic abuse was having on them was not fully captured. In these cases, the voice of the child could have been

²⁰ Multi-disciplinary skill sets are defined as having different professional disciplines with a range of skills and knowledge working consistently as a team to support the family and making decisions together, to enable better decision-making and responses to families’ needs. (DfE, ‘7 feature of practices and 7 outcomes’)

documented more accurately, and in their own words where appropriate, to identify impact of domestic abuse on them physically and emotionally. This could then have been used to more clearly inform planning and interventions.

Families also reported that staff were non-judgmental, which may have supported their engagement with the programme. For example, 1 victim-survivor who had been receiving support alongside her husband from IPR, said:

“My husband...doesn't like to get involved with officials. [NewDAy] was the only team he wanted to work with. When they said to me that he had actually agreed to attend a meeting, and took time off work to do so, it was a big step.”

This is supported by case file reviews, where 85% (17) of cases reviewed were judged as having 'high' levels of evidence that a permission-seeking and respectful approach had been employed.

Skilled team

There was a consensus among stakeholders, families, NewDAy staff and wider professionals that a strength of the NewDAy team was its skilled, multi-disciplinary and dedicated staff.²¹ A majority of stakeholders reported that skills in engaging families, understanding the impact of domestic abuse on children and young people, and adopting strengths-based practice were key contributing factors to achieving positive outcomes for families (see 'Outcomes' sections for further detail). NewDAy managers reported that multi-disciplinary working was effective as a result of group or reflective supervision, group case management, high levels of supportive development, an effective partnership and advisory board, and efforts to establish a common language and approach. The majority of staff and wider stakeholders also reported that co-locating the team with Newham children's services enabled stronger working relationships which allowed sharing of knowledge amongst staff (discussed further in 'Outcomes for professionals').

The skills of NewDAy staff were commented on by victims-survivors, users of abuse, parents of children and young people receiving support from the Schools and Learning team, and these children and young people themselves. Families reported that NewDAy staff were able to listen to their worries and understand how they were feeling to offer more targeted support. They also commented on the respect they were afforded by NewDAy staff, and how they felt well-supported. Families widely reported a positive relationship with NewDAy workers, suggesting that the staff were also skilled in building up trust with those they were working with. This in turn may support effective

²¹ The NewDAy multi-disciplinary team included qualified teachers, systemic family psychotherapists, a social worker practice lead and domestic abuse pathfinders. They collaborated closely with social care and Early Help professionals.

engagement from families. The skills of the staff within the Schools and Learning team were highlighted in particular, with 1 parent of a child receiving support from a NewDAY advisory teacher reporting

“She [NewDAY teacher] is skilled at building positive relationships...she speaks to you differently and explains things differently [to social workers].”

Stakeholders and families also highlighted the NewDAY team’s therapeutically-informed approach as key in achieving positive outcomes for families. Case file reviews also identified evidence of skilled direct work and the use of multi-disciplinary skill sets in 100% of the case files reviewed. High quality practice was evident throughout the case files in relation to decision-making, implementing, and reviewing the NewDAY interventions:

- Decisions related to implementing interventions were ‘well-evidenced’ in 63% (12) of cases. For example, decisions included information from partners such as education, there were clear write-ups of the sessions, regular reviews, examples of the child’s needs and progress, and notes from group supervisions.
- Decisions arising from reviews of interventions were ‘well-evidenced’ in 88% (14) of cases. For example, decisions referred to clear documentation, such as NewDAY education plans, notes of discussions held with social workers and within group supervisions.
- Case files considered the needs and progress of the whole family to ‘a large extent’ in 65% (13) of cases, and to ‘some extent’ in 30% (6) of cases. Only one case file (5%) did not consider the needs and progress of the whole family.

However, there was less evidence of high-quality practice in initial planning. Decisions were ‘not well-evidenced’ or only ‘partially evidenced’ in 50% (10) of the case files reviewed, and in 55% (12) of cases expected outcomes for the child or young person and family were either ‘unclear’ or evidenced to ‘a low extent’. This suggests that quality of practice improved as interventions progressed and the NewDAY programme developed. This is supported by findings from interviews with senior stakeholders, who reported that as NewDAY progressed changes in practice in alignment with the NewDAY model (such as improved safety planning and improved confidence in working with families who have experienced domestic abuse) had become more embedded in Newham’s children’s services.

Overall, strategic leads identified that having a clear outline of the NewDAY model of practice was key in guiding the skilled work of the team. A clearly articulated model that outlined the evidence behind working in these ways with families who have experienced domestic abuse, and distinguishes between typologies of violence, helped to ensure that families were only worked with where safe to do so. Although the model developed over the course of the programme in response to the needs of families (see Appendix 5), its key principles i.e. consent-based, non-judgmental, therapeutically-informed, responsive

to the needs of families, remained consistent. These principles underpinned many of the skills outlined above.

Time allocated to families

NewDAy staff highlighted that a key strength of the programme was boosting the time allocated to families, both in terms of professionals getting together to discuss cases and providing support to family members. Staff felt this was a key contributor to improved outcomes for children and young people, and was an important part of the NewDAy model of practice. Many social workers also reported that having a separate NewDAy team to focus on domestic abuse was helpful in allowing them the space and time to focus on other issues within the family, and also allowed the families to build up relationships through increased interaction with services. The high level of one-to-one support was also highlighted as an important factor in achieving improved outcomes by families who were consulted.

In contrast other interviewees highlighted that it was not always possible for more time to be given to group consultations. Social workers reported that workload and capacity constraints impacted their attendance at NewDAy consultations and training events. Other stakeholders questioned the extent to which the level of time required to support families could be achieved if NewDAy had reached its full complement of families. Further monitoring would be needed if NewDAy was continued with the aim of reaching a larger number of families to understand whether time allocated to families was lower and whether this has any adverse effects. ,

Leadership

NewDAy was overseen by a partnership board. Its role included: providing leadership, direction and commitment to the programme; promoting effective communication of the programme's goals and achievements; agreeing key milestones; engaging key stakeholders; performance monitoring and evaluation; ensuring colleagues in their respective organisations were informed about programme delivery and have opportunities to share their views; accountability for effective delivery of the programme, and; an oversight of high risk cases. The partnership board was viewed as useful and effective by stakeholders. The inclusion of a wide range of Council directorates and other agencies and partners (such as schools) was praised as it showed recognition of the multi-faceted impact of domestic abuse and the importance of offering support at multiple levels. Senior managers reported that, on reflection, more work could have been undertaken to ensure all relevant partners were involved and their respective roles and responsibilities clarified at an earlier stage.

The majority of NewDAy staff stated that senior management of the NewDAy programme throughout the duration of the programme was effective. For example, they provided

leadership and vision for NewDAy, ensured standards were high, and embedded a culture of self-reflection, responsiveness and prioritising the needs of families.

That said, NewDAy staff and wider stakeholders expressed their concern about the high level of churn of senior management staff more generally in Newham Council, suggesting this made the execution of NewDAy slower and subject to change. It was largely reported that in the last 6 months of the programme, new senior management and leadership practices improved, leading stakeholders to suggest that consistent leadership from the beginning may have helped to accelerate the rate at which positive impacts and outcomes were achieved for families.

Wider context of Newham's children's services

The majority of staff and stakeholders reported that the implementation of NewDAy and its impact were substantially affected by problems faced by Newham children's services more widely. This included: high turnover of social workers and managers, inconsistent levels of knowledge and skill in relation to domestic abuse within social worker teams, the large size of caseloads, changes of senior leadership, and a disjointed strategy across the children and adult services partnership (see Appendix 5). Stakeholders also reported that gaps in service provision to support the work being done through NewDAy (for example a lack of mental health support for adults, and translation and interpreting services) made implementing the programme difficult. This was further supported by the Ofsted inspection report into Newham's children's services which rated overall effectiveness as 'inadequate' in February 2019.²² Since this time, Newham children's services have implemented a practice improvement framework.

Funding timescales

NewDAy staff and wider stakeholders felt the implementation of NewDAy was hindered by the time constraints of the DfE's Children's Social Care Innovation Programme, which funded the project. The first year was occupied by considerable shifting of processes. As a result, staff felt by the time the model was settled and achieving impact for families, they only had 1 year left of guaranteed funding. In interviews, NewDAy staff demonstrated an awareness that the reach and scale should be larger, but were keen to focus on making the most positive change for existing cases and families they were working with in the time left. NewDAy staff and wider stakeholders reported that, as such, many children, young people and families saw significant positive changes in their lives but the scale and length of the programme was not sufficient to substantially impact on the wider domestic abuse problem in Newham long-term. One stakeholder commented:

²² <https://reports.ofsted.gov.uk/provider/44/316>.

“In the grand scheme of things, we have only reached the tip of the iceberg. There is a lot more work to do”

Referrals and engagement

Performance monitoring data from Newham showed that NewDAy aimed to work with 443 families, of which 223 would work with IPR, Caring Dads and the Schools and Learning offer. As of 1 January 2020, the total number worked with was 321, of which 157 worked with IPR, Caring Dads and the Schools and Learning offer. This shortfall was due to a number of factors that proved challenging at the beginning of the programme, including a lack of referrals, low take-up of NewDAy by families eligible for and offered the programme, and high attrition once they had started. Stakeholders suggested several factors that contributed to the lack of referrals:

- Several social workers suggested that a lack of understanding about the NewDAy programme likely contributed to fewer referrals into NewDAy. This may have also contributed to the number of inappropriate referrals, where cases did not meet the criteria of the programme (this was true of 18.4%, or 81 out of 440 referrals).²³
- Social workers also stated that they sometimes did not refer families earlier on in the programme because of risk assessments that disqualified families from participating. NewDAy staff explained that on occasion a lack of understanding of domestic abuse and violence typologies among social workers led to them conducting risk assessments which did not fully reflect the needs of families. This meant some families were judged to not be safe to work with via NewDAy, for example if coercive control was present. Social workers also said they sometimes were reluctant to refer because the referral process took a long time. For example, 1 social worker explained:

“There are a lot of time constraints for families on CPPs and I think that needs to be improved. The lack of availability of staff and the process needs to be streamlined or improved.”

- Several stakeholders highlighted difficulties in engaging with schools which, in turn, resulted in numbers of referrals being lower than expected.

However, NewDAy managers noted that the number of referrals increased over the course of the programme. This was in part facilitated by widening the threshold, to include more families and enable schools to make referrals (see Appendix 5). NewDAy staff also suggested that increased referrals were achieved through providing social workers with specialist support which improved their confidence and knowledge in working with domestic abuse. A minority of stakeholders explained that receiving

²³ Earlier in the programme, there was a higher number of rejections as the only intervention on offer was IPR. As the programme expanded its offer, referrals which were deemed inappropriate for IPR were no longer rejected, as support was offered elsewhere within the team.

feedback on each session of an intervention they facilitated with families allowed them to see the development in their work with users of abuse and gave them greater confidence to work with, and refer to, NewDAy.

Attrition also contributed to completion rates being lower than expected. Table 1 highlights the challenges faced in relation to attrition. This shows an overall attrition rate across Caring Dads, IPR, and Schools and Learning of 38%. The highest attrition rate was within IPR at 55%. The rate for Caring Dads was 33%, and 22% for Schools and Learning. Although completion numbers were lower than expected, (i.e. 157 compared to a target of 223, representing a shortfall of 30%) it should be noted that this attrition rate is largely in alignment with rates other domestic abuse interventions.²⁴

Table 1: Comparison of number who have completed interventions with targets²⁵

Intervention	Started	Attrition	Completions	Target completions
Caring Dads (CD)	30	10 (33%)	20	37
Inter-Parental Relationships (IPR)	114	63 ²⁶ (55%)	51	80
Schools and Learning (S&L)	110	24 (22%)	86	106
Total	254	97 (38%)	157	223

Source: NewDAy monitoring data

A number of reasons were put forward for attrition:

- Stakeholders suggested that users of abuse were less willing to agree to participate in a programme on a voluntary basis than expected by those who originally designed the programme. This is a key challenge as it results in the programme targeting only a sub-cohort of families experiencing domestic abuse, e.g. for IPR, both parents/carers

²⁴ The Caring Dads attrition rate is largely aligned with national figures. A multi-site evaluation of Caring Dads in London found that there was attrition for about 33% of those who had started the programme; an evaluation of the Canadian model found an attrition rate of about 25% (Hood, Lindsay and Muleya, 2015; McAllister and Burgess, 2012). See also: https://whatworks.college.police.uk/Research/Systematic_Review_Series/Documents/perpetrator_programmes.pdf

²⁵ Please note that as of 31st March 2020 the total number who had completed was 59 for IPR, 20 for Caring Dads, and 106 for education. However, for the purposes of this evaluation only the period up to 1st January 2020 was examined.

²⁶ All had an initial family meeting. 12 of these did not have an initial consultation. 27 declined to take part at initial consultation. 24 dropped out before all sessions were completed.

needed to consent and situational violence needed to be the main type of domestic abuse within the family.

- Overall, the level of parental engagement was lower than required. This can be seen in Table 2, which shows reasons for attrition. It indicates that the majority of those who left both the IPR and Caring Dads intervention did so because of parental non-engagement of one or both parents. IPR's higher rates of attrition also relate to parents declining the service at the initial family meeting (IFM) and misunderstanding the service. This may be because the programme had been miscommunicated to them on referral.

- This lack of parental engagement was often explained by stakeholders in terms of a lack of a commitment to change which resulted in parents dropping-out of the programme before completion. One stakeholder explained:

“I know in the past parents have agreed to it but only because they think that’s the way to avoid professional involvement That is probably the dynamic of having children subject to a CPP, particularly if you don't agree with it or if you don't see the risk to your children. You then won't be committed to engage with the services to end the violence.”

- These sentiments were reinforced by social workers and interpreters, who argued that some families only partook when they were on the cusp of court proceedings. However, they also noted that once they have started with the programme, participants have generally engaged well. :
- NewDAy staff highlighted another reason for lack of engagement was a lack of childcare and lack of availability of sessions in the evenings. Some stakeholders reported that some parents may have been reluctant to tell their employer they were receiving support from NewDAy, which made it difficult to get time off work.

Table 2: Reasons for attrition

Reasons for attrition	IPR No.	IPR%	S&L No.	S&L %	CD No.	CD %
Parents declined intervention at IFM	11	17%	0	0%	0	0%
Father declined intervention at IFM	5	8%	0	0%	0	0%
Mother declined intervention at IFM	1	2%	0	0%	0	0%
Unknown following IFM	2	3%	0	0%	0	0%
Inappropriate referral discovered at IFM	1	2%	0	0%	0	0%
Parents misunderstanding service discovered at IFM	7	11%	0	0%	0	0%
Parental non-engagement	11	17%	0	0%	7	70%

Reasons for attrition	IPR No.	IPR%	S&L No.	S&L %	CD No.	CD %
Escalation of violence	1	2%	0	0%	1	10%
Case closed	2	3%	0	0%	0	0%
Parental relationship breakdown or end	2	3%	0	0%	0	0%
Moved out of borough	3	5%	8	33%	0	0%
Child or young person entered care	1	2%	4	17%	0	0%
Other	9	14%	1	4%	2	20%
No education concern	0	0%	7	29%	0	0%
Moved to private school	0	0%	1	4%	0	0%
Unknown	7	11%	3	13%	0	0%
Total	63	100%	24	100%	10	100%

Source: NewDAy monitoring data

Outcomes for children and young people

This section examines 3 main domains of outcomes for children and young people;: emotional wellbeing, educational engagement and attainment, and risk of harm. It distinguishes between 2 main parts of the NewDAy programme, i.e. the social care offer (consisting of IPR and Caring Dads) and the Schools and Learning offer. Please note that the majority of staff and wider stakeholders interviewed stated they could not confidently report on the impact of IPR and Caring Dads specifically on children and young people, particularly as these programmes were directed at parents and couples rather than children. Having said this, they were able to comment on general outcomes achieved by NewDAy for children and young people.

Emotional wellbeing

Social care offer (IPR and Caring Dads)

All staff and wider stakeholders interviewed reported the social care offer increased wellbeing and reduced anxiety for children and young people. The majority of NewDAy staff, wider stakeholders, users of abuse, and victims-survivors reported that IPR and Caring Dads improved family relationships and the child or young person's happiness. They identified a variety of factors within the work with adults that led to this, including:

- Supporting parents to realise how domestic violence affects their children and to better understand their feelings.
- Creating a safer and calmer family environment with less conflict.
- Improving communication within the family, allowing children and young people to express their feelings to their parents more.

For example, 1 parent said:

“Now everything is a conversation in our family – and a positive one.”

The majority of families involved in IPR also received direct work with the child(ren) or young person(s) as part of the 3 to 6-session intervention ‘child’s wishes and feelings’; this direct work may also have contributed to positive impacts for children and young people.

Schools and Learning offer

There was a general consensus among NewDAy staff and wider stakeholders that the Schools and Learning offer was a particularly valuable component of the NewDAy programme in terms of improving children and young people’s emotional wellbeing. It was reported as valuable as both as stand-alone offer and when it interacted with other parts of NewDAy.. Interviews with managers, staff, and stakeholders found that increased feelings of safety were the most widely reported impact for children and young people. The majority of staff, stakeholders, parents and their children who were in receipt of support from the NewDAy Schools and Learning team reported that most children and young people experienced reduced anxiety and improved well-being and happiness in school and at home. Parents also reported that children and young people had more positive relationships with other family members since working with their NewDAy teacher.

A range of factors were identified as having led to these improvements in wellbeing for children and young people supported by the NewDAy education team:

- Staff and stakeholders reported this was a result of 1 to 1 support with NewDAy staff, and teachers’ growing ability to identify domestic abuse.
- Children and young people identified an improved ability to control their emotions and having a designated person to talk to about their problems as a key facilitator to feeling happier, both at home and at school. For example, 1 child stated:

“Before I had lessons with [NewDAy teacher] I used to get angry, but since I had those lessons I am more chill.”

Another reported:

“I feel safer in school because before I couldn’t trust people, but now I know I can talk to [NewDAy teacher].”

- Parents identified that the positive relationship between the child(ren) and young person(s) and their NewDAy teacher was important in improving their wellbeing.

Data collected from SDQs supports the evidence from interviews that children and young people had improved social and emotional wellbeing after receiving support from the NewDAy Schools and Learning team.²⁷ On average, the cohort improved in all measures. The largest average changes were in hyperactivity (-0.78) and prosociality (+0.75). The smallest average changes were in emotional symptoms (-0.14) and peer problems (-0.20).²⁸ However, please note that due to a lack of a counterfactual analysis with an historical comparison group for these measures it is difficult to attribute this impact to the NewDAy Schools and Learning intervention.

It is also important to note that the Schools and Learning team operated within a social care framework which may have supported these outcomes. This is because it gave them natural meeting points with the rest of the team and enhanced communication for all partners to work together to support children and young people. However, some stakeholders with an awareness of this framework still identified the Schools and Learning intervention as the most successful stand-alone component of the NewDAy offer, and some children and young people who received the intervention did not receive support from other aspects of NewDAy.

Educational engagement and attainment

Social care offer (IPR and Caring Dads)

A minority of staff and stakeholders said that improved relationships between couples as a result of IPR and Caring Dads had positive impacts on children and young people, as they now lived in a healthier environment at home, which resulted in better engagement at school. These improved relationships were reported to be a result of parents' increased understanding of how witnessing domestic abuse impacts their children, and their learning of skills to avoid violence in front of their children. In addition, a majority of parents interviewed reported that NewDAy staff (across the different interventions) supported them to engage with home learning with their children and encourage them to complete homework. They also reported that they had noticed an improvement in their children's attainment in school.

²⁷ SDQs were completed by teachers on the children's entry and exit from the NewDAy programme.

²⁸ For all measures except prosociality, a lower score reflects positive wellbeing. For more information on the scoring of SDQs, please see the School and Learning data analysis, available on request from the evaluators.

Schools and learning offer

Interviews with school staff and wider stakeholders highlighted the positive impacts that the Schools and Learning offer had on growth in self-confidence and greater participation in class, reduced hyperactivity and emotional dysregulation, and improved social skills. This is supported by the analysis of education data, which showed positive distance travelled in a number of dimensions from the start of their involvement to the end.²⁹ Analysis of data from the School and Learning team showed that the majority of children and young people's engagement (in terms of interacting with peers and teachers and engaging in class, as assessed by teachers and other school staff) improved between the start and end of the School and Learning intervention (58% of those who completed the interventions and for whom there is complete data, or 45 children and young people; see Table 3). Only 4% (3 children and young people) deteriorated. However, a substantial minority of children and young people's engagement did not change (38% or 30 children and young people).

Table 3: Change in engagement across young people engaged in the School and Learning intervention between the beginning and end of the School and Learning intervention as assessed by teachers and school staff (n=78)³⁰

Change in engagement	Number (proportion) of children and young people
Improved	45 (58%)
Deteriorated	3 (4%)
No change	30 (38%)
Total	78 (100%)

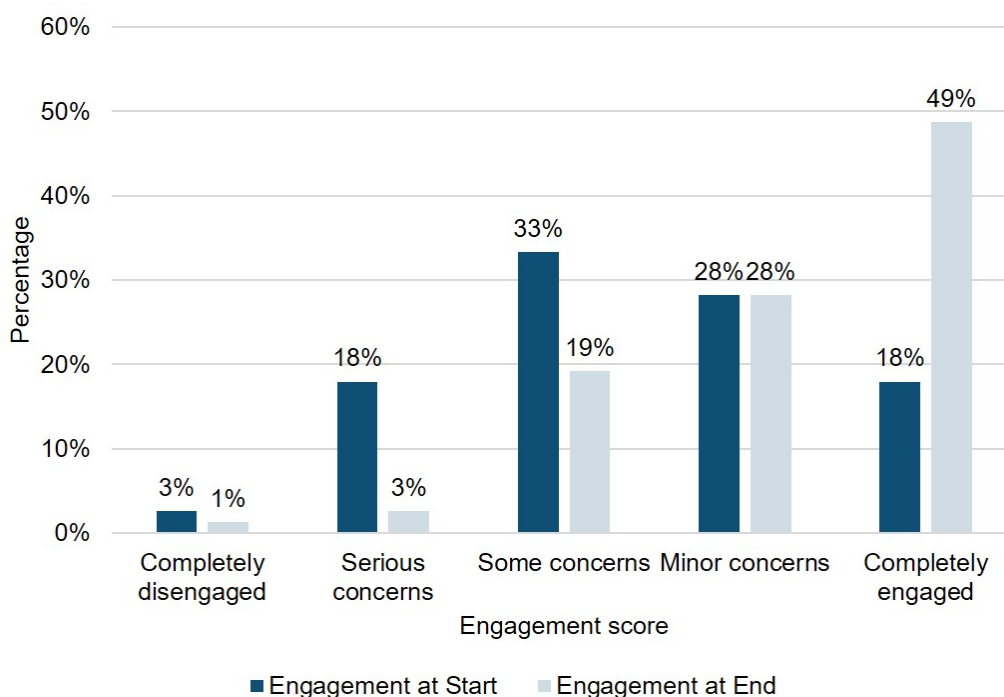
Source: School and Learning team data

Moreover, Figure 2 shows that by the end of the intervention nearly half the cohort were considered to be completely engaged in their learning and relationships in schools, an increase of 31%.

²⁹ Please note that this data is indicative only as it does not compare results to a counterfactual, i.e. what would have happened if support had not been provided.

³⁰ The sample excludes any cases with missing data. In 45 of these cases referrals were from schools, and 35 from social care. Of the 45 school referrals, 26 were on universal service and 19 were on a CIN/CP plan. Out of 35 social care referrals 11 were with a social worker/families first practitioner, and 24 were on a CIN/CP plan with a NewDAy pathfinder.

Figure 2: NewDay cohort’s level of engagement with learning and relationships at start and end of School and Learning intervention as assessed by teachers and school staff (n=78)



Source: School and Learning team data

The analysis also suggests improvement in children and young people’s attainment; between the beginning and end of the School and Learning intervention, teachers judged that the majority of the cohort improved in Reading, Writing and Maths (see Table 4). Younger children improved the most: out of 14 children, 77% (10) improved in Reading, 71% (10) improved in Writing and 71% (10) improved in Maths. In comparison out of the 36 children in Key Stage ,only 49% (17) improved in Reading, 47% (17) in Writing, and 56% (20) in Maths (although the smaller sample size should be noted).

Table 4: Change in educational attainment across School and Learning cohort between beginning and end of the intervention as judged by teachers³¹

Change in attainment	No. of children: English Reading (n=71)	No. of children: English Writing (n=73)	No. of children: Maths (n=73)
Improved	41 (58%)	40 (55%)	44 (60%)
Deteriorated	3 (4%)	0 (0%)	2 (3%)
No change	27 (38%)	33 (45%)	27 (37%)
Total	71 (100%)	73 (100%)	73 (100%)

Source: School and Learning team data

³¹ Sample excludes any cases with missing data.

In contrast, trends in attendance at school were dominated by no change (61%, or 34 children and young people out of 56) and deterioration (23%, or 13 out of 56).³² Stakeholders corroborated this finding, reporting that there was little evidence to suggest that NewDAy had a strong impact on attendance. They also reported limited impact on punctuality or number of exclusions. This suggests the School and Learning intervention may more positively impact children and young people's engagement and attainment than their attendance.³³ Key stakeholders within the Schools and Learning team suggested that school tends to be a fairly stable base for children and young people, and often attendance is either not an issue for the children and young people the team are working with, or suffers as a result of complex issues at home and elsewhere which often are present in cases where the child is a CIN or subject to a CP plan. They suggest that lack of improvement in attendance may reflect the difficulty in counteracting the powerful range of influences on children and young people at risk. Despite positive trends seen in the data analysis for the education cohort, some staff and stakeholders recommended that stronger collaboration between IPR, Caring Dads, and the Schools and Learning offer would have improved the overall educational impacts for children and young people by improving information sharing, and including children's views or direct work with children in the parental interventions more strongly.

Risk of harm

The evaluators reviewed case files for evidence of the extent to which outcomes for children and young people were achieved in relation to anxiety, wellbeing, family relationships and educational engagement and achievement. This analysis is presented in Table 5 and shows that case files noted that NewDAy had made a high or medium impact on improvements in children and young people's levels of anxiety (60% of cases) and levels of wellbeing (74% of cases), health of family relationships (80% of cases), and education engagement and achievement (77% of cases).

³² This was measured by comparing their yearly average attendance in the previous year to their work with NewDAy with the following year

³³ Due to missing data, it was not possible to measure any change in children and young people's punctuality or exclusions over the course of the intervention.

Table 5: As a result of support received from NewDAY and other agencies, has risk for the child or young person been reduced according to case file evidence?

Impact	Child or young person's level of anxiety (n=20)	Child or young person's level of wellbeing (n=20)	Health of family relationships (n=20)	Child or young person's educational engagement and achievement (n=18)
High	35% (7)	37% (7)	25% (5)	59% (10)
Medium	25% (5)	37% (7)	55% (11)	18% (3)
Low	5% (1)	5% (1)	5% (1)	6% (1)
Not clear	35% (7)	21% (4)	15% (3)	18% (3)
Total	100% (20)	100% (19)	100% (20)	100% (17)

Source: Case file reviews

Case file reviews also showed a positive impact on risk of harm; Table 6 shows that case files contained evidence that NewDAY made a high or medium impact on reducing the child and young person's experience of, or witnessing of, domestic abuse (65% of cases) and the child or young person's feeling of safety (60% of cases).

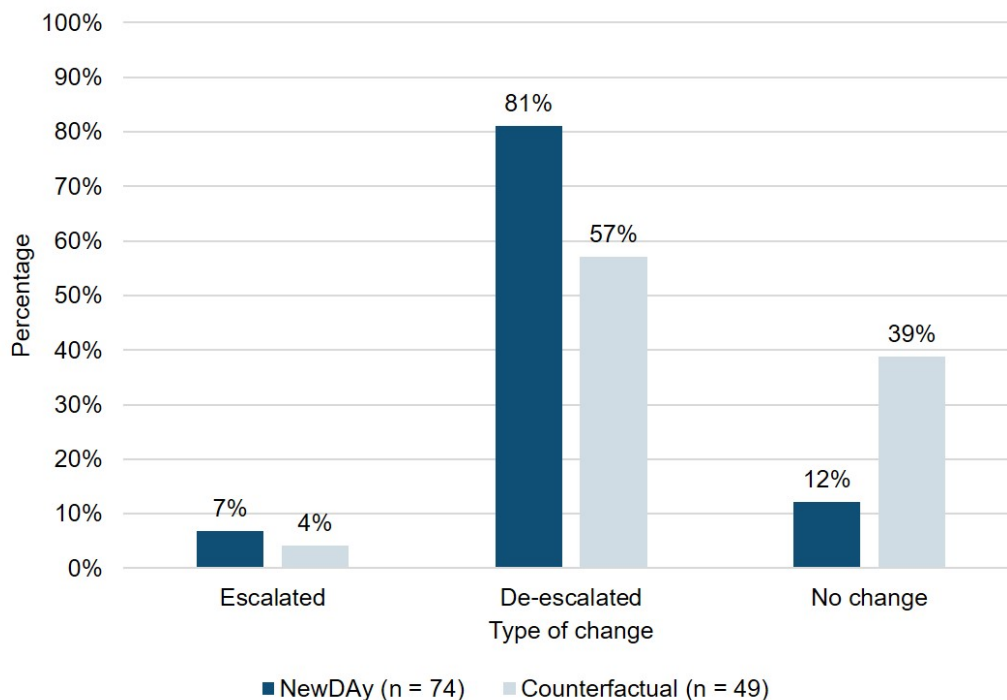
Table 6: As a result of support received from NewDAY and other agencies, has risk for the child or young person been reduced according to evidence in case files?

Impact	Child or young person experiencing or witnessing domestic abuse in the home (n=20)	Child of young person's feeling of safety (n=20)
High	35% (7)	25% (5)
Medium	30% (6)	35% (7)
Low	10% (2)	15% (3)
Not clear	25% (5)	25% (5)
Total	100% (20)	100% (20)

Source: Case file reviews

Further evidence about risk of harm is available from the data analysis of outcomes data which examined the extent to which NewDAY cases de-escalated through statutory categories of support compared to a similar historical comparison group (see Appendix 7 for further information). Figure 3 shows that, from entry to NewDAY to 6 months after completion of the programme, 81% of children and young people whose families received support from NewDAY had reduced their level of risk by de-escalating through statutory categories (i.e. from LAC to CIN, CPP or case closed; from CPP to CIN or case closed; or from CIN to case closed). This is compared to the comparison group of 57%. The NewDAY cohort was also very slightly more likely to experience an escalation in risk through escalating through statutory categories of support, e.g. 7% compared to 4%. However, escalation in the comparison group tended to be more substantial, i.e. to LAC status, and so overall it still appears that NewDAY has potentially reduced the level of risk for the families it has worked with.

Figure 3: Percentage of children and young people in the NewDAY (n=74) and counterfactual comparison (n=49) cohorts whose status escalated, de-escalated and did not change between the start of the intervention and 6 months after the end.³⁴



Source: Social care data

³⁴ For the comparison group, the beginning of their hypothetical engagement with NewDAY was the date of the referral to social care for a domestic abuse incident (which would have resulted in a referral to NewDAY had it been available) and the end is 6 months after this date, as the average period of involvement with NewDAY is 6 months.

Table 7 shows the biggest improvements were seen by children and young people moving from being a CIN to the case being closed to children’s services. A substantial proportion of the NewDAy cohort also de-escalated from being subject to a CP plan to being closed to children’s services (9%) and moving from being subject to a CPP to CIN (12%).

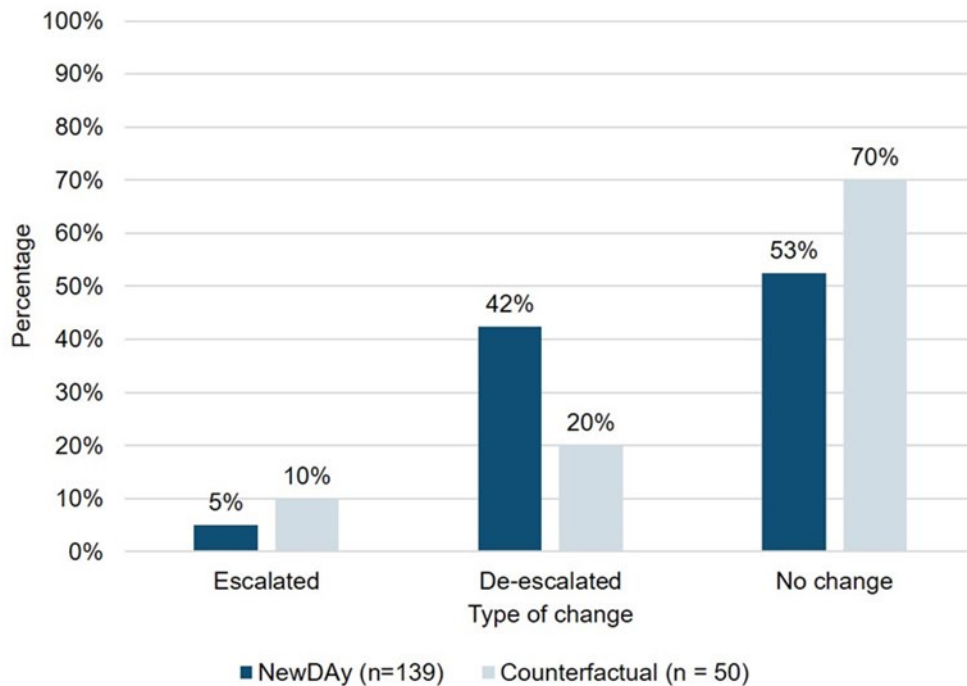
Table 7: Breakdown of the proportion of children and young people in each cohort whose statutory status changed or stayed the same between the start of the intervention and 6 months after the end

Change in status	NewDAy	Counterfactual
Stayed CIN	5%	20%
Stayed subject to a CPP	3%	18%
Stayed Closed	4%	0%
Stepped up from Closed to CIN	0%	0%
Stepped up from Closed to CPP	0%	0%
Stepped up from Closed to LAC	0%	0%
Stepped up from CIN to CPP	7%	2%
Stepped up from CIN to LAC	0%	0%
Stepped up from CPP to LAC	0%	2%
Stepped down from CPP to CIN	12%	8%
Stepped down from CPP to Closed	9%	2%
Stepped down from CIN to Closed	59%	47%
Total	100%	100%

Source: Social care data

The difference between the comparison group and NewDAy cohort was most prominent between the start and end of the intervention, suggesting that NewDAy accelerates de-escalation of statutory case status as well as reducing it over a longer time period (see Figure 4).

Figure 4: Percentage of children and young people in the NewDAy (n=139) and counterfactual comparison (n=50) cohorts whose status escalated, de-escalated and did not change between the start and end of the intervention³⁵



Source: Social care data

During interviews, several stakeholders reported that reductions in risk for children and young people were achieved by NewDAy improving safety planning across statutory social work, for example via service meetings, training, and support to social workers. For example, 1 NewDAy staff member reported that the NewDAy team had completed work with CPP Conference Chairs around making sure written agreements were drafted effectively and avoiding placing responsibility on the victim-survivor for actions. That said, other stakeholders, including social workers, reported mixed views on whether NewDAy had a positive impact on improving safety planning. There was also mixed evidence from case file reviews in relation to this; in only 33% (6) of case files did planning consider how to ensure that interventions were conducted in a way which ensured the victims-survivors and children or young people were protected from the person causing harm from domestic abuse to a large extent. However, in 56% (10) of files there was evidence of this to some extent, and in 75% (15) of case files reviewed, safety of the family was monitored through interventions to a large extent. NewDAy managers reported that, in addition to ongoing supervision and review of safety plans, a safety scale was conducted

³⁵ The analysis of start to exit includes all children and young people in the sample for whom there was social care status data for these time points.

with the victim-survivor and user of abuse at the beginning and end of each session of IPR to ensure safety planning was robust.

Outcomes for families

Outcomes for victims-survivors of domestic abuse

A number of NewDAY staff, stakeholders and victims-survivors recounted several individual success stories with positive outcomes for victims-survivors of abuse including better communication between partners, a more relaxed family environment, and improved behaviour management at home. For example, 1 victim-survivor who had received support from IPR and the Schools and Learning team stated:

“ [The NewDAY team] have helped us [couple] get to the point where we can get our point across in a different manner that isn't as volatile.”

The majority of interviewed victims-survivors reported changes in their partner's behaviour, including controlling emotions, fewer arguments, and increased understanding of the woman's viewpoint. However, other victims-survivors reported mixed results in relation to the extent to which conflict with their partner had been reduced; 1 reported that better outcomes would have been achieved but their partner had left the programme, and another said their partner still disrespected her in front of the children.

Most stakeholders reported that positive impacts may have been achieved through giving victims-survivors a voice. Many victims-survivors felt these outcomes were achieved as a result of NewDAY facilitating conversations about important issues between themselves and their partners through IPR and 1-to-1 work. The collaborative approach whereby a family therapist and pathfinders support parents to work through problems was also identified by victims-survivors as key in achieving these outcomes, as well as the conflict management and parenting skills they had learned.

In relation to the Schools and Learning offer, stakeholders noted a positive unexpected outcome was the support provided to women and mothers. They explained that the Schools and Learning offer helped victims-survivors with housing, benefits applications, and employment, and an opportunity to confide in someone who they trusted and felt safe around.

A less common concern highlighted by stakeholders was the nature and level of impact for victims-survivors. Firstly, in relation to those who participated in NewDAY, a minority of social workers and interpreters speculated that many families were not being honest about continued violence because they feared their children being taken away or other legal repercussions. NewDAY managers recognised this as a potential risk – though highlighted that participation in the programme was beneficial regardless of its

motivation. Throughout their work with families, staff remained vigilant for, and took steps to tackle, disguised compliance. Secondly, another minority of stakeholders reported that the overall impact of NewDAy was not as successful as desired for victims-survivors of abuse due to the relatively low numbers of families involved in comparison to the volume of need that existed in Newham. NewDAy managers reported that this perception may be due to a lack of understanding across stakeholders of the range of services available in Newham in relation to victims-survivors and the particular sub-group of families on whom NewDAy was targeted.

Outcomes for users of abuse

Most users of abuse interviewed reported that their experience with NewDAy had resulted in improved communication with their family and improved conflict management skills. They identified a range of factors which led to these outcomes, including the opportunity to talk through problems in their relationships (both separately and together), conflict resolution skills, and parenting skills learned through the programme and the supportive relationship with NewDAy staff. Victims-survivors also identified these factors as important in improving family relationships.

Victims-survivors agreed that communication had been improved. However, they generally reported that although users of abuse's behaviour had improved on the whole, with a reduced number of arguments or incidents, there remained issues with: engagement with the programme; behaviour and anger management in the home; shared roles and responsibilities for parenting ; and users of abuse understanding their partner's point of view.

Analysis of qualitative data revealed the following findings about specific strands of NewDAy:

- **Caring Dads.** Qualitative consultation with stakeholders presented mixed responses when asked about the impact of the Caring Dads programme. The most commonly held view among stakeholders was that Caring Dads was not as effective as hoped because they felt that many fathers did not want to acknowledge their abusive behaviour fully. Furthermore, they expressed concern with the low attendance and engagement numbers as there was often an unwillingness among men to voluntarily participate in a programme that lasted 17 weeks. In contrast, NewDAy staff and managers believed that Caring Dads was an innovative programme that resulted in several success stories. It was stated that a non-judgemental approach allowed fathers to recognise their mistakes and change their behaviour. Key strategic stakeholders suggested that this divergence in opinion about Caring Dads between wider stakeholders and NewDAy staff may be a result of wider stakeholders misinterpreting the Caring Dads model. They suggested wider stakeholders might perceive it as a perpetrator programme designed to reduce abusive behaviour, rather

than a parenting programme intended to improve relationships between fathers and children.

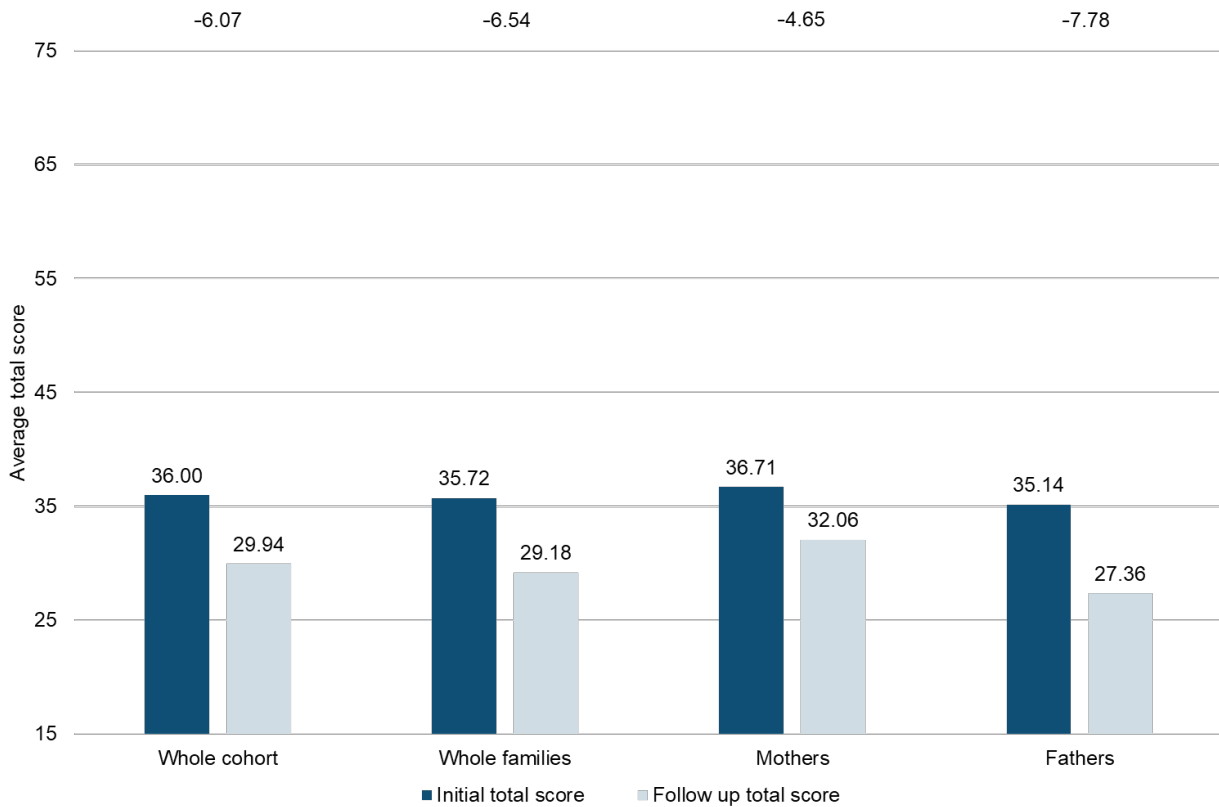
- **IPR.** There was general consensus amongst staff and wider stakeholders that IPR was a positive intervention which provided couples with a place to communicate in a healthier manner while giving victims-survivors an opportunity to express how they feel. However, stakeholders reported that they were not confident that some of the intervention's intended outcomes had been achieved (particularly improved parenting skills, techniques to avoid violent and abusive behaviour, and better regulation of behaviour). A minority of social workers reported that some fathers increased their confidence in engaging with social services and were more open to accessing further support as a result of positive experiences with NewDAY. These findings emphasise that the strength of NewDAY was the portfolio of responses/interventions that were available to the users of abuse and other members of the family, thereby increasing the opportunities for reducing risk.

Outcomes for families

Score-15 data were used as an indicator of change seen by families over time, with measurements compared from before and after the intervention for those receiving IPR. However please note that due to a lack of a counterfactual analysis with an historical comparison group for these measures, it is difficult to attribute this impact to the NewDAY intervention. Scores are calculated based on 3 Dimensions: 'strengths and adaptability', 'overwhelmed by difficulties', and 'disrupted communication'. Data were received for both an initial (entry to programme) and a follow up time point (exit of programme) for 31 individuals, comprising 17 mothers and 14 fathers. 14 whole families (i.e. 28 individuals in total) were included in this data. All received IPR at some point between October 2017 and October 2019.

As shown in Figure 5, on average individuals saw improvement over time, signified by a decrease in score. The average total score was 36.00 before the intervention and 29.94 afterwards; an average change of -6.07. Total scores can range between 15 and 75.

Figure 5: Average change in total Score-15 score over time (n=31)³⁶



Source: Score-15 data

The greatest improvements were seen in Dimension 2 of Score-15, ‘overwhelmed by difficulties’, with an average change in total overall score of -2.96, and in Dimension 3, ‘disrupted communication’, where there was an average change in total overall score of -2.29. By contrast, the improvements seen in Dimension 1, ‘strengths and adaptability’, was smaller with an average change in total overall score of -1. This reflects the decline in progress over time seen by mothers in this Dimension. Overall, the Score-15 data suggests that family functioning has improved over the course of the programme, although it is not possible to ascertain the extent to which this is due to NewDay alone.

³⁶ Score-15 is a validated measure of family function and change, with family defined as ‘any group of people who care about each other and defined themselves as such’. The scale is designed to indicate crucial aspects of family life that are relevant to the need for therapy. One reported advantage of Score-15 over some other scales is that it can highlight differences between family members in their views of the family. It includes 15 Likert scale items, and 6 separate indicators, 3 of which are qualitative. Demographic information is also included. Source: <https://www.aft.org.uk/SpringboardWebApp/userfiles/aft/file/SCORE%20info/introducing%20%20and%20scoring%20SCORE-15%20201013.docx> [Last accessed 10/01/2020].

Outcomes for professionals

Social workers

During interviews, professionals highlighted positive impact of working alongside NewDAY staff. For instance:

- Improving skills in the identification of domestic abuse.
- Better communication with families when addressing concerns around domestic abuse, including the language used and working with interpreters.
- Better understanding of cultural nuances at play when working with families affected by domestic abuse.
- Adoption of a non-confrontational approach when working with families affected by domestic abuse.

There was a consensus amongst social workers that their confidence had grown as a result of working with the NewDAY team, which better enabled them to engage with users of abuse. One social worker commented:

“It has provided an avenue to work with users of abuse...it has given social workers a better way to work.”

They further stated this was because NewDAY staff provided advice, insight and expertise around working with families who have experienced domestic violence and abuse. This included sharing tools (such as the NewDAY direct work toolkit and the ‘safe hands’ activity), resources, and ideas for new ways of working with families. For example, 1 social worker said:

“I think NewDAY has been helpful in terms of the tools they developed for working with families. I observed how they take it at the child's pace but are still focused on a goal, and...using a worry meter to engage children's feelings.”

Social workers also frequently said they had since used these tools with other cases to encourage children and young people and parents to discuss difficult subjects more comfortably. There was also consensus among social workers that having a separate team to support families specifically with domestic abuse issues ensured that sufficient time was given to these issues and allowed social workers more time to support the family in other areas. They reported this was particularly important as almost all their individual caseloads involved some form of domestic abuse.

However, some social workers stated that although those who had worked closely with the NewDAY team had an improved understanding and confidence in working with users of domestic abuse, on a larger scale professionals were still not sufficiently equipped in their understanding of domestic abuse and working with perpetrators. They reported that issues in the wider context (discussed in chapter 3) had prevented these skills from being shared more widely in Newham. They also reported that the presence of the NewDAY

team was integral in giving social workers and Family First Practitioners the confidence to work in new ways with this group, for example, addressing issues of shame and responsibility.

Teachers and other school staff

NewDAy staff and wider stakeholders regularly reported that teachers and other school staff had been provided with additional skills to support children and young people as result of working alongside NewDAy practitioners and using the NewDAy toolkit (such as through joint home visits and meetings). Skills identified included: better identification of stress factors (such as an adult raising their voice) and changing practice accordingly;; giving children and young people the space to talk about how they are feeling; and talking about feelings whilst engaging with an activity to allow them to feel more comfortable. Some stakeholders also reported NewDAy had improved class teachers' understanding of the impact of domestic abuse on the child's behaviour and subsequently improved their ability to identify children and young people affected by domestic abuse. One teacher said the training given to the school by the NewDAy teacher had been particularly helpful in improving their understanding of this.

NewDAy staff reported that this increased understanding has led to class teachers being able to tailor teaching to the child or young person's needs, and has also supported NewDAy to advocate against exclusion for some children and young people who were at risk of this due to behavioural issues resulting from having witnessed domestic abuse. Information sharing between the NewDAy teacher and class teacher was also cited as important in improving outcomes for children and young people. This reportedly allowed the NewDAy teacher to work on similar topics being covered in class and to share any insights into the child or young person's feelings and worries that might be useful for the teacher to know so they can better support the child or young person in class.

Teachers and other school staff reported a series of other impacts achieved for them through NewDAy:

- Improved knowledge of other services they can signpost families to, and ability to contact NewDAy for advice on signposting.
- Improved confidence in working with domestic abuse. This was because school professionals can ask the NewDAy teacher for advice.
- Improved partnership working with school staff to support families experiencing domestic abuse, because the NewDAy teacher links the school with other agencies such as social workers or housing agencies.

Teachers also reported that the consistency and availability of NewDAy staff was key in supporting them to improve their confidence and skills when working with children and young people who have witnessed domestic abuse.

Outcomes for Newham's children's services

The data analysis referred to in 'Outcomes for children and young people' was used to undertake a cost-benefit analysis, using tariffs for different categories of statutory need provided by the Greater Manchester Combined Authority (see Appendix 7 for further information).³⁷ Results are shown in Table 8 and are focused only on families experiencing IPR and/or Caring Dads for whom there was information related to their statutory case status at entry to the intervention, exit, 3 months after exit, and 6 months after exit. It is assumed that the NewDAY team can work with 74 children in 1 year, and therefore the costs have been calculated per year.

The results show that on entry to NewDAY, the cohort of 74 families were involved in CIN, CPP and LAC support costing £247,410 per year. At the exit, the cost of these services was £150,524 per year (excluding the cost of NewDAY). After a further 6 months, the cost of services was £70,322 per year. This represents a reduction of £177,088 over a year from the baseline figure, i.e. 72%, which is an average saving of £1,979.75 per child per year.

This is a substantial improvement compared to what those families might have achieved if NewDAY was not available. This is shown by comparing costs with the comparison group. Over a period equivalent to engagement with NewDAY plus a further six months (i.e. 12 months in total) the costs of CIN, CPP and LAC support that the comparison group were receiving declined by £42,303, i.e. 16%). This suggests that NewDAY is reducing the service use of the families it is working with by an estimated 56%, or £138,549.60 over one year. For further information about how the CIN, CPP and LAC status of families changed over time please see the section on 'Outcomes for children and young people'.

However, these calculations do not take into account the cost of providing Caring Dads and IPR. When this is factored in, NewDAY is operating at an estimated net cost of £31,828.20 per year (15% more than the costs of services used by the comparison group after 12 months). This shows that the reductions in risk achieved by NewDAY (see 'Outcomes for children and young people') and the commensurate cost-savings were insufficient to compensate for the costs of delivery of IPR and Caring Dads.

Although NewDAY is operating at a net cost over the period of a year, this does not take into account any future or ongoing savings that may be achieved by NewDAY as a result of children experiencing reduced risk. For example, the Home Office's report on the economic and social costs of domestic abuse states that the estimated cost of services

³⁷ <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis/>

of a single victim-survivor of domestic abuse is £34,015 over a year.³⁸ As research suggests that male children observing inter-parental violence increases the likelihood of later perpetration by 56%, reducing children’s exposure to violence may save costs in the long-term. A longer time period would be needed to better understand the extent to which reductions in risk are sustained over more than one year and how this compares to an historical comparison group.

The analysis is also not an indication of the cost-benefit of the NewDAy programme overall, as it only includes the Caring Dads and IPR interventions. It should also be noted that some of these families may have received other short-term interventions from NewDAy and therefore the actual running costs may be higher.

Table 8: Comparison of total average cost per year of whole NewDAy cohort with hypothetical comparison counterfactual group trajectory

Time point	Total average cost per year: counterfactual cohort (n=74)³⁹	Total average cost per year: NewDAy (n=74)⁴⁰
Start	£259,097.88	£247,410.00
End (intervention of about 6 months)	£218,986.24	£150,524.00
3 months after exit	£254,229.94	£121,352.00
6 months after exit	£216,794.02	£70,322.00
Difference over 12 months	-£42,303.86	-£177,088.00
Percentage difference	-16%	-72%
Saving attributable to NewDAy		-56%
Value of saving attributable to NewDAy		£138,549.60
Cost of staffing for Caring Dads and IPR		£170,377.80 ⁴¹
Cost-benefit outcome		-£31,828.20

³⁸ Roberts et al. (2010) cited in The Home Office (January 2019) *The Economic and social costs of domestic abuse* Accessible here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/horr107.pdf

³⁹ The costs of the comparison group have been scaled up to match the sample of 74 for the NewDAy cohort.

⁴⁰ The 74 in this sample entered the programme between October 2017 and February 2019.

⁴¹ Staffing costs for IPR are £149,017.80. Staffing cost for Caring Dads are £21,360.

The majority of stakeholders, NewDAy staff, and social workers who were interviewed recognised that there was a difficult balance between achieving improved outcomes for families and achieving cost savings for Newham children's services, as is highlighted by these results. All were in agreement that more resources should be directed at working with families experiencing domestic abuse, and that potential cost-savings for Newham's children's services would not be visible in the short-term.

4. Summary of key findings on 7 practice features and 7 outcomes

As reported in the Children's Social Care Innovation Programme Round 1 Final Evaluation Report (2017), evidence from the first round of the Innovation Programme led the DfE to identify 7 features of practice and 7 outcomes to explore further.⁴²

Practice features

- 18 of the 20 case files had evidence of the use of a **strength-based practice framework**. Findings from qualitative consultation also suggest that the NewDAY model was adjusted to the needs of individual families while maintaining its core values, with interventions using methods specifically suited to the family. Stakeholders and families reported that NewDAY empowered victims-survivors of abuse to realise their strength and voice, while supporting users of abuse to acknowledge how they can manage their anger and behaviour.
- Interviews with NewDAY staff and wider stakeholders suggest that the programme used **systemic theoretical models** to support families experiencing domestic abuse through a range of interventions that are focused on different areas of relationships and different members of the family. This was supported by analysis of case files, which showed that in 18 out of 19 cases there was evidence that NewDAY had used systemic theoretical models to support the families involved.
- 19 out of 19 case files had evidence of the use of **multi-disciplinary skill sets**. Consultation with teachers and NewDAY practitioners revealed that they worked collaboratively throughout the interventions.
- NewDAY practitioners and social workers reported satisfaction with the levels of collaboration through **group consultations** which involved sharing knowledge and expertise and working together to establish the best outcomes for children and young people. 15 out of 18 case files reviewed had clear or partial evidence of group consultation discussions.
- Interviews with stakeholders revealed IPR had a strong **family focus**, and a key aim was to form better relationships and communication skills between partners to create a healthier family environment. Families reported NewDAY staff provided them with respect and support which allowed them to build trust and confide in staff.
- Interviews with children and young people and teachers identified **high intensity and consistency of practitioner** as a core component of the NewDAY programme, particularly the education and learning intervention. It was reported

⁴² Sebba, J., Luke, N., McNeish, D., and Rees, A. (2017) *Children's Social Care Innovation Programme: Final evaluation report*, Department for Education, available [here](#).

that NewDAY advisory teachers who worked closely with children and young people were extremely knowledgeable, supportive, and reliable, which increased children and young people's trust in them, leading to improved emotional wellbeing. This was supported by case file reviews, with 95% of files having clear evidence of high intensity and consistency of practitioner.

- Social workers reported that the expertise and knowledge of NewDAY team members was a valuable component to the positive impacts achieved for families. They suggested that the additional knowledge gained through working closely with experienced pathfinders gave social workers more confidence and skills when working with users of abuse. All case files reviewed also had clear evidence of **skilled direct work with families**.

Outcomes

- NewDAY staff and stakeholders reported that NewDAY **reduced the risk for children and young people** as the IPR and Caring Dad's interventions improved relationships between partners which resulted in decreased violence in the home and reduced the risk of witnessing domestic abuse by children and young people.
- An analysis of NewDAY social care data compared to a historical comparison cohort showed that between the start of the intervention and 6 months after exit, a larger proportion of the NewDAY cohort experienced de-escalation in social care status (i.e. from LAC to CPP, CIN, or closed, from CPP to CIN or closed, or from CIN to closed) compared to the comparison cohort (82% versus 57%), suggesting that the programme has been effective in **increasing placement stability** for children and young people in terms of reducing the likelihood that children and young people enter care through reducing risk..
- Interviews with children and young people and stakeholders found that children and young people's **emotional wellbeing** improved after participating in the NewDAY programme. It was reported by NewDAY staff and wider stakeholders that most children and young people felt safer at home, had reduced anxiety, and improved emotional regulation at school.
- Analysis of NewDAY social care data compared to a comparison cohort shows little evidence to suggest that the programme has been effective in **reducing days spent in care**, as a very small number either were in care or escalated to this status over time.
- Overall, a **cost-benefit** analysis revealed that the costs of service used by the NewDAY cohort decreased by 72% over the course of one year. Over the equivalent time period, the costs of support that a historical comparison group were receiving (who did not receive the NewDAY intervention) declined by 16%. This suggests that, before the costs of the NewDAY programme are factored in, NewDAY is reducing the service use of the families it is working with by an estimated 56% per year. When the running costs of Caring Dads and IPR are

factored in, the result indicate that these interventions run at a net cost of £31,828.20 per year, which is 15% more than the costs of services used by the comparison group after 1 year (i.e. business as usual). However, this does not take into account any future savings that may be achieved as a result of the children and young people having a more stable home environment because of the programme. (These running costs do not take into account the costs of other NewDAy interventions that these families may have received alongside IPR and Caring Dads).

5. Lessons and implications

The following lessons and recommendations are those for which there is the most evidence available. Each lesson may be useful in supporting the future development and wider application of the project.

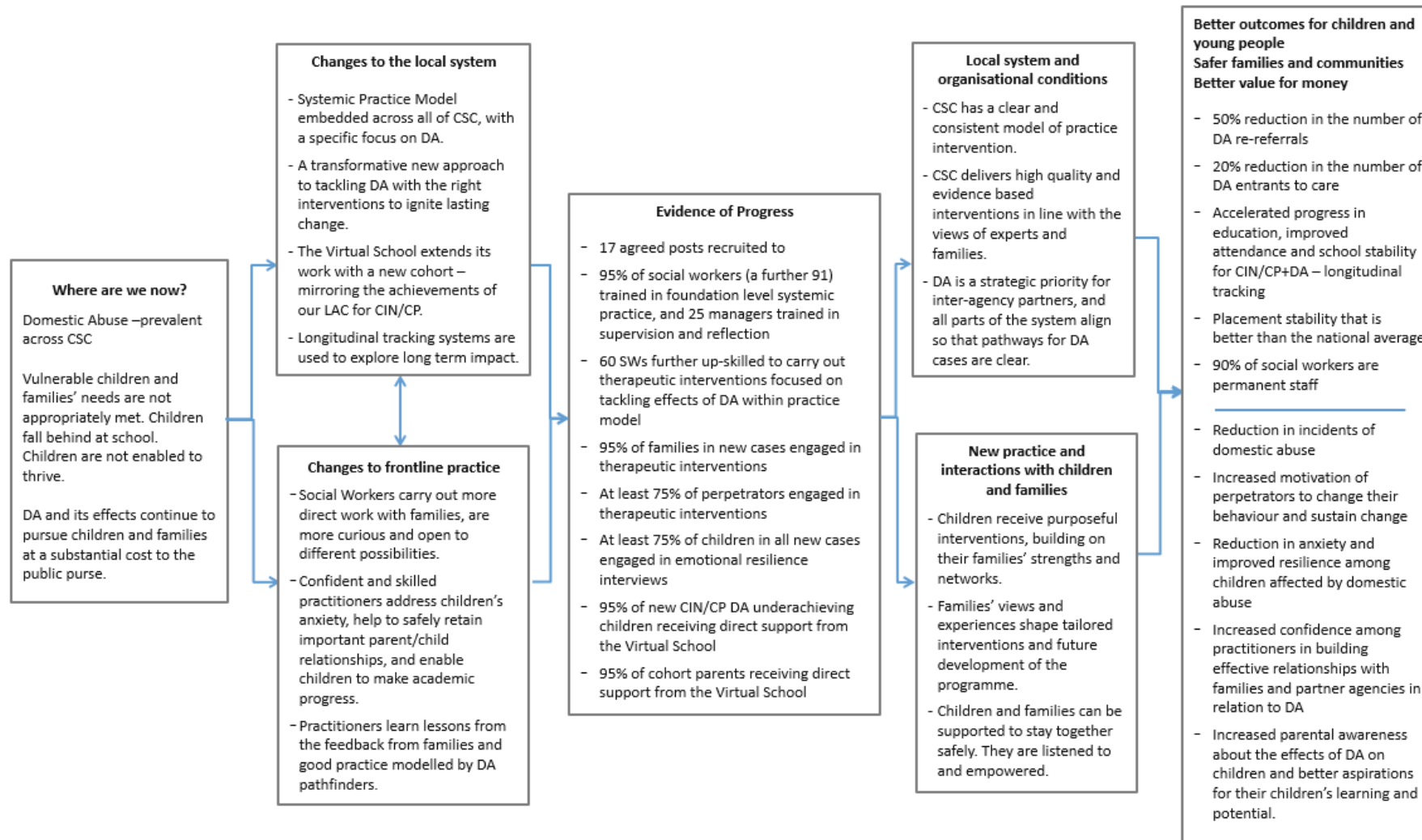
Level	Lesson	Evidence
Implementation	1. Effective evidence-based innovation is most successful when the wider context in which it is operating is stable and with strong/effective leadership in place.	<ul style="list-style-type: none"> • Qualitative consultation with NewDay staff, stakeholders, and managers and leaders • Monitoring data • Case file reviews
Implementation	2. Substantial time needs to be invested upfront in order to design an evidence-based model. This is especially the case for domestic abuse interventions where the needs of families are complex, and the service response needs to reflect this.	<ul style="list-style-type: none"> • Qualitative consultation with NewDay staff, stakeholders, and managers and leaders • Monitoring data
Implementation	3. A strong needs assessment should be undertaken at the start. This will help to ensure that the intervention is based on needs, is matched to the reasons for escalation, and reflected the challenges that are face by children and young people and families. This should ideally be at the levels of individuals, groups and the local area as a whole.	<ul style="list-style-type: none"> • Qualitative consultation with NewDay staff, stakeholders, and managers and leaders • Social care data analysis • Education data analysis

Level	Lesson	Evidence
Implementation	4. A model of practice is essential to guide work with families. The model should be based on evidence of 'what works' and on how to achieve sustained change for families. In NewDAY's case the model was based on understanding the typologies of violence, and taking a consent-based, non-judgmental, therapeutically-informed, and collaborative approach, which is responsive to the needs of families and based on systemic practice. It was also informed by evidence as detailed in Vetere and Cooper (2001) and Johnson (2008)	<ul style="list-style-type: none"> • Qualitative consultation with NewDAY staff, stakeholders, and managers and leaders • Case file reviews
Practice	5. It is important to have a clear view of the intended changes or improvements to be achieved by a programme and put in place key performance indicators/measures to help monitor performance. This is especially important in relation to measuring the sustainability of change over time.	<ul style="list-style-type: none"> • Qualitative consultation with NewDAY staff, stakeholders, and managers and leaders • Case file reviews

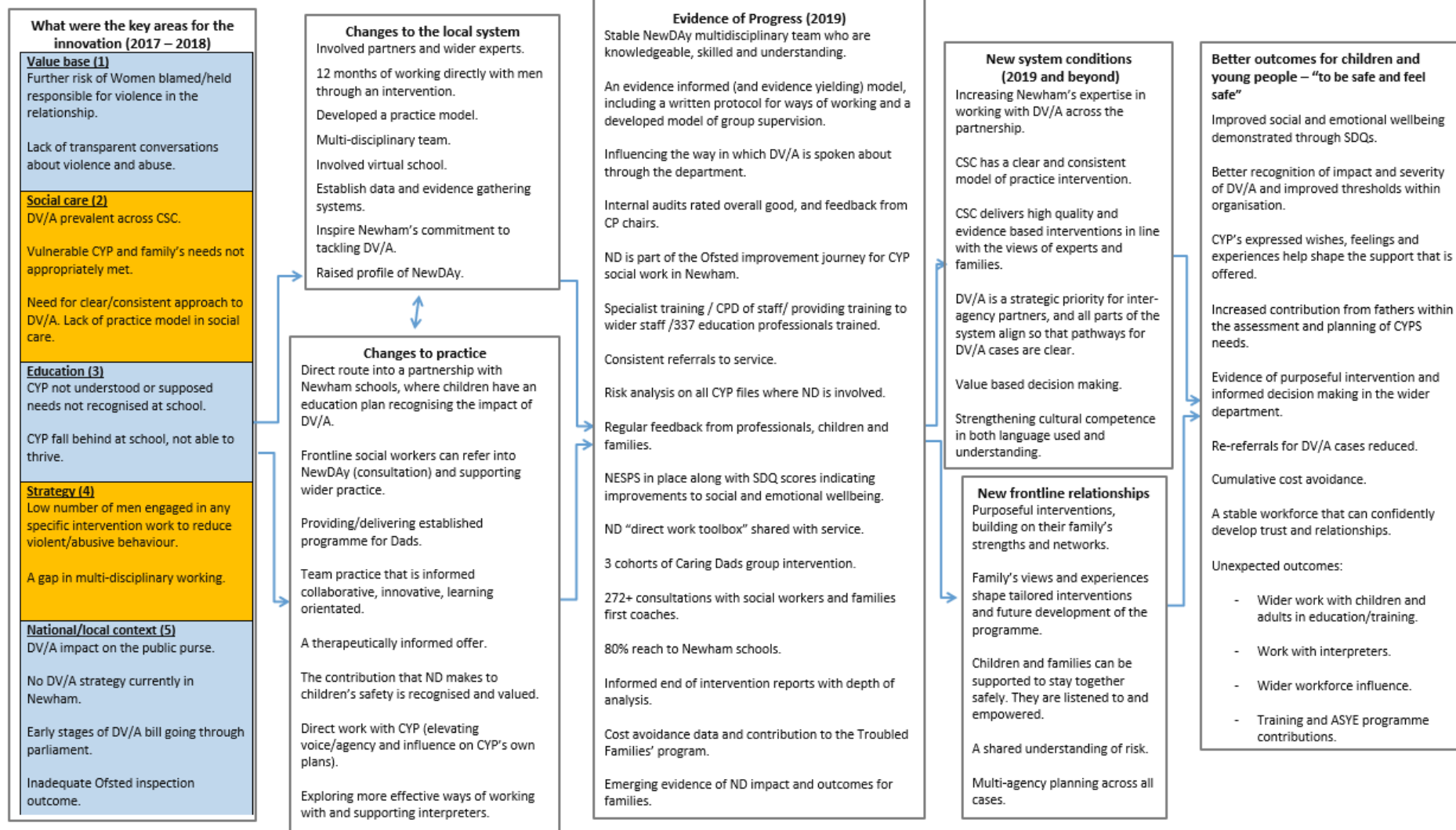
Level	Lesson	Evidence
Practice	<p>6. A skilled multi-disciplinary team of staff with knowledge and understanding of domestic abuse, and with the capacity to offer flexible and targeted support in addition to social work and therapeutic input, is a key enabler to achieving positive outcomes for children and young people and families.</p> <p>Key features that help to ensure that multi-disciplinary working is effective are: group or reflective supervision; an effective partnership board; group case management; supportive development; and establishing a common language and approach.</p>	<ul style="list-style-type: none"> • Qualitative consultation with NewDAY staff, managers and leaders, families, and stakeholders • Education data analysis • Focus group with Caring Dads group • Social care data analysis • Case file reviews
Outcomes	<p>7. Interventions such as NewDAY can have a positive impact in a relatively short period of time for safety and wellbeing of children and young people, victims-survivors, and users of abuse (as well as a positive impact on educational attainment and engagement for children and young people). This is achieved by having interventions that provide support to individuals and to the whole family and take place in homes, schools, and community settings.</p>	<ul style="list-style-type: none"> • Qualitative consultation with stakeholders, social workers, parents, children and young people, and educational professionals • Education data analysis • Case file reviews

Level	Lesson	Evidence
Outcomes	8. It may be difficult for a domestic abuse intervention to create system-wide cost savings in the period of 1 year. This is because – at least in the Newham case – the cohort was not experiencing substantial escalation into or use of very expensive provision, for example LAC. The ability to create savings therefore is limited. This is especially the case as the evidence suggests that quite intensive, multi-disciplinary, high cost support is required to create sustained impact.	<ul style="list-style-type: none"> • Social care data analysis • Cost-benefit analysis • Qualitative consultation with NewDay staff, managers and leaders, families, and stakeholders

Appendix 1: Original theory of change



Appendix 2: Updated theory of change



Appendix 3: NewDAy logic model

A logic model was co-designed with key stakeholders. This logic model outlines the specific inputs, activities, outputs, impacts and outcomes that the programme intended to achieve. As such, it details the mechanisms of change as opposed to the journey which is detailed in the Theory of Change (Appendices 1 and 2).

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
<p>NewDAy Programme</p> <p>Innovation funding: £2.42m over 3 years.</p> <p>Support from social workers co-working NewDAy cases</p> <p>Input by advisory board and partners board</p>	<p>Programme wide activities</p> <ul style="list-style-type: none"> Develop the NewDAy approach Developing and revising the NewDAy referral pathway Recruit NewDAy team Providing training to and sharing learning with Social Care workforce Developing NewDAy toolbox for professionals to use when engaging children and young people affected by domestic violence and abuse (DVA) 	<p>NewDAy approaches and model in place</p> <p>Clear referral pathways and eligibility criteria in place</p> <p>No. of children's social care staff and education professionals to receive training around the NewDAy approach</p> <p>Toolbox for professionals in place</p>	<p>Impact on professionals</p> <ul style="list-style-type: none"> <u>Skill:</u> Social workers that attend training improve skill at assessing and meeting the needs of children and young people affected by DA <u>Behaviour:</u> agencies are referring children, young people, and families to NewDAy for support <u>Attitudes:</u> professionals agree that NewDAy is a valuable model that addresses some of the gaps in provision and improves outcomes for children, young people, and families 	<p>Improved level of child wellbeing (<u>Children and young people/Families participating in Caring Dads or Inter-parental Relationships or educational support</u>):</p> <ul style="list-style-type: none"> Children and young people experience and/or witness less DA in the home Reduced anxiety Improved wellbeing Improved family relationships Children and young people feel safer <p>Improved educational engagement and attainment (<u>Children and young people participating in educational support</u>):</p>
<p>NewDAy Social Care interventions</p> <p>NewDAy team (£893,000)</p> <p>Caring Dads: Training and Delivery</p>	<p>Children and young people's wishes and feelings</p> <ul style="list-style-type: none"> 3 1-to-1 sessions with a child to listen to children and young people's voices, and understand wishes and feelings Sessions include a safety-planning element, covering 3 themes: resilience, regulation, and relationships 	<p>No. of children and young people referred to the 'Children's feelings' intervention</p> <p>No. of children and young people who take-up the intervention</p> <p>No. of children and young people who complete the 'Children's feelings' intervention</p>	<p>Impact on children and young people</p> <ul style="list-style-type: none"> <u>Attitude:</u> Children and young people feel they have had the opportunity to express their wishes and feelings. <u>Attitude:</u> Children and young people feel that their wishes and feelings have been heard and responded to 	<ul style="list-style-type: none"> Improved academic attainment Improved social and emotional well-being at school Improved engagement in education Improved attendance and punctuality at school

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
	<ul style="list-style-type: none"> Target cohort: Children and young people aged 4-17, Domestic Abuse a presenting factor Referrals from Early Help or Social Care 	<p>Percentage of children and young people who agree that they have received useful, high quality support</p>	<ul style="list-style-type: none"> <i>Attitude:</i> children and young people believes the support has made a positive difference to their lives, either overall or in particular domains <p>Impact on family</p> <ul style="list-style-type: none"> <i>Knowledge:</i> family has better understanding of child or young person's wishes and feelings. <i>Attitude:</i> parent believes that the support has made a positive different to their family's life either overall or in particular domains <p>Impact on professionals</p> <ul style="list-style-type: none"> <i>Skill:</i> Social worker or Families First practitioner co-working case, are more skilled at identifying and meeting the needs of children and young people affected by DVA (1,2,3) <i>Attitude:</i> Families First practitioner or social worker believes that the support has made a positive different to the family's life either overall or in particular domains 	<ul style="list-style-type: none"> Fewer exclusions <p>A more effective model of responding to DVA. For those participating in <u>Caring Dads or Inter-parental Relationships</u>:</p> <ul style="list-style-type: none"> Fewer children and young people re-enter statutory services as CIN, CPP or LAC More children and young people de-escalate from CPP to CIN or Early Help or universal services More children and young people de-escalate from CIN to Early Help or universal services Fewer children and young people escalate into CPP Fewer children and young people escalate to become Looked After Shorter period of engagement with social services for families <p>A more cost-effective response to DVA, as a result of reduced use of statutory social services for <u>children and young people/ Families participating in Caring Dads or Inter-parental Relationships or educational support</u></p>
	<p>Talking about emotions</p> <ul style="list-style-type: none"> 3 sessions with children and young people and their primary carer to 	<p>No. of families referred to the 'Talking about emotions' intervention</p>	<p>Impact on children and young people</p> <ul style="list-style-type: none"> <i>Attitude:</i> Improved child-parent relationships 	<p>A change in culture amongst professionals, towards a respectful, permission-seeking approach to addressing DVA. (All elements)</p>

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
	<p>strengthen their relationship</p> <ul style="list-style-type: none"> • Target cohort: Children and young people aged 4-17, Domestic Abuse a presenting factor • Referrals from Early Help or Social Care 	<p>No. of families who take-up the intervention</p> <p>No. of families to complete the 'Talking about emotions' intervention</p> <p>Percentage of families who agree that they have received useful, high quality support</p>	<ul style="list-style-type: none"> • <i>Attitude:</i> Children and young people believes the support has made a positive difference to their lives, either overall or in particular domains <p>Impact on family</p> <ul style="list-style-type: none"> • <i>Knowledge:</i> Improved parental understanding about the impact that DVA has had on children and young people • <i>Skill:</i> Improved skill at communicating emotions • <i>Attitude:</i> parent believes that the support has made a positive different to their family's life either overall or in particular domains • <u><i>Attitude:</i> families are more likely to access support from higher levels of the NewDAY programme</u> <p>Impact on professionals</p> <ul style="list-style-type: none"> • <u><i>Skill:</i> Social worker or Families First practitioner co-working case, are more skilled at identifying and meeting the needs of children and young people affected by DVA</u> • <u><i>Attitude:</i> Families First practitioner or social worker believes that the support has made a positive different to the family's life either overall or in particular domains</u> 	<p>Social workers and Families First Practitioners who work with families where domestic violence is experienced are more skilled and confident at working with families experiencing DVA (<u>All social workers to receive training or co-work a NewDAY case</u>)</p> <p>School staff are more skilled and confident at (<u>Any school staff participating in NewDAY education support</u>):</p> <ul style="list-style-type: none"> • Identifying children and young people that may have experienced DVA • Knowing and understanding how children and young people's experience of DVA might impact their presentation at school • Engaging children and young people that have been affected by DVA effectively through informed approaches / strategies • Implementing appropriate support for children and young people affected by DVA

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
	<p>Engaging users of abuse</p> <ul style="list-style-type: none"> • 3 sessions of direct work to recognise the impact of DVA on their children and their partner • Target cohort: Users of abuse with children known to social services • Referrals from Social Care or Families First 	<p>No. of users of abuse to be referred to the 'Engaging users of abuse' intervention</p> <p>No. of users of abuse who take-up the intervention</p> <p>No. of users of abuse who complete the 'Engaging users of abuse' intervention</p> <p>Percentage of users of abuse involved in the programme who agree that they have received useful, high quality support</p>	<p>Impact on user of abuse</p> <ul style="list-style-type: none"> • <i>Knowledge:</i> User of violence improves understanding of the impact that DVA has on children and young people and their partner • <i>Attitudes:</i> User of abuse learns new skills that enables them to act differently and reduce abusive behaviour • <i>Behaviour:</i> Reduced use of violence and better regulation of behaviour • <i>Behaviour:</i> <u>User of abuse is willing to participate in Caring Fathers or Inter-Parental Relationship interventions</u> • <i>Attitude:</i> User of abuse believes that the support has made a positive difference to their family's life either overall or in particular domains <p>Impact on professionals</p> <ul style="list-style-type: none"> • <i>Skill:</i> <u>Social worker or Families First practitioner co-working case, feel more confident in their ability to engage fathers</u> 	
	<p>NewDay Caring Dads</p> <ul style="list-style-type: none"> • 17 two-hour group sessions, for fathers to improve child-centred fathering • Target cohort: Fathers who have been abusive 	<p>No. of fathers referred to 'NewDay Caring dads'</p> <p>No. of fathers who take-up the intervention</p>	<p>Impact on user of abuse</p> <ul style="list-style-type: none"> • <i>Knowledge:</i> <u>User of violence improves understanding of the impact that DVA has on children and young people and their partner</u> 	

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
	<p>or neglectful towards their children</p> <ul style="list-style-type: none"> • Referrals from Social Workers or Families First Practitioners 	<p>No. of fathers who complete the 'Caring dads' intervention</p> <p>No. of fathers who were referred to Caring Dads from User of Abuse</p> <p>Percentage of fathers involved in the intervention who agree that they have received useful, high quality support</p>	<ul style="list-style-type: none"> • Behaviour: <u>Reduced use of violence and better regulation of behaviour</u> • Skill: <u>User of violence has improved skills, including child-centred parenting</u> • Attitude: <u>User of violence believes that the support has made a positive different to their family's life either overall or in particular domains</u> <p>Impact on victim-survivor</p> <ul style="list-style-type: none"> • Attitude: <u>victim-survivor feels safer in home environment</u> • Attitude: <u>victim-survivor believes that the support has made a positive different to their family's life either overall or in particular domains</u> 	
	<p>Inter-parental relationships</p> <ul style="list-style-type: none"> • Fortnightly sessions for up to 6 months with both parents to improve family functioning • Target cohort: families with a child(ren) or young person(s) who is CIN or CPP, with Domestic Abuse a presenting factor • Referrals from social workers <i>only</i> 	<p>No. of families referred to the 'Inter-parental relationships' intervention</p> <p>No. of families who take-up the intervention</p> <p>No. of families to complete the 'Inter-parental relationships' intervention</p> <p>No. of users of abuse who are referred to Inter-parental</p>	<p>Impact on user of abuse</p> <ul style="list-style-type: none"> • Knowledge: <u>User of abuse improves understanding of the impact that DVA has on their partner and child(ren)</u> • Attitudes: <u>User of abuse feels able to use new awareness and techniques to reduce violent and abusive behaviour</u> • Skill: <u>User of abuse has improved skills, including child-centred parenting,</u> 	

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
		<p>relationships from the 'Engaging User of Abuse' intervention</p> <p>Percentage of participants who agree that they have received useful, high quality support</p>	<p><u>risk assessing, safety planning and self-soothing</u></p> <ul style="list-style-type: none"> • Behaviour: <u>Reduced use of violence and better regulation of behaviour, by user of abuse</u> • Attitude: <u>User of abuse believes that the support has made a positive different to their family's life either overall or in particular domains</u> <p>Impact on victim-survivor</p> <ul style="list-style-type: none"> • Attitude: <u>Victim-survivor feels safer in home environment</u> • Attitude: <u>Victim-survivor believes that the support has made a positive different to their family's life either overall or in particular domains (2, 3, 4)</u> <p>Impact on children and young people</p> <ul style="list-style-type: none"> • Attitude: <u>Children and young people feel safer in home environment</u> • Skills: <u>Children and young people improve emotional resilience</u> 	

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
<p>School and Learning (£682,500)</p> <p>3 teaching posts and 1 admin post</p> <p>IT system CLIVE</p> <p>Resources, materials, mobiles, and tech</p>	<p>School and Learning</p> <ul style="list-style-type: none"> • NewDAy Education develop a NewDAy Education Support Plan (NESP) to be delivered across 3 school terms • Some children and young people will receive direct work as part of their NESP. • Target cohort: Children and young people aged 2-17, in education provision in Newham. Domestic Abuse a presenting factor • Referrals from Early Help, Social Work, or school 	<p>No. of children and young people referred to the NewDAy Education team</p> <p>No. of children and young people who take-up the intervention</p> <p>No. of children and young people to complete the NewDAy school and learning intervention</p>	<p>Impact on children and young people</p> <ul style="list-style-type: none"> • Skills: <u>Children and young people receive support and strategies to develop their emotional resilience</u> • Attitudes: <u>Children and young people develop positive sense of themselves as a learner and a more positive attitude to school</u> Behaviour: <u>Children and young people appear more confident and engaged at school</u> <p>Impact on professionals</p> <ul style="list-style-type: none"> • Knowledge: <u>Teaching staff working with children and young people have a better understanding of the impact of DVA on behaviour and attainment</u> • Skill: <u>School staff more skilled at recognising Children and young people that have potentially been affected by DVA</u> • Skill: <u>Improved staff skill at meeting the emotional, behavioural, engagement and educational needs of children and young people affected by DVA</u> • Behaviour: <u>School staff work more closely with social workers and education professionals to provide support to Children and young</u> 	

Inputs →	Activities →	Outputs →	Impacts →	Outcomes
			people that have <u>experienced DVA</u>	

Appendix 4: Summary of the NewDay model

	Intervention	Target cohort	Description	Length of intervention
Level 1 Intervention	Children and young people's wishes and feelings	<ul style="list-style-type: none"> • For children and young people aged 4-17. • Domestic abuse a prominent factor. • Referrals from Families First Practitioner or Social Worker. 	<ul style="list-style-type: none"> • Format: 1-to-1 direct work with children or young people over 3 sessions. • Activities: Sessions to provide an opportunity for children and young people to express their wishes and feelings under 3 key topics: resilience, regulation, and relationships. NewDay practitioners provide the lead professional with resources to continue direct work once NewDay intervention ends. • Staff: Option to be co-worked with the Families First Practitioner or child's Social Worker. 	3 sessions
Level 1 Intervention	Engaging users of abuse	<ul style="list-style-type: none"> • For the parent using abuse, in families accessing social services. • Domestic abuse a prominent factor. • Referrals from Families First Practitioner or Social Worker. 	<ul style="list-style-type: none"> • Format: Direct work, 1-to-1, with user of abuse. • Activities: Sessions aimed at engaging with and understanding motivations; an opportunity to explore impact of domestic abuse on children and young people, and provide support for coping with arousal. • Staff: Option to be co-worked with Families First Practitioner or Social Worker. 	3 sessions

	Intervention	Target cohort	Description	Length of intervention
Level 1 Intervention	Talking about emotions	<ul style="list-style-type: none"> • For the primary carer and their child(ren) who are accessing social services. • Domestic abuse a prominent factor. • Referrals from Families First Practitioner or Social Worker. 	<ul style="list-style-type: none"> • Format: Direct work with a parent who has experienced abuse and their child(ren). May include all children or only specific children. • Activities: Sessions to support the primary carer and child(ren) together, strengthen their relationship, safety plan, and offer support with talking about emotions and the future. • Staff: Option to be co-worked with Families First Practitioner or Social Worker. 	3 sessions, plus 1 pre-session with parent alone
Level 2 Intervention	NewDAy Caring Dads	<ul style="list-style-type: none"> • For the parent using abuse (this intervention is fathers only however) who have children accessing social services. • Domestic abuse a prominent factor. • Referrals from Families First Practitioner or Social Worker. 	<ul style="list-style-type: none"> • Format: Weekly group work for men who have used abuse or violence. • Activities: group sessions aiming to increase child-centred fathering, encourage responsibility for abusive/neglectful fathering, and rebuild trust in father-child relationships. • Staff: To be delivered by NewDAy practitioners. 	17 weeks

	Intervention	Target cohort	Description	Length of intervention
Level 3 Intervention	IPR	<ul style="list-style-type: none"> • Families with children accessing social services. • Domestic abuse a prominent factor. • Referrals from social worker <i>only</i>, i.e. CIN/ CPP cases. • Social worker and family must attend an Initial Family Meeting to gain consent before the intervention can proceed. 	<ul style="list-style-type: none"> • Format: Weekly/ fortnightly sessions for both parents separately and then together (when safe). • Activities: Planned sessions with adults to provide a range of support. Initial 'discovery' phase to assess what support is required, and deliver support around 'risk analysis, safety planning, and self-soothing'. The next phase is 'family trail' whereby practitioners work to sustain changes the family have made to date • Staff: To be delivered by NewDay practitioners. 	Up to 6 months

	Intervention	Target cohort	Description	Length of intervention
Standalone and joint offer	School and learning	<ul style="list-style-type: none"> • Open to any child where DA is thought to be affecting school outcomes adversely (for those whose families are receiving other NewDAY interventions and those whose families are not receiving other NewDAY interventions). • Referrals from Teaching staff, Families First Practitioners or Social Workers. 	<ul style="list-style-type: none"> • Format: A mix of direct work by NewDAY advisory teacher, and coordinated support delivered by the school and other professionals working with the child or young person. • Activities: Develop a NewDAY Education Support Plan (NESP) in collaboration with the child(re) or young person(s), school staff and other relevant services. Plan delivered by NewDAY advisory teachers in collaboration with school and other services. • Staff: To be delivered by NewDAY advisory teachers. 	Three school terms

Appendix 5: Timeline of changes to the NewDAy model

The table below outlines the changes that were made to the NewDAy model over the course of the programme.

Many of the changes outlined below were in response to challenges in attracting the number of referrals anticipated successfully converting referrals into participation. The voluntary nature of the programme meant that participants were able to dis-engage with the programme if they wished. Participants sometimes dis-engaged with the programme after the referral due to being put off by the long-term nature of the intervention. In addition, because consent was required by both parents long-term interventions, this resulted in the programme targeting only a sub-cohort of families experiencing domestic abuse, e.g. for IPR, both parents/carers needed to consent and situational violence needed to be the main type of domestic abuse within the family. and they were required to sign-up for a long-term intervention.

Changes to the programme were introduced in order to reach more families, build engagement and feed into longer-term interventions. 3 main changes were made: (1) education support was opened to children and young people whose parents were not participating in the rest of the NewDAy model. The children and young people did not need to have their case open to statutory services, and referral pathways were expanded to include direct referrals by schools or by Families First practitioners to NewDAy; (2) NewDAy introduced a Caring Dads programme. This is an established group-based service for users of violence. This was introduced to provide a form of perpetrator programme for individuals who did not feel able or willing to participate in the core NewDAy model; (3) 3 short-term interventions were introduced to the NewDAy programme. The sessions were multi-purpose, aiming to provide a range of support for children and young people, victim-survivors, and also users of abuse. Practitioners and key stakeholders identified during interviews that the 'Engaging Users of Abuse' intervention, in particular, was aimed at building engagement with users of abuse so that they may choose to take part in either Caring Dads or Interparental Relationships work at a later date.

Dates	Item
May 2017	Programme starts
May 2017	First Programme Partners Board
June 2017	Recruitment
September 17	Case selection process

Dates	Item
September 17	Programme Partners Board
November 17	Education pilot begins
November 17	Programme Partners board
October 17	Case reviews and drop in process
October 17	Case work on IPR starts (including Education)
November 17	Education pilot begins, referral from schools
December 17	NewDAy social work practice lead leaves
January 18	Referral process begins
January 18	New social work practice lead begins
January 18	Programme Partners Board
January 18	Schools acceptance of referrals directly to schools
January 18	Referral for case holding stopped
January 18	Expansion of age threshold
January 18	Advisory Board
February 18	Newham Director of children's services and head of partner's board leaves organisation
March 18	Programme Partners Board
March 18	Change in CAMHS senior lead oversight
April 18	Advisory Board
April 18	NewDAy moves to Early Help from Safeguarding
May 18	New Mayor of Newham is appointed
June 18	Approached schools to refer schools to start in September
June 18	Last case held is close or re-allocated to intervention

Dates	Item
June 18	Direct of service improvement and transformation takes over as chair of Programme Partners Board
July 18	Advisory Board
July 18	Referrals begin for Tier 2 (CWF, TAE, UOA)
July 18	NewDAy thresholds change to incorporate Families First
July 18	Referrals for Caring dads
August 18	Advisory Board
September 18	Start works with summer Education referrals
September 18	Caring Dads cohort 1 starts
September 18	Programme Partners Board
September 18	Change in CAMHS senior lead oversight.
October 18	Advisory Board
October 18	NewDAy Domestic Abuse Pathfinder leaves
November 18	Programme Partners Board
December 18	NewDAy social care practice lead leaves
December 18	NewDAy advisory teacher leaves, a new one recruited
January 19	12 session limit on IPR changes to 6-month time limit
January 19	Enhancement of IPR to include psycho educational input
January 19	Caring Dads cohort 2 starts
January 19	Programme Partners Board
January 19	Advisory Board
January 19	NewDAy social care practice lead starts
January 19	NewDAy start to attend all conferences and CIN meetings with cases that they are involved in

Dates	Item
February 19	Ofsted inspection of LBN
March 19	Joint Director of Adults and children' services leaves Newham
March 19	Programme Partners Board
April 19	Advisory Board
June 19	Programme Partners Board
July 19	Stop taking referrals for users of abuse
July 19	Advisory Board
August 19	Change in CAMHs senior lead oversight.
September 19	Inclusion of new safety and typology measures
September 19	Caring Dads cohort 3 starts
September 19	Programme Partners Board
September 19	NewDAy moves into the safeguarding service from early help
October 19	Referral process of IPR and education ends
October 19	New permanent director of Children's Service starts
November 19	Programme Partners Board
December 19	Referral process ends for all short term (tier 2)
January 19	Programme Partners Board
March 20	Programme Partners Board

Appendix 6: Limitations of the evaluation

NewDAy worked with fewer numbers of participants than anticipated; the Caring Dads, IPR, and School and Learning intervention combined completed work with a total of 157 participant against a target of 223. Caring Dads only completed worked with 20 fathers. This resulted in a small pool of participants to interview. This, coupled with difficulties with a willingness to engage from families, reflected in both low numbers of consent forms (18 from fathers and 18 from mothers) and many not engaging in an interview after giving initial consent, resulted in lower numbers of qualitative interviews with parents than originally anticipated (12 rather than 20). A further 4 were consulted as part of a Caring Dads focus group.

Fewer children than expected were able to give informed consent under Fraser guidelines; only 2 out of those whose parents who had received IPR or Caring Dads consented to be interviewed were able to give informed consent themselves, and 1 of these did not consent.⁴³ Informed consent was received for an additional 3 children (and their guardians) who had received the school and learning intervention. In total, 5 children and young people were interviewed.

The evaluation also experienced problems with engaging staff. Although 89 were interviewed compared to an original intention of 70, it had been hoped that a total of 103 would be interviewed as resource was shifted from interviews with family to staff.

The Caldicott Guardian for Newham also ruled that case files could only be reviewed independently by a member of the evaluation team if consent was given from both parents, and if the child was of secondary school age. Due to the limited number of consent forms received, it was not possible to conduct 40 independent case file reviews. Instead, members of the NewDAy team supervised access to 20 case files (the full 40 was not possible due to the low number of consents received and the time available to review files with supervision from NewDAy staff).

The evaluation team addressed the other issues through conducting a Caring Dads focus group alongside interviews, broadening the range of people interviewed to include auditors, translators, conference chairs, wider school staff and strategic leads, as well as social work managers and leaders, referrers into NewDAy, and NewDAy staff. The qualitative consultation was also expanded to parents and children who had taken parent in the School and Learning intervention only.

⁴³ Under these guidelines, only children who 'have sufficient understanding and intelligence to fully understand what is involved' in the research are interviewed (more information available at <https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-8-gillick-competency-fraser-guidelines>).

The social care data analysis includes children from families who received the IPR or Caring Dads intervention, and the Score 15 data only includes families receiving IPR. These families may also have received other short-term interventions or the School and Learning intervention, and so the analysis is of the impact of the NewDAy offer as a whole for those families, rather than of a single intervention.

The cost-benefit analysis only includes families receiving the IPR or Caring Dads intervention, and so only factors in the costs of these interventions. However, some of these families received both interventions, and some received the School and Learning intervention and/or short-term interventions in addition. Therefore, there may be additional costs which contributed to the impact achieved for these families that have not been factored into this analysis.

Quantitative analysis of outcomes data is presented as comparisons of mean averages. No advanced statistical analysis was undertaken. This was due to the fact that sample sizes were small. As a result, this limits the conclusions that we are able to draw about whether differences between groups are meaningful or could have occurred by chance. Further, it limits the conclusions that we can draw about attribution of any differences to be as a result of NewDAy.

Appendix 7: Counterfactual and NewDAy data analysis comparison

The following counterfactual analysis compares outcomes of the NewDAy cohort with those of an historical group of children who Newham judge would have been eligible for, and likely to take-up, NewDAy if it had existed. This counterfactual analysis complements an analysis of the NewDAy cohort only, which focuses on distance travelled in terms of educational achievement, attendance, and engagement.

The counterfactual analysis is based on 50 children and young people in the counterfactual comparison cohort and 142 children and young people in the NewDAy cohort, although in some cases the sample used is smaller due to missing data.⁴⁴

Profile

Within those for whom we had gender data, there was an even split of males and females in the comparison group, while the NewDAy cohort was 57% male (see Table 9).

Table 9: Gender profile of NewDAy and counterfactual comparison cohorts

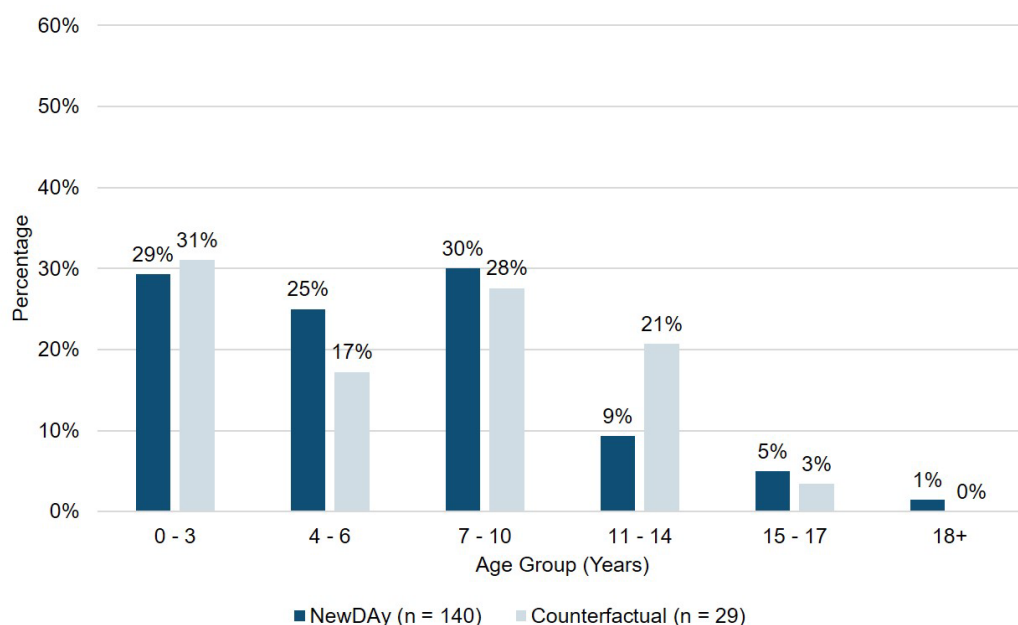
Gender	No. (proportion) of children and young people: NewDAy	No. (proportion) of children and young people: Counterfactual
Male	79 (56%)	15 (30%)
Female	62 (44%)	15 (30%)
Unknown	0 (0%)	20 (40%)
Total	141 (100%)	50 (100%)

Source: Social care data

The cohorts ranged in age from less than 1 year to 19 years old. Figure 6 demonstrates that in both cohorts most children and young people were aged 0-3 years and 7-10 years old. The cohorts contained broadly similar proportions of each age group, although the comparison group contained a substantially higher proportion of 11 to 14-year olds (21% compared to 9%). Only 9 children in the NewDAy cohort and 1 child in the comparison group were aged 15 years or older.

⁴⁴ Please note that 7 children and young people whose families NewDAy worked with entered the programme as a LAC. The data for these cases has been excluded due to the fact that NewDAy does not usually work with families where children and young people are LAC, and so including them would not be representative of its target cohort.

Figure 6: Age profile in years of the NewDAy (n=140) and counterfactual comparison (n=29) cohorts⁴⁵

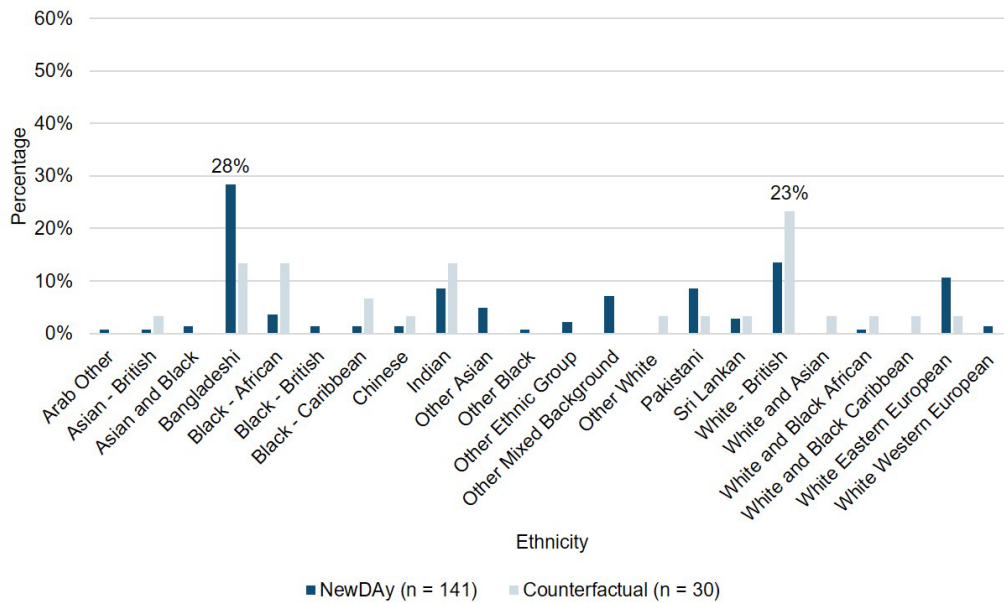


Source: Social care data

With regards to ethnicity, the comparison group was divided across 14 ethnic profiles while the NewDAy cohort was divided across 19 (see Figure 7). The most commonly reported ethnicity in the comparison group was White-British (23% or 7 children and young people). In the NewDAy cohort it was Bangladeshi (28% or 40).⁴⁶ This more closely reflects the ethnicity profile of Newham, where 27.42% of residents are Bangladeshi.⁴⁷

⁴⁵ Age information missing for 2 children in the NewDAy sample and 21 children in the comparison group.

⁴⁶ Source: Greater London Authority: Ethnic group projection housing led variant 2016- based. Groupings are those used on the 2011 Census forms.



Source: Social care data

Finally, Table 10 shows the number and proportion of children and young people in each cohort who were at each statutory status at the time of entry into the NewDAY intervention (or hypothetical entry in the case of the comparison group). At that time, the majority of children and young people in both cohorts were at CIN status and 30-35% of children and young people in the cohorts were at CPP status. There were no children and young people at LAC status in either cohort as NewDAY does not normally work with LAC children.⁴⁸ There were also no children and young people in the comparison group, and 5 children in the NewDAY cohort, who had no statutory status at that time ('Closed').

⁴⁸ Please note that 7 children and young people whose families NewDAY worked with entered the programme as a LAC. The data for these cases has been excluded due to the fact that NewDAY does not usually work with families where children and young people are LAC, and so including them would not be representative of its target cohort.

Table 10: Number and proportion of children in the NewDAY (n=139)⁴⁹ and counterfactual comparison cohorts (n=50) at each statutory status on entry into the intervention

Statutory status	No. (proportion of children and young people: NewDAY)	No. (proportion of children and young people: Counterfactual)
Closed	5 (4%)	0 (0%)
CIN	85 (61%)	35 (70%)
CPP	49 (35%)	15 (30%)
LAC	0 (0%)	0 (0%)
Total	139 (100%)	50 (100%)

Source: Social care data

The similarity between the NewDAY and comparison group, particularly in the proportion of each case status category, means that changes within the 2 groups are comparable, and differences can be attributed to the NewDAY programme to an extent (although it should be noted that the children and young people in the NewDAY cohort may be receiving additional support which could have contributed to differences in outcomes).

Analysis of changes

This analysis compares the statutory statuses of children and young people in each cohort at the (real or hypothetical) start of their engagement with 1 of the NewDAY interventions with their status:

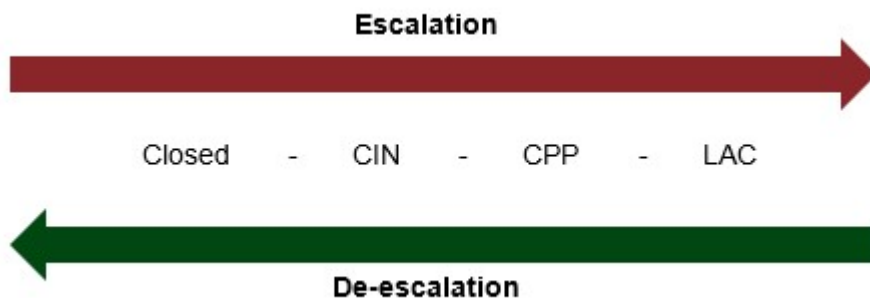
- At the end of their engagement with NewDAY, for the intervention group, or after 6 months for the comparison group (assumed to be the hypothetical end of a NewDAY intervention).
- 3 months after the end date.
- 6 months after the end date.

It also explores the escalation and de-escalation patterns of children's statutory statuses between each of the time points listed above, and how any such patterns were sustained over time (to a maximum of 6 months after the end of the real or hypothetical intervention). Escalations and de-escalations were defined as a child's status changing to 1 or more other statuses in the order displayed in Figure 8⁵⁰.

⁴⁹ This excludes data for 3 children who transferred out of the area before the end of the programme. It includes children and young people whose families were receiving IPR and Caring Dads.

⁵⁰ Please note: for the purposes of this analysis we use 'Closed' to represent the most de-escalated status, under the assumption that cases are closed when children and young people no longer need statutory support. However, we are aware that in reality cases are closed for a variety of reasons, including children and young people moving out of the area. This is worth noting when interpreting the findings of this analysis, although as we would expect this issue to affect both the NewDAY and comparison groups it should not invalidate the comparisons made here.

Figure 8: Escalation and de-escalation patterns of children's statutory statuses



Ideally, the NewDAy cohort would have fewer children and young people escalating over the period of intervention (and for the period post-intervention) and more children de-escalating over the period. This would then demonstrate that NewDAy is likely to be (a) achieving better outcomes than business-as-usual; and (b) reducing incurred costs on current services.

Overall changes

Main findings

Between the start of the intervention and 6 months after the end, a larger proportion of the NewDAy cohort experienced de-escalation in status than of the comparison group (81% compared to 57%). The disparity between these 2 groups was most distinct between the start and end of the intervention.

During this time, 7% of the NewDAy cohort escalated in status compared to 4% of the comparison group but, when type of escalation differed between the 2 cohorts, escalation in the comparison group tended to be more severe, i.e. to LAC status.

When looking at the proportions of each cohort who were at each status at each time point, there was a positive trajectory for each category, with a rise in Closed cases and a fall in CPP and CIN. However, a higher proportion of children in the NewDAy cohort experienced positive changes in their case status, and over a quicker time period. This suggests that NewDAy has a positive effect on how quickly children and young people affected by domestic violence and abuse have their case status de-escalated.

Table 11 and Table 12 show that the largest proportion of both cohorts were at CIN status until the end of the intervention. By 3 months after the intervention end, over half of children in the NewDAy cohort had a Closed status compared to around a third of the comparison group. By 6 months after the intervention end, nearly 3-quarters of the

NewDAY cohort had a Closed status compared to 49% of the comparison group. Furthermore, 20% of the comparison group were at CPP status compared to only 9% of the NewDAY cohort. There was also 1 child in the comparison group who had progressed to LAC status, whereas none in the NewDAY cohort had done so.

Table 11: Number of children and young people in NewDAY cohort at each statutory status at each time point

Statutory status	Number (proportion) of children and young people in each statutory status				
	Start	End	After 3 months	After 6 months	Change from start to 6 months after exit
Closed	3 (4%)	31 (42%)	39 (53%)	54 (73%)	+51 (+69%)
CIN	53 (72%)	30 (41%)	28 (38%)	13 (18%)	-40 (-54%)
CPP	18 (24%)	13 (18%)	7 (9%)	7 (9%)	-11 (-15%)
LAC	0 (0%)	0 (0%)	0 (0%)	0 (0%)	No change
Unknown	0 (0%)	0 (0%)	0 (0%)	0 (0%)	No change
Total	74 (100%)	74 (100%)	74 (100%)	74 (100%)	

Source: Social care data

Table 12: Number of children and young people in counterfactual comparison cohort at each statutory status at each time point

Statutory status	Number (proportion) of children and young people in each statutory status				
	Start	End	After 3 months ⁵¹	After 6 months	% Change from start to 6 months after exit
Closed	0 (0%)	8 (16%)	17 (35%)	24 (49%)	+ 24 (+49%)
CIN	34 (69%)	24 (49%)	18 (37%)	14 (29%)	-20 (-40%)
CPP	15 (31%)	17 (35%)	13 (27%)	10 (20%)	-5 (-11%)
LAC	0 (0%)	0 (0%)	1 (2%)	1 (2%)	+1 (+2%)
Total	49 (100%)	49 (100%)	49 (100%)	49 (100%)	

Source: Social care data

The final column of Table 11 and Table 12 shows the change in number and percentage of children and young people at each status between the start of the intervention and 6 months after the end. Both cohorts show broadly positive patterns of change, with numbers of children and young people at Closed increasing and numbers at other statuses decreasing (except the increase to 1 comparison group child at LAC). The

⁵¹ Percentages do not add up to 100% due to rounding.

largest percentage change was for children and young people at Closed status in the NewDAy cohort (+69%). The NewDAy cohort also shows a higher reduction in each statutory status than the comparison group. This indicates that, overall, the NewDAy cohort experienced more de-escalations in statutory status than the comparison group.

In support of the above figures, Table 13 and Table 14 indicate that, between the start and end of the intervention, a higher proportion of the NewDAy cohort de-escalated and a lower proportion escalated compared to the comparison group (50% compared to 20%, and 5% compared to 8%, respectively).

Table 13: Number of children and young people in the NewDAy cohort whose statutory status changed or stayed the same across each time period⁵²

Change in Status	Number (proportion) of children and young people within each time period			
	Start to end of intervention (T1)	End of intervention to 3 months later (T2)	End of intervention to 6 months later (T3)	Start of intervention to 6 months after end (T4)
Escalated	4 (5%)	2 (3%)	1 (1%)	5 (7%)
De-escalated	37 (50%)	16 (22%)	30 (41%)	60 (81%)
No change	33 (45%)	56 (76%)	43 (58%)	9 (12%)
Total	74 (100%)	74 (100%)	74 (100%)	74 (100%)

Source: Social care data

Table 14: Number of children and young people in the counterfactual comparison cohort whose statutory status changed or stayed the same across each time period (n=49)⁵³

Change in Status	Number (proportion) of children and young people within each time period			
	Start to end of hypothetical intervention (T1)	End of hypothetical intervention to 3 months later (T2)	End of hypothetical intervention to 6 months later (T3)	Start of hypothetical intervention to 6 months after end (T4)
Escalated	4 (8%)	1 (2%)	2 (4%)	2 (4%)
De-escalated	10 (20%)	12 (24%)	22 (45%)	28 (57%)
No change	35 (71%)	36 (73%)	25 (51%)	19 (39%)
Total	49 (100%)	49 (100%)	49 (100%)	49 (100%)

Source: Social care data

However, as the length of time between measurement points lengthens, the difference between the two cohorts diminishes. This may simply be because the effects of

⁵² 65 cases were excluded for where there was missing data for at least 1 time point. This was because families had completed the programme less than 6 months ago.

⁵³ 1 child was removed from the comparison group who had missing data for T3 and T4. This was because they transferred out of the area.

participation are most powerful during and immediately after the intervention, so its positive impact reduces as time goes on.

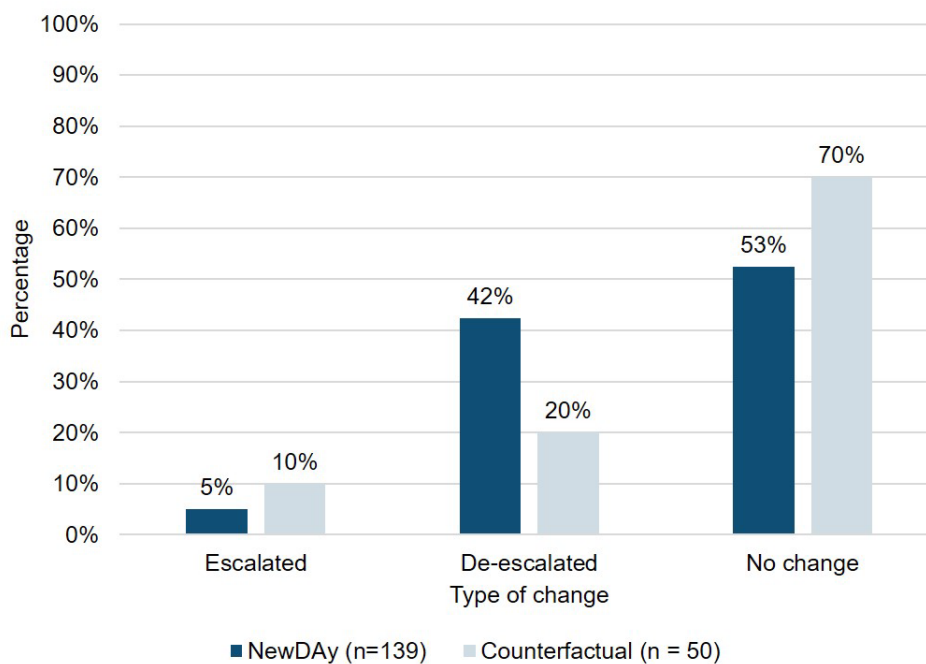
Indeed, when looking at the entire time period (start of the intervention to 6 months after the end), it is clear that a larger proportion of the NewDAy cohort experienced de-escalation in status (81% of the NewDAy cohort compared to 57% of the comparison group). However, it is worth noting that 7% of the NewDAy cohort had escalated compared to 4% of the comparison group – a difference of 3 children and young people, although the larger sample size of the NewDAy cohort should be recognised. It should also be noted that escalation could be attributed to a greater awareness of risk and proactively responding to it, rather than representing poorer outcomes or a lack of impact for families.

The remainder of this report section explores these status changes in more depth, by looking at each time period in turn.

Changes from start to the end of the intervention

Figure 9 shows that, from the start to the end of the intervention, a higher proportion of the comparison group than NewDAy cohort escalated (10% compared to 5%) and showed no change in status (70% compared to 53%). Furthermore, only 20% of the comparison group de-escalated compared to 42% of the NewDAy cohort.

Figure 9: Percentage of children and young people in the NewDAy (n=139) and counterfactual comparison (n=50) cohorts whose status escalated, de-escalated and did not change between the start and end of the intervention



Source: Social care data

Table 15 shows that where there were escalations in both groups, this was children and young people moving from CIN to CPP. The majority of de-escalations in both groups were children and young people moving from CPP to CIN and CIN to Closed.

Table 15: Break down of the number and proportion of children in each cohort whose statutory status changed or stayed the same between the start and end of the intervention

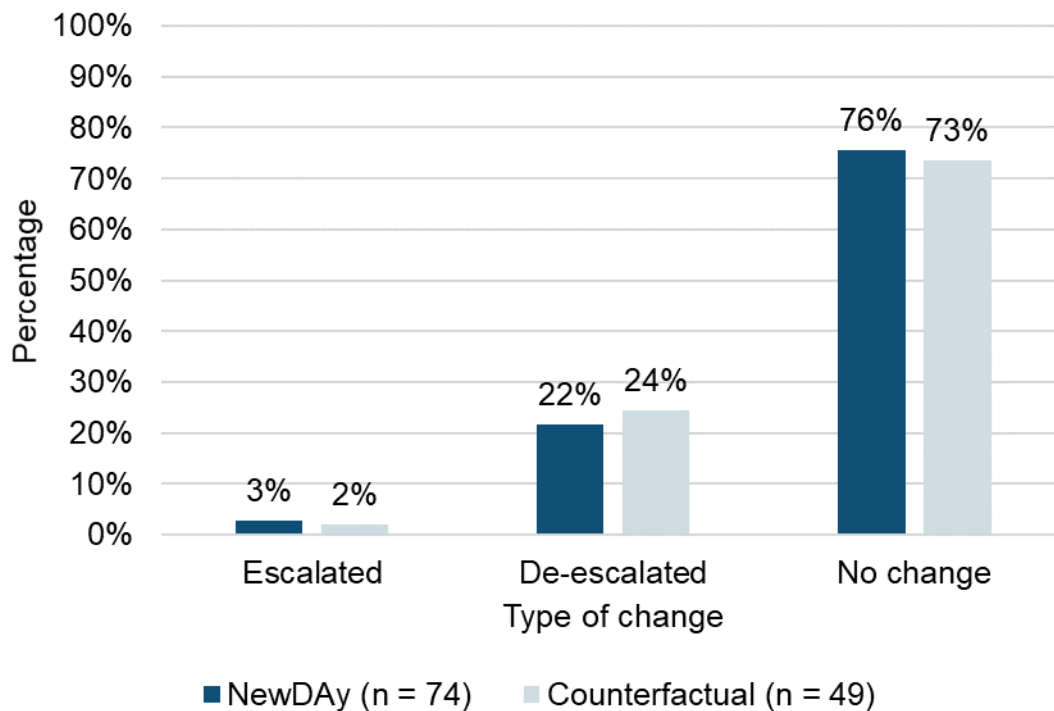
Change in status	NewDAy: Number	NewDAy: Proportion	Counterfactual: Number	Counterfactual: Proportion
Stayed CIN	40	29%	22	44%
Stayed CPP	28	20%	13	26%
Stayed Closed	5	4%	0	0%
Stepped up from Closed to CIN	0	0%	0	0%
Stepped up from Closed to CPP	0	0%	0	0%
Stepped up from Closed to LAC	0	0%	0	0%
Stepped up from CIN to CPP	4	3%	5	10%
Stepped up from CIN to LAC	0	0%	0	0%
Stepped up from CPP to LAC	3	2%	0	0%
Stepped down from CPP to CIN	18	13%	2	4%
Stepped down from CPP to Closed	0	0%	0	0%
Stepped down from CIN to Closed	41	29%	8	16%
Total	139	100%	50	100%

Source: Social care data

Changes from the end of the intervention to 3 months after

Figure 10 shows that between the end of the intervention and 3 months later, there was very little difference between the proportion of escalations, de-escalations, and no change in statuses of each case. A slightly higher proportion of the NewDAy than the comparison group escalated (3% compared to 2%). They also showed a lower proportion of de-escalation (22% compared to 24%) and a slightly higher proportion of no change (76% compared to 73%) than the comparison group.

Figure 10: Percentage of children and young people in the NewDAY (n=74)⁵⁴ and counterfactual comparison cohorts (n=49)⁵⁵ whose status escalated, de-escalated and did not change between the end of the intervention and 3 months after



Source: Social care data

Table 16 shows that there was only 1 child in the comparison group who escalated during this time period, however it was to the most severe status of LAC. In the NewDAY cohort, there were two escalations, but these were less severe, from Closed to CIN and from CIN to CPP.

Table 16: Breakdown of the number and proportion of children and young people in each cohort whose statutory status changed or stayed the same between the end of the intervention and 3 months later

Change in status	NewDAY: Number	NewDAY: Proportion	Counterfactual: Number	Counterfactual: Proportion
Stayed CIN	20	27%	15	31%
Stayed CPP	6	8%	13	27%
Stayed LAC	0	0%	0	0%
Stayed Closed	30	41%	8	16%

⁵⁴ 65 cases were excluded for where there was missing data for at least 1 time point. This was because families had completed the programme less than 6 months ago.

⁵⁵ 1 child was removed from the comparison group who had missing data for T3 and T4. This was because they transferred out of the area.

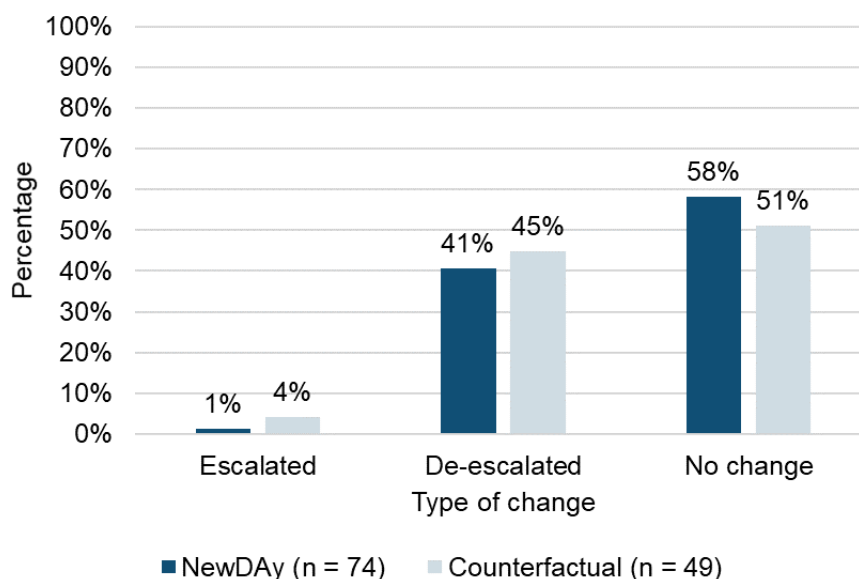
Change in status	NewDAy: Number	NewDAy: Proportion	Counterfactual: Number	Counterfactual: Proportion
Stepped up from Closed to CIN	1	1%	0	0%
Stepped up from Closed to CPP	0	0%	0	0%
Stepped up from Closed to LAC	0	0%	0	0%
Stepped up from CIN to CPP	1	1%	0	0%
Stepped up from CIN to LAC	0	0%	0	0%
Stepped up from CPP to LAC	0	0%	1	2%
Stepped down from LAC to CPP	0	0%	0	0%
Stepped down from LAC to CIN	0	0%	0	0%
Stepped down from LAC to Closed	0	0%	0	0%
Stepped down from CPP to CIN	7	9%	3	6%
Stepped down from CPP to Closed	0	0%	0	0%
Stepped down from CIN to Closed	9	12%	9	18%
Total	74	100%	49	100%

Source: Social care data

Changes from the end of the intervention to 6 months after

Figure 11 shows that, between the end of the intervention and 6 months later, the proportions of change in the 2 groups were similar. The NewDAy cohort had a slightly higher proportion of children and young people whose status did not change (58% compared to 51%) and lower proportion of children and young people whose status de-escalated (41% compared to 45%) than the comparison group. However, there was also a lower proportion of children and young people whose statuses escalated in the NewDAy cohort than the comparison group (1% compared to 4%).

Figure 11: Percentage of children and young people in the NewDAy (n=74)⁵⁶ and counterfactual comparison (n=49)⁵⁷ cohorts whose status escalated, de-escalated and did not change between the end of the intervention and 6 months after



Source: Social care data

Table 17 shows that although the proportions of each cohort whose statuses did not change are similar, 42% of the cohort stayed Closed compared to only 14% of the comparison group. Therefore, in this case a lack of change was mostly positive.

Table 17: Breakdown of the number and proportion of children and young people in each cohort whose statutory status changed or stayed the same between the end of the intervention and 6 months later

Change in status	NewDAy: Number	NewDAy: Proportion	Counterfactual: Number	Counterfactual: Proportion
Stayed CIN	6	8%	8	16%
Stayed CPP	6	8%	10	20%
Stayed LAC	0	0%	0	0%
Stayed Closed	31	42%	7	14%
Stepped up from Closed to CIN	0	0%	1	2%
Stepped up from Closed to CPP	0	0%	0	0%
Stepped up from Closed to LAC	0	0%	0	0%

⁵⁶ 65 cases were excluded for where there was missing data for at least 1 time point. This was because families had completed the programme less than 6 months ago.

⁵⁷ 1 child was removed from the comparison group who had missing data for T3 and T4. This was because they transferred out of the area.

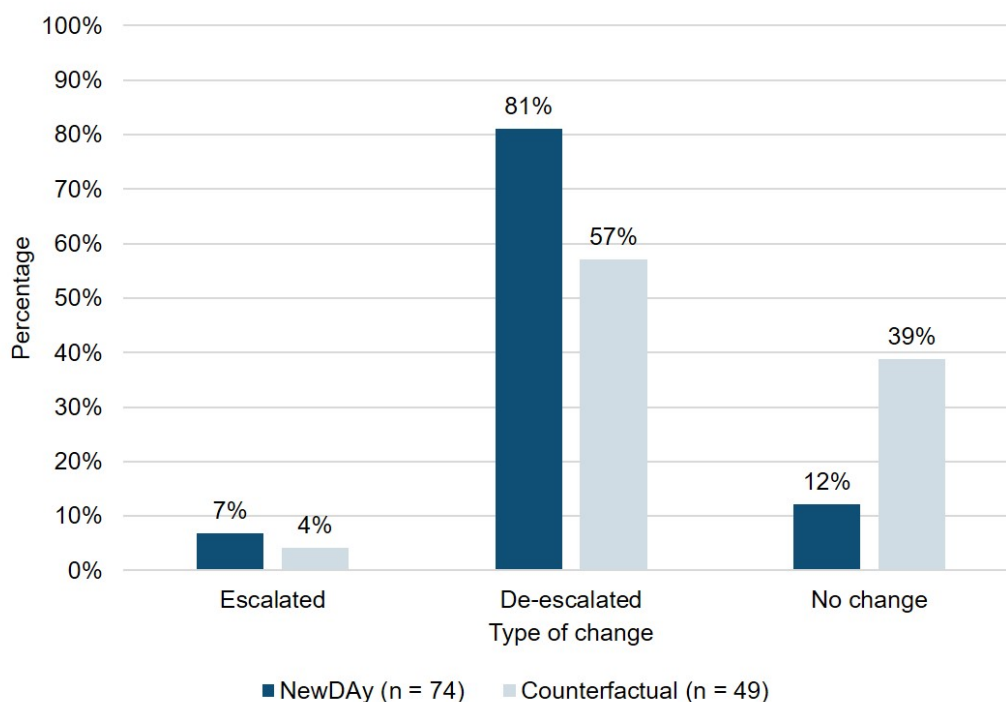
Change in status	NewDAy: Number	NewDAy: Proportion	Counterfactual: Number	Counterfactual: Proportion
Stepped up from CIN to CPP	1	1%	0	0%
Stepped up from CIN to LAC	0	0%	0	0%
Stepped up from CPP to LAC	0	0%	1	2%
Stepped down from LAC to CPP	0	0%	0	0%
Stepped down from LAC to CIN	0	0%	0	0%
Stepped down from LAC to Closed	0	0%	0	0%
Stepped down from CPP to CIN	7	9%	5	10%
Stepped down from CPP to Closed	0	0%	1	2%
Stepped down from CIN to Closed	23	31%	16	33%
Total	74	100%	49	100%

Source: Social care data

Changes from start of the intervention to 6 months after the end

From the start of the intervention to 6 months after the end, 81% of the NewDAy cohort experienced de-escalation in their statutory status, compared to 57% of the counterfactual cohort. The figures for escalation were highly similar between the two cohorts, but slightly higher for NewDAy at 7%, compared to 4% of comparison group. The starkest difference between the cohorts is in the proportion of children and young people whose status did not change. For the comparison group, this figure is over a third at 39%, compared to NewDAy at only 12%.

Figure 12: Percentage of children and young people in the NewDAy (n=74)⁵⁸ and counterfactual comparison (n=49)⁵⁹ cohorts whose status escalated, de-escalated and did not change between the start of the intervention and 6 months after the end



Source: Social care data

Table 18 shows that most of both cohorts' de-escalations were caused by children and young people moving from CIN to Closed. But in addition to this, a substantial proportion of the NewDAy cohort also de-escalated from CPP to Closed (9%) CPP to CIN (12%).

Table 18: Breakdown of the number and proportion of children and young people in each cohort whose statutory status changed or stayed the same between the start of the intervention and 6 months after the end

Change in status	NewDAy: Number	NewDAy: Proportion	Counterfactual: Number	Counterfactual: Proportion
Stayed CIN	4	5%	10	20%
Stayed CPP	2	3%	9	18%
Stayed Closed	3	4%	0	0%
Stepped up from Closed to CIN	0	0%	0	0%
Stepped up from Closed to CPP	0	0%	0	0%

⁵⁸ 65 cases were excluded for where there was missing data for at least 1 time point. This was because families had completed the programme less than 6 months ago.

⁵⁹ 1 child was removed from the comparison group who had missing data for T3 and T4. This was because they transferred out of the area.

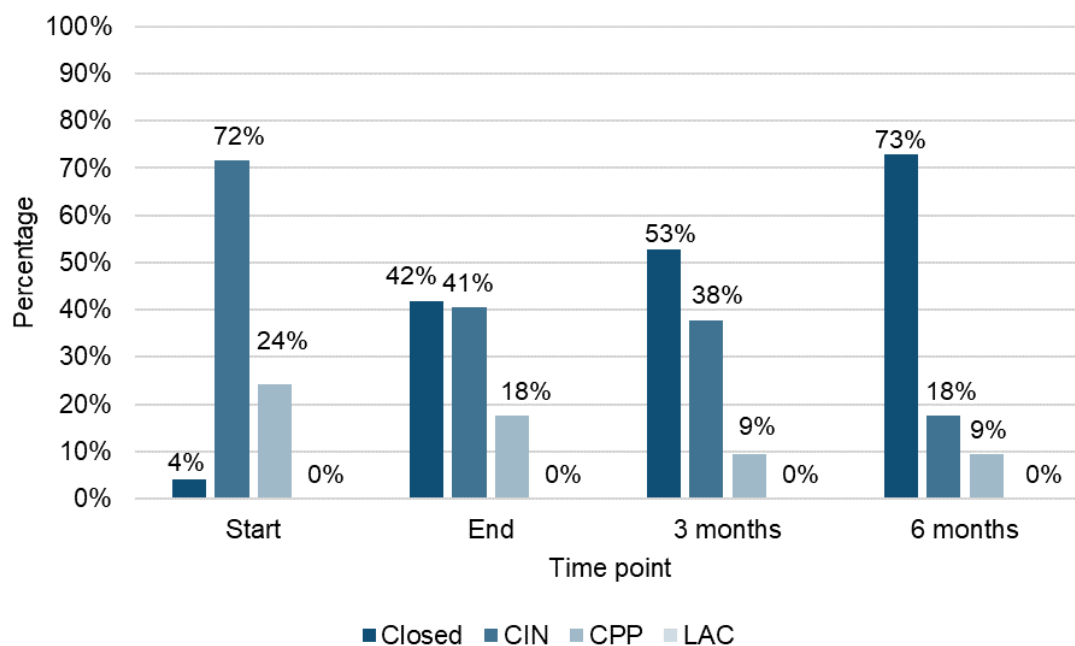
Change in status	NewDay: Number	NewDay: Proportion	Counterfactual: Number	Counterfactual: Proportion
Stepped up from Closed to LAC	0	0%	0	0%
Stepped up from CIN to CPP	5	7%	1	2%
Stepped up from CIN to LAC	0	0%	0	0%
Stepped up from CPP to LAC	0	0%	1	2%
Stepped down from CPP to CIN	9	12%	4	8%
Stepped down from CPP to Closed	7	9%	1	2%
Stepped down from CIN to Closed	44	59%	23	47%
Total	74	100%	49	100%

Source: Social care data

Analysis of changes from T1-T4

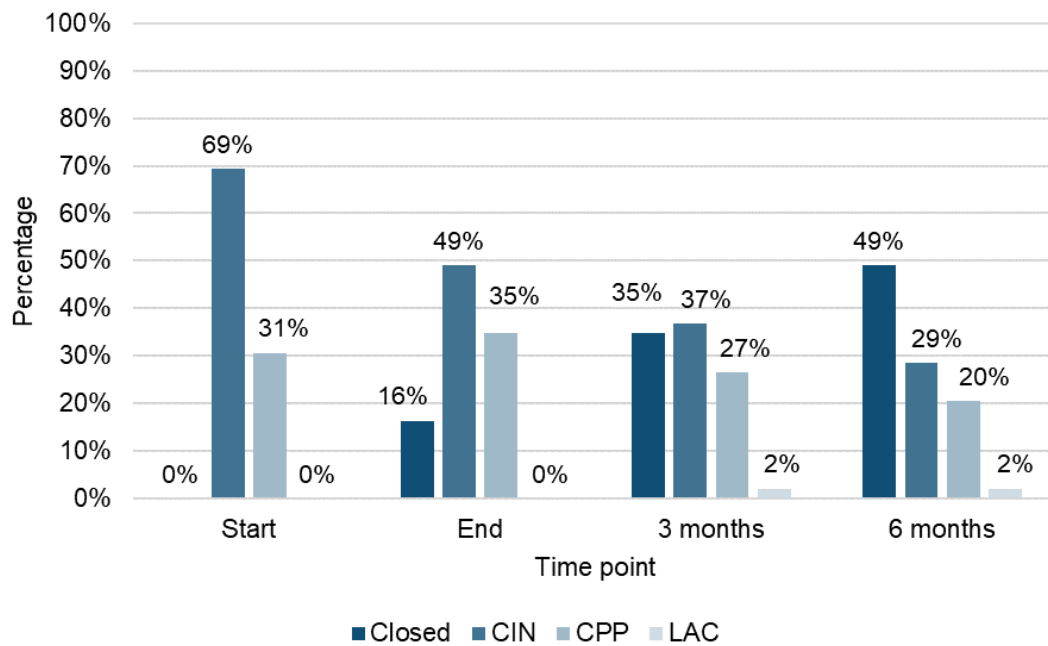
A full breakdown of the changes in statutory case status across T1-T4 for each group can be seen in and Figure 14.

Figure 13: Proportion of children and young people in the NewDay cohort who were at each status at the start and end, and 3 and 6 months after the end of the intervention (n=74)



Source: Social care data

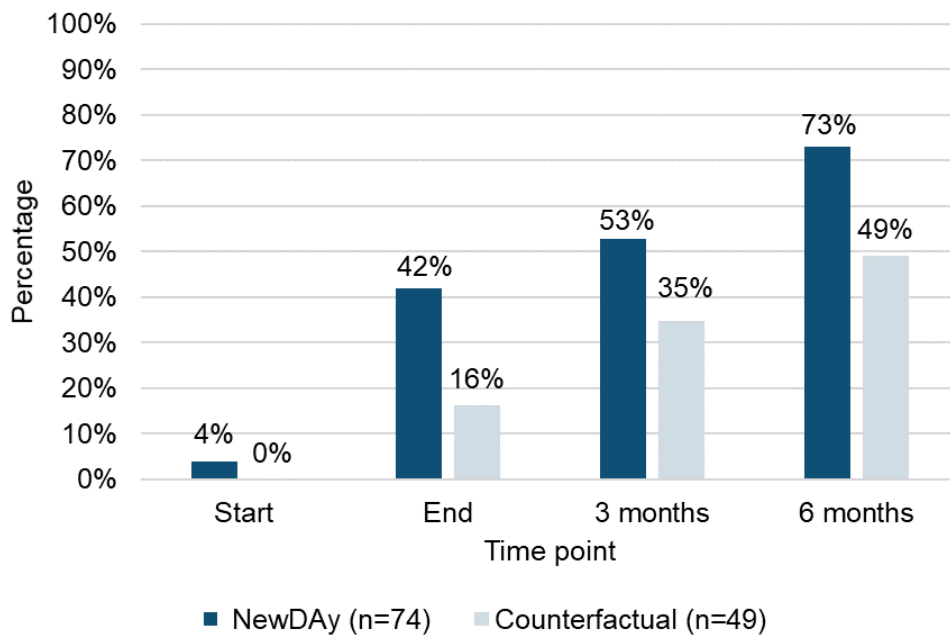
Figure 14: Proportion of children and young people in the counterfactual comparison cohort who were at each status at the start and end, and 3 and 6 months after the end of the intervention (n=49)



Source: Social care data

Figure 15 clearly illustrates an upwards trajectory over time for the proportion of children and young people in the comparison group whose statuses became Closed, indicating that without intervention an increasing number of children and young people’s statuses still de-escalated. However, at each time point the proportion of the NewDAy cohort at Closed was higher than that of the comparison group, indicating that the intervention sped up this process.

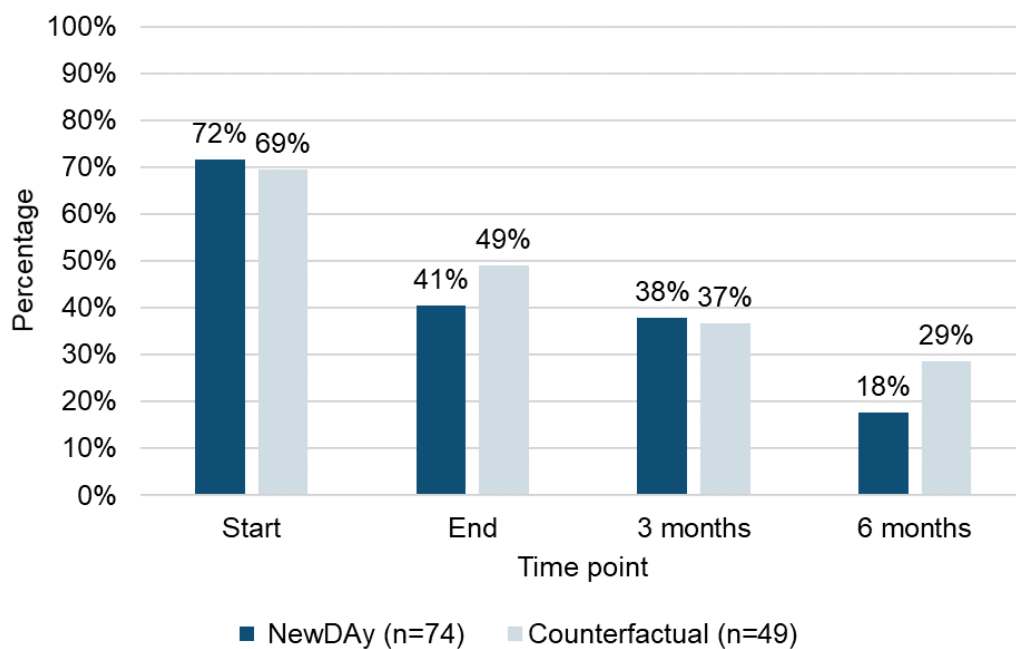
Figure 15: Proportion of children and young people in each cohort whose status was Closed at the start and end, and 3 and 6 months after the end of the intervention



Source: Social care data

Figure 16 shows a roughly reverse pattern to that of the Closed figures. Namely, even without intervention the proportion of comparison group children and young people at CIN status still reduced over time. However, at T2-T4 there was a lower proportion of NewDAy than comparison group children and young people at CIN status. Notably, though, the difference here is less stark than when looking at Closed figures, especially considering that there was a lower proportion of NewDAy children and young people at CIN at the start.

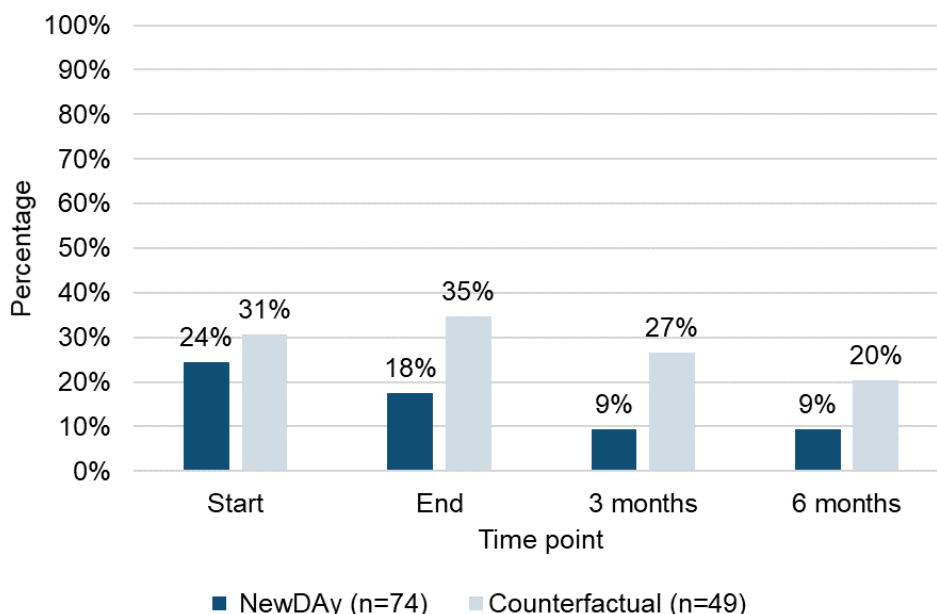
Figure 16: Proportion of children and young people in each cohort whose status was CIN at the start and end, and 3 and 6 months after the end of the intervention



Source: Social care data

Figure 17 highlights a clear disparity between the 2 cohorts in proportions of children and young people at CPP status. While the proportion of the NewDAy cohort at CPP followed a similar pattern to CIN over time, the proportion of comparison group children and young people at CPP actually increased between the start and end of the intervention, before reducing (but again not as much as in the NewDAy cohort).

Figure 17: Proportion of children and young people in each cohort whose status was CPP at the start and end, and 3 and 6 months after the end of the intervention



Source: Social care data

Cost-benefit analysis

This cost-benefit analysis is based on the [Unit Cost Database \(2019\)](#) developed by the Greater Manchester Combined Authority (GMCA). The costs presented in the database are drawn from national sources, including government reports and academic research. All costs have been quality assured by the GMCA with oversight from central government departments.

Table 17 shows the average cost of caring for a child or young person at each statutory status over the course of a year. However, it is important to note that these figures are hypothetical, and savings based on these represent average savings over the course of a year, not actual costs saved.⁶⁰

⁶⁰ Please note that 7 children whose families NewDAy worked with entered the programme as a LAC. The data for these cases has been excluded due to the fact that NewDAy does not usually work with families where children are LAC, and so including them would not be representative of its target cohort. However, this does mean that the significant cost savings achieved for these families is not represented in the cost-benefit analysis.

Table 19: Estimated total average cost per year of caring for a child or young person at each statutory status

Statutory status	Average cost per child per year
LAC	£58,664.20 ⁶¹
CPP	£3,728.00 ⁶²
CIN	£3,402.00 ⁶³

Source: [Greater Manchester Combined Authority Unit Cost Database 2019](#)

There was data available for entry, exit, 3 months after exit and 6 months after exit for 74 children in the NewDAy cohort. Assuming that around 74 children and young people can be worked with over the course of the year (these 74 entered NewDAy between October 2017 and February 2019), Table 20 shows the total average cost per year of children and young people in the comparison group I and NewDAy cohorts. It shows that between the start of the intervention and 6 months after the end, the cost of the comparison group (when scaled up by multiplying the costs by 1.51 to match the size of the NewDAy cohort) fell by £42,303.86 while the cost of the NewDAy cohort fell by £177,088.

Table 20: Estimated total average cost per year of children and young people in the NewDAy (n=74)⁶⁴ and counterfactual comparison (n=49)⁶⁵ cohorts

Time point	Total average cost per year: NewDAy (n=74)	Total average cost per year: Counterfactual (n=49)	Total average cost per year: Counterfactual scaled up
Start	£247,410.00	£171,588.00	£259,097.88
End	£150,524.00	£145,024.00	£218,986.24
3 months after end	£121,352.00	£168,364.20	£254,229.94
6 months after end	£70,322.00	£143,572.20	£216,794.02

⁶¹ Source: GMCA Unit Cost Database, in turn referring to [Curtis & Burns, 2018, University of Kent](#). Costs are re-calculated to show 2019 prices. Tariff used is: "Child taken into care - average fiscal cost across different types of care setting, England, per year".

⁶² Source: GMCA Unit Cost Database, in turn referring to [Holmes et al., 2010, Loughborough University](#). Costs are re-calculated to show 2019 prices. Tariff used is: "Child Protection Plan, case management processes - average cost of ongoing support, per month (all children)" multiplied by 12.

⁶³ Source: GMCA Unit Cost Database, in turn referring to [Holmes et al., 2010, Loughborough University](#). Costs are re-calculated to show 2019 prices. Tariff used is: "Children in Need - average total cost of case management processes over a six-month period (standard cost)" multiplied by 2.

⁶⁴ For the cost-benefit analysis, 65 cases were excluded from the NewDAy sample where there was missing data for at least 1 time point. This was because families had completed the programme less than 6 months ago.

⁶⁵ For the cost-benefit analysis, 1 child was removed from the comparison group who had missing data. This was because they transferred out of the area.

To account for the different group sizes and make a direct comparison at each time point, Table 21 shows the average cost per child or young person in each cohort. It shows that the average cost of each child or young person in the NewDAy cohort was lower than that of the comparison group at every time point. By 6 months after the end of the intervention, there was an average saving of £1,979.75 per child per year.

Table 21: Total average cost per child or young person per year in the NewDAy (n=74) and counterfactual comparison (n=49) cohorts

Time point	Total average cost per child or young person per year: NewDAy (n=74)	Total average cost per child or young person per year: Counterfactual (n=49)	Average saving per child in NewDAy
Start	£3,343.38	£3,501.80	£158.42
End	£2,034.11	£2,959.67	£925.57
3 months after end	£1,639.89	£3,436.00	£1,796.11
6 months after end	£950.30	£2,930.04	£1,979.75

Source: Social care data

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