Department for Education

Evaluation of Growing Futures

Research report

March 2017

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Executive summary

Project objectives

Growing Futures was established in Doncaster to improve the outcomes of families, and particularly children and young people (CYP), who have experienced Domestic Violence and Abuse (DVA), by improving the services that work with them. It has been led by Doncaster Children's Services Trust, which was established in October 2014. The Trust was set up following government intervention to address years of 'inadequate' standards within children's services in Doncaster. Growing Futures was granted funding by the Department for Education Innovation Programme in April 2015, and became operational in September 2015. The project was designed to address significant historic difficulties with multi-agency working and poor levels of trust between service users and services. Its specific aims were:

- to reduce the emotional harm caused by DVA to CYP
- to directly support recovery from DVA for victims and their children
- to significantly reduce repeat victimisation
- to challenge acceptance of DVA among families and the wider community
- to break the pattern of abuse as it re-presents itself in CYP

In order to measure its success, the project sought:

- to reduce repeat cases to the Multi-Agency Risk Assessment Conference (MARAC) by 25%
- to reduce repeat referrals to social care where DVA is a factor by 30%
- to reduce the number of children admitted to care by reducing the number of Children in Need where DVA is a factor by 10%

Key components of the Growing Futures investment

- Funding of 12 Domestic Abuse Navigators (DANs), including 8 DANs, 4 Social Workers who took on half-time DAN roles (equivalent to 2 full-time Social Work DAN posts), and 2 Senior DANs who have no caseload but line manage DANs and contribute to project and service development
- Funding of 2 Perpetrator Workers to coordinate monitoring of DVA perpetrators within the custody suite, deliver one-to-one engagement work, and support perpetrators to access formal programme to address abusive behaviour
- Funding of a Borough-wide Parenting Co-ordinator to deliver evidence-based parenting programmes and evaluate the impact of these on families

- Provision of a leadership coaching programme for leaders within relevant services
- Development of a Master's level course at the University of Central Lancashire for practitioners
- Provision of professional mentoring and training sessions to relevant professionals in allied services
- Delivery of a multi-agency conference to raise awareness of whole family working approaches and to share learning around Doncaster's challenges
- Further development of the Early Help hub to build the infrastructure to co-ordinate and performance-manage individual packages of support delivered by a team around the child for families at medium and standard levels of risk, and those with additional needs
- Further development of the 'Getting On' programme to reduce adolescent-to-parent DVA, and programmes for adult female victims, young women, and boys who have experienced DVA
- Workforce development through embedding Signs of Safety across the partnership, and building capacity and competency in Parenting and Family Support Services to respond to families experiencing DVA, including those with multiple and complex needs
- Development of a new Domestic Abuse Strategy for Doncaster, which sets out the requirements and benefits of whole family working
- Provision of outreach and communications work within the community to tackle perceived widespread acceptance of DVA, and to raise awareness of Growing Futures' work, the impact of DVA, and the services available to those experiencing it
- Provision of a programme of action research with young people in Doncaster and a toolkit for schools and other CYP services to improve understanding of and education around DVA

Evaluation methodology

Growing Futures is a multi-faceted and complex programme. As such, a direct evaluation of all individual components was not possible. However, the impacts of some strategic elements, which are not directly observable, facilitate the impacts of other elements (such as direct work with families), which are. Thus, the focus of this evaluation is the impact of a new model of working with families, enacted by Growing Futures' Domestic Abuse Navigators. An evaluation of processes that support this model is also included. The evaluation period ran from May 2015 to September 2016.

In order to evaluate the impact of the project on services and families, as well as the key enablers of and barriers to success in achieving its aims, the evaluation used a wide range of methods. Interviews were undertaken prior to the introduction of Growing

Futures and again, after its implementation, with service users, operational and management staff from Growing Futures, and professionals from social care and other allied services, including the police, housing and voluntary sector. Focus groups were conducted with members of the public, including young people, to understand attitudes to DVA and services in Doncaster. An electronic survey of 160 professionals working in Doncaster services was conducted to establish baseline perceptions and experiences of work to reduce DVA. Analysis of Multi-Agency Risk Assessment Conferences (MARAC) data and structured observation of MARACs, as well as analyses of social care case files and records for social care cases where DVA was a factor, were conducted. Learning Logs and casework books of Growing Futures professionals were also analysed.

An early aim of the evaluation was to provide a cost benefit analysis of Growing Futures. However, the costs of the impact of DVA on CYP derive from a wide range of possible outcomes connected to the programme. While Growing Futures has now started to record relevant outcomes, robust records were not available to support a sufficiently comprehensive assessment of impact on these. Furthermore, the literature on potential cost savings relating to interventions for CYP witnessing DVA is not well developed. Developing a robust model of potential savings was therefore not possible in practice.

Key findings

Improving direct and outreach work with families and communities

Interviews and focus groups with local service users and professionals from Growing Futures and allied services indicated a number of challenges to direct and outreach work. Respondents reported that, prior to the implementation of Growing Futures, there had been a widespread culture of acceptance of DVA among local communities in Doncaster, as well as considerable antipathy toward local services.

The evaluation found that, in some cases, the introduction of a new model of working, and particularly the new Domestic Abuse Navigator role, enabled a new and more trusting type of relationship between professionals and DVA victims and families to be forged.

The programme of action research with young people also raised awareness of DVA among that group, and encouraged them to challenge cultural acceptance of DVA in Doncaster. This programme produced new insights into views of DVA among young people in the area, and resulted in several young people launching their own campaign to address the local DVA education gap.

Improving multi-agency working

One of the main purposes of Growing Futures is to understand and reconfigure residual service cultures that have prevented joined up multi-agency working. This was linked to

historic differences between the priorities and processes of children's services, services for adult victims of DVA, and criminal justice agencies.

Growing Futures has developed a new model of working, which is still being developed and from which lessons are still being learned. This is a 'whole family approach', whereby services coordinate to provide support and therapeutic input to perpetrators, victims, and children. On this model, all professionals from relevant agencies should work together to understand and address the needs and issues of a family as a whole, including addressing any risks, rather than focussing separately on individual family members.

Through an active Board and operations group, professional mentoring and outreach work across different services, a programme of training, and 2 well-attended conferences in January and December of 2016, Growing Futures has sought to encourage self-reflection in services and to shift the focus on to how to improve, rather than shaming services based on past performance.

The DANs have also sought to model good practice in whole family working and inter-agency collaboration through their work and co-operation with other services. Improvements to professional cultures, inter-agency communication, trust, and willingness to collaborate to manage cases were noted by several respondents following the implementation of Growing Futures. Awareness of the impact of Growing Futures on families and services was highest among those respondents who worked most closely with the project.

Key impact measures

DANs have supported a total of 102 families. This equates to a total of 440 family members, including 232 CYP, 102 victims, 90 perpetrators, and 16 other family members. Of these, DANs conducted direct therapeutic work with 277 family members, including 153 CYP, 72 victims, 49 perpetrators and 3 other family members.

Analyses of 2 MARAC datasets were conducted. The first dataset includes data from before and after the introduction of Growing Futures, and uses estimates for the financial year 2016/17, based on available figures from April to August of that year. This dataset indicates a potential decrease in repeat referrals to MARAC during the year 2016/17 of 36.4% compared to the average for 2013/14 to 2015/16. The second dataset comprises confirmed MARAC data for 2 6-month periods in 2014 and 2016 – prior to and after the introduction of Growing Futures. This dataset indicated a reduction in repeat referrals per MARAC of 15.6%.

An analysis of social care data shows that DVA featured in 38.9% of Children Looked After cases by March 2015. By the end of 2015/16, this had reduced to a yearly average of 28.7%.

Estimated baseline data on the social care vulnerability status of children in Doncaster suggest that 44.8% of cases of Children In Need included DVA as a factor during the

year to March 2015. By the end of 2015/16 this had reduced to a yearly average of 36.4%.

Caution should be exercised in interpreting the results of the MARAC and children's vulnerability status data analyses. Reductions in these figures may be caused in part by confounding factors that are not attributable to the project. Further, increases may, in reality, be desirable in the short to medium term, if this means more cases are being identified and closely managed, and ensures that families have access to the support they need. Therefore, whilst interesting to monitor, simple reductions in these figures are not necessarily the best measures of success. In future, additional measures of impact should be used to supplement MARAC and vulnerability status analyses. These might include longitudinal tracking of individual MARAC cases involving children, linked to risk assessments for these families.

Impact on families, professionals, and services

Analysis of social work case files and DANs' casework books suggest an increase in the number of specialist DVA risk assessments being undertaken following the implementation of Growing Futures, suggesting greater consistency of good practice.

Some families who had been supported through the new model of working reported a number of significant benefits. These included feeling as if their wishes and concerns were listened to, that practical advice and support was provided, and that there was greater continuity in the professional they worked with. They also reported a greater level of trust in their DAN, compared to previous experiences of social workers.

Multiple benefits of working with DANs in a whole family model were identified in interviews with social workers. These included more uniform and consistent completion of risk assessments for DVA, better understanding of the impact of DVA on families, and better engagement between families and services. Professional knowledge and understanding of whole family working was widely reported to have been improved where professionals had been exposed to DANs' work or taken part in Growing Futures' training sessions.

By the end of the evaluation period, Growing Futures identified over 600 cases within the wider children's social care system that had DVA as a factor. It was intended that, through supporting system change and co-working with and training social workers and family support workers, social care practice would improve in these cases.

Although there are still a number of challenges with improving referral pathways, it was reported that Growing Futures had worked to smooth out referral pathways.

Recommendations

Based on the evidence presented in this report, the evaluation team make a number of recommendations. These include recommendations to maintain the role of DANs as key workers for families, at least until the good practice they model is embedded in other services; to develop a shared IT system to enable relevant professionals to access up-to-date DVA case information; to ensure consistent recording in relation to DVA and risk assessment on social care files by social workers; to develop a clear system for responding to standard and medium risk cases, and to ensure professionals are aware of their roles and responsibilities within that system; and to bring further clarity to referral practices, service protocols, models of working, roles and responsibilities, and information and risk sharing, at every level of vulnerability and risk.

Overview of the project

Intended outcomes of the project

Growing Futures was established in Doncaster to improve the outcomes of families, and particularly children and young people (CYP), who have experienced Domestic Violence and Abuse (DVA), by improving the services that work with them. More specifically, the intention of the Growing Futures project, as stated in its programme proposal, was to achieve the following outcomes:

- to reduce the emotional harm caused by DVA to CYP
- to directly support recovery from DVA for victims and their children
- to significantly reduce repeat victimisation
- to challenge the acceptance of DVA among families and the wider community
- to break the pattern of abuse as it re-presents itself in CYP

As measurable targets, Growing Futures sought:

- to reduce repeat cases to the Multi-Agency Risk Assessment Conference (MARAC) by 25%
- to reduce repeat referrals to social care where DVA is a factor by 30%
- to reduce the number of children admitted to care by reducing the number of Children in Need where DVA is a factor by 10%

Principles underpinning the project

The principles of multi-agency working and working with whole families underpin Growing Futures' approach to DVA service provision. Informed by a variant of Hester's (2011) Three Planet model of services, the Growing Futures model maintains that services dealing with cases of DVA tend to work to priorities that do not complement each other. Children's services prioritise safeguarding children, often putting responsibilities on victims to avoid victimhood without providing adequate help or acknowledging trauma. The criminal justice system seeks to criminalise perpetrators who cross certain thresholds. Adult victim support tends to come from voluntary sector organisations that respond to women's needs but may not work with CYP and often will not work with perpetrators. The Growing Futures model advocates a multi-agency approach to working with families experiencing DVA that seeks to change disjointed practice across the 'planets'.

Whole family working is favoured for a number of reasons. If perpetrators are not supported to change, they may continue to be abusive. If victims are not supported, they may experience further DVA in future. As DVA is often an intergenerational issue within

families, if children are not supported to overcome their experiences, the cycle of abuse may continue as they learn behaviours from victims or perpetrators. Therefore, supporting people to overcome past experiences of abuse and preventing abuse in future both rely on effective work with whole families. The Growing Futures model advocates working with all family members simultaneously whenever it is possible and safe to do so. This includes extended family members, where this influences the immediate family group.

Growing Futures' theory of change

Growing Futures aims to improve outcomes for victims of DVA and their children through improving multi-agency cooperation, challenging practice cultures, and reforming public and professional perceptions of services. It seeks to do this through implementing a new model of direct work with whole families and using learning from this to inform new models of practice across services, brokered through multi-agency strategic management and negotiation. At the early stages of the evaluation, interviews were conducted with Growing Futures' management and Board members to develop understanding of the Growing Futures' theory of change. This theory identifies the programme's input resources and output activities, as well as the initial and intermediate outcomes that are intended to follow, and which constitute requisite conditions of achieving the project's ultimate goal of bringing about a significant reduction in levels of harm to CYP from DVA. Drawing on findings from these interviews and other evaluation data, the Growing Futures theory of change is described in the figures in Appendix 1.

Activities of the project

Key activities

Growing Futures has sought to address the challenges of improving services' responses to DVA and fostering positive engagement with services through a very wide range of activities. These activities, identified through interviews with professionals from Growing Futures and allied services, as well as through analysis of monitoring data, are described in the overview below.

Key components of the Growing Futures investment include:

- funding of 12 Domestic Abuse Navigators (DANs), including 8 non-statutory DANs, 4 Social Workers who took on half-time DAN roles (equivalent to 2 full-time Social Work DAN posts), and 2 non-statutory Senior DANs who have no caseload but line-manage DANs and contribute to service development. As well as working directly with whole families, including children, victims and perpetrators, the DANs also provide professional training and mentoring and community outreach
- funding of 2 Perpetrator Workers to coordinate monitoring of, and direct work with,

DVA perpetrators

- funding of specialist Drug and Alcohol workers and Mental Health Workers to work within the Growing Futures team
- funding of a Borough-wide Parenting Co-ordinator to deliver evidence-based parenting programmes and evaluate the impact of these on families
- development of the 'Working Towards' Change perpetrator programme delivered by Foundation 4 Change, and further development of the 'Getting On' programme to reduce adolescent-to-parent DVA
- provision of a leadership coaching programme for leaders within relevant services
- development of a Master's level course at the University of Central Lancashire for practitioners
- provision of professional mentoring and DVA training sessions to relevant professionals in allied services
- delivery of a multi-agency conference to raise awareness of whole family working approaches and to share learning around Doncaster's challenges
- development of an Early Help hub to build the infrastructure to co-ordinate and performance manage individual packages of support delivered by a 'team around the child' for families at medium and standard levels of risk, and those with additional needs
- workforce development through embedding Signs of Safety across the partnership, and building capacity and competency in Parenting and Family Support Services to respond to families experiencing DVA, including those with multiple and complex needs
- provision of outreach and communications work within the community to tackle perceived widespread acceptance of DVA, and to raise awareness of Growing Futures' work, and of the impact of DVA and the services available to those experiencing it
- provision of a programme of action research with young people in Doncaster and a toolkit for schools and other CYP services to improve understanding of and education around DVA
- development of a new Domestic Abuse Strategy for Doncaster, which sets out the requirements and benefits of whole family working

The different strands of Growing Futures' work are described in more detail below.

Direct work with families – the role of Domestic Abuse Navigators

Growing Futures introduced the new role of Domestic Abuse Navigator (DAN). These work with the whole family with the intention that all family members' needs and risks are assessed and addressed, including victims, their children and perpetrators. DANs have worked with 102 families, including 232 children, 102 victims, 90 perpetrators, and 16 wider family members such as grandparents. The majority of families have been referred from MARAC or children's social care services, but voluntarily engage with Growing Futures. Direct therapeutic work has been conducted with 153 children, 72 victims, 49 perpetrators and 3 other family members, and has taken place during visits to homes, schools, prisons, children's centres, cafes, and on outings.

Much of the DANs' direct work with children involves engaging in talking and play therapy. Tools used by DANs in their direct therapeutic work with children include, for example, the Three Houses tool. This tool enables the identification of children's likes, strengths, and protective factors; their dislikes, worries, and risks; and their dreams, hopes and wishes. The DANs either ask or help children to write down or draw the most important things in each category.

Part of the DANs' role has also been to support all members of families to navigate through relevant services and where necessary to advocate for them within those services. The DAN's role was not intended to simply refer families on to other services, but to hold and manage cases, support individuals to access services, and attempt to liaise with professionals from allied services in order to ensure all professionals involved work toward shared goals for the family.

The majority of DANs did not have backgrounds in social care, but 4 social workers were trained to become DANs, or social work DANs. The purpose of this was to test the DAN model of working within the wider social care environment, and to compare the relative benefits of the dedicated DAN and social work DAN roles.

There are several features of the approach of Growing Futures to working with families who have experienced DVA, which make the approach distinct from that taken by services prior to the introduction of Growing Futures. These are outlined below. Further explanation of these features is provided at Appendix 2.

Innovative features of DANs' direct work

Innovative features of DANs' direct work with families include:

- whole family working with victims, perpetrators and children
- development of therapeutic relationships between DANs and family members
- absence of short time-limits on interventions

- voluntary nature of families' engagement with DANs
- DAN role as non-statutory but involving close collaboration with statutory services
- reduced caseloads relative to standard social care caseloads
- consistent assessment of risk
- working to enhance family members' strengths and abilities, rather than imposing rigid expectations they cannot meet
- supporting family members to develop healthy relationships with each other where risk assessment indicates it is safe and they wish to do so, rather than requiring them to end their relationships
- approaches are flexible, creative and tailored to families' individual needs

Outreach and awareness-raising in the wider community

Growing Futures has sought to engage the wider community through commissioning an outreach and action research programme challenging the cultural acceptance of DVA. DANs took part in discussion and learning sessions with a total of 225 young people living in Doncaster. These sought to improve understanding of why Doncaster has relatively high rates of DVA and what can be done by services and CYP to effectively lower these rates, whilst also raising participants' awareness of how to recognise and respond to DVA. This programme was a result of earlier focus groups conducted by the evaluation team with community groups, which found that young people wanted to do something about DVA in Doncaster but needed support to do so.

According to records of activities provided by the Growing Futures communications manager, a number of awareness-raising activities were targeted at the general population in Doncaster. These included a mobile telephone-sized card for teenagers to help them understand DVA and know what to do about it, and awareness-raising posters that were circulated across all allied services and in public places around Doncaster such as buses, public toilets, GP waiting rooms and school staff rooms. Some examples of materials that were used are included in Appendix 9. An assessment of the impact of these activities was outside the scope of this evaluation.

Strategic-level work to change practice in services

Growing Futures' staff engaged in various activities at the strategic level to improve practice across services in Doncaster. These elements of the project were not individually evaluated. However, their influence on other elements is explored in interviews with strategic managers, reported later in this report.

A conference was held in January 2016 to explore current and future practice, and whole family working in particular. It was designed also to raise awareness across relevant

services of the DANs' service and mentoring helpline. 235 professionals attended the conference.

High-level strategic management, including a programme Board and operations group, met on a bi-monthly and monthly basis, respectively. The purpose of these meetings was to improve management networks between different services, increase partnership and co-operation, and address blockages in services. They were also intended to support the development of a shared vision and common purpose, as well as understanding of the central challenges in the field of DVA.

An executive coaching programme was delivered to leaders within relevant services to embed a shared philosophy of practice at the strategic level and support the development of a coherent multi-agency response to DVA.

A review of the Borough-wide training programme was undertaken by Growing Futures management. This reportedly revealed a significant gap in training for working with children and perpetrators, and also in whole family working. In response, Growing Futures management developed a workforce competency framework to inform commissioning of training in the future. DANs have also delivered training to professionals dealing with DVA cases, particularly in allied services such as social care, police, education and health, including in lunchtime seminars. Six lunchtime seminars on DVA were conducted with a total of 223 professionals. Topics included whole family working and why people do not leave abusive relationships. Six training sessions on using the Domestic Abuse, Stalking and 'Honour'-based Violence (DASH) risk assessment tool have also been delivered to 88 professionals. Training in systemic approaches to family therapy has been commissioned and delivered to professionals from family support services, and tools and guidance for these professionals has also been developed. These professionals meet monthly with the DANs to discuss best practice and reflect on learning.

DANs have provided a telephone mentoring service for professionals from allied services, accessible each day. By the end of the evaluation period, DANs had received 62 phone calls from a wide variety of professionals in health, education, the police and social care. The helpline provides advice, guidance and signposting. In addition, where DANs have not been able to address issues over the telephone, they have offered fuller support by, for example, completing (DASH) risk assessments and working therapeutically with individual family members, in partnership with the referring professional.

DANs reported that they also regularly visit different front line services. The purpose of this is to raise awareness of the aims and activities of Growing Futures, and of the whole family approach to responding to DVA.

The Growing Futures project manager aided the development of an Early Help hub. The role of the hub is to coordinate service responses to families who are at standard and

medium risk, in order to prevent risks increasing, and to high risk families that do not require the involvement of children's social services.

Work in on-going development

At the end of the evaluation period, further work is being developed. A Family Risk Assessment Tool (FRAT) has recently been developed, piloted and finalised. Plans for embedding the FRAT in standard practice are on-going. The tool is a whole family risk assessment tool that includes elements of, but extends beyond, the DASH and Signs of Safety methodologies. Multi-agency workshops held in August 2015 suggested this joint tool would help to develop a shared language of risk across agencies.

Work is currently being undertaken to refresh Trust-wide DVA-related policies to reflect best practice and the whole family working approach.

Recruitment of a specialist mental health worker to work within the Growing Futures team is on-going.

Changes to planned activities and outcomes

Some of the project's priorities have changed in light of developments in understanding local challenges. Some activities that were not in the original plan have been undertaken, whilst others that were originally planned have changed substantively or not been undertaken. These are detailed in Appendix 3.

Summary of literature review

A detailed literature review was conducted to explore the impact of DVA on children and families and inform this evaluation of Growing Futures. The findings from the review were communicated to Growing Futures professionals at an early stage of the project, who reported using them to identify and address gaps in service provision. Databases of research literature were searched to identify evidence on both the impact of exposure to DVA on children and young people, and potential strategies to prevent and reduce that impact. The full literature review is included in Appendix 4, and the key findings produced by the review are summarised below.

- Mothers may wish that their children who had been exposed to domestic abuse could access therapeutic counselling (McGee, 2000)
- In the UK there is a shortage of therapeutic and other interventions for children exposed to domestic violence (Izzidien, 2008; Stanley et al., 2010b)
- Children often express the need to talk to someone about their experiences, and want professionals to acknowledge their involvement in DVA (McGee, 2000; Stanley 2012)

- Children's involvement in developing refuge provision is highlighted as good practice (Fitzpatrick et al., 2003; Houghton, 2006)
- There are some successes in schools-based domestic abuse prevention programmes but delivery of these programmes is patchy and unsustained in the UK (Stanley et al, 2015)
- Screening or routine enquiry that is supported by training and by established inter-agency pathways for referral to services is an effective way of improving children's safety and wellbeing (Stanley, 2011)
- There appears to be value in strengthening parenting as a means of supporting children who are exposed to domestic abuse (Graham-Bermann et al., 2007)
- Programmes delivered to children and mothers in parallel appear to be effective (Stanley, 2011, NICE 2014)
- Mental Health and Drug and Alcohol Services need a greater awareness of the impact on families and children of DVA (Stanley, 2011)
- Children's Independent Domestic Violence Advocacy Services appear to be effective at empowering and improving the resilience of children and young people
- Fears they will not be believed and concerns about confidentiality inhibit children's disclosure and help-seeking (Wood et al., 2011)
- Boys may be less likely than girls to be recognised as victims of DVA by social workers (Eriksson, 2009)
- In addition to risk factors, protective factors should be taken into account when assessing children and young people
- A responsive service should engage with families on the basis of shared understanding of the harm to children and young people that DVA causes
- Advocacy services have been shown to provide effective support for both women and CYP, enabling women to re-build independent lives, and CYP to deal with conflicted emotions, gain control, and access support on their own terms
- The Three Planet model of services maintains that services dealing with cases of DVA tend to work to priorities that do not complement each other: effective multi-agency collaboration to meet shared goals is vital to the prevention of DVA (Hester, 2011).

Overview of the evaluation

Evaluation questions

The central questions answered by this evaluation are:

- what impact has Growing Futures had on families experiencing DVA?
- what impact has Growing Futures had on systems, protocols and professional practice within services dealing with cases of DVA?
- has there been a reduction in repeat referrals to MARAC over the course of the project?
- has there been a change in the vulnerability status of children (that is, children in need, children with child protection plans, and looked after children) as recorded on the social care IT system?
- what challenges have Growing Futures faced in achieving its objectives?
- what has enabled Growing Futures to achieve its objectives?

Methodology

As indicated above, the Growing Futures project has a very broad range of components, and it was not possible to evaluate each element to the same extent. The evaluation therefore focused most closely on what was most observable: namely, the work of the DANs and the impact this had on families and services. It was beyond the scope of this evaluation to provide comprehensive assessment of the training, mentoring and coaching provided to allied professionals; the development of Early Help infrastructure (which was on-going and not directly observable except through reports from senior professionals); documents such as the competency framework, Domestic Abuse Strategy, and FRAT tool, which were still in on-going development by the end of the evaluation period; and the outreach and communications work delivered in the wider community.

In order to answer the key evaluation questions, the evaluation team used a wide range of methods. The evaluation period ran from May 2015 to September 2016.

Literature review. At the early stages of the evaluation, a database search was undertaken of existing international peer-reviewed literature on DVA, early intervention, effective preventative practice and organisational culture. This was conducted to identify the factors that have previously enabled and hindered success in efforts to reduce DVA. The findings of the literature review are reported in Appendix 4.

Electronic survey. An electronic survey was distributed and 160 responses were analysed towards the beginning of the evaluation period. The purpose of this was to benchmark existing services that might support CYP exposed to domestic abuse and

highlight any potential gaps in these. It was also intended to benchmark existing levels of professional practice and confidence, professional networks and referring behaviours.

MARAC data. To understand the impact, if any, of Growing Futures on Multi-Agency Risk Assessment Conferences (MARACs), including referrals, information recording and professional practice, analyses were conducted of referral data for 2194 cases discussed at MARAC between April 2013 and September 2016. Case summaries, minutes and actions were also analysed for 539 cases discussed at 24 MARACs during 2 6-month periods (from March to August) in 2014 and 2016.

MARAC observation. To analyse any changes in professional practice at MARAC, structured observation was undertaken of 4 MARACs in 2015 and 2016, at which 64 cases were discussed.

Children's social care case files. To understand changes to children's levels of vulnerability during the project, analysis was conducted of figures drawn from social care records and provided to the evaluation team by Growing Futures. These figures detailed the vulnerability status of children as recorded on the social care IT system, including how many children were recorded as children in need, as having child protection plans, and as looked after children. Analysis was also conducted of a selection of 34 children's social care files in 2014 and 2015 to identify common assessment and referral practices.

Learning logs. Learning logs, similar to a diaries, were created by the evaluation team to provide an on-going online platform for DANs to record actions, thoughts and reflections about their cases.. These asked Growing Futures professionals a series of 18 questions and sub-questions concerning direct work, professional knowledge, personal assumptions and beliefs, enablers and barriers to working, and multi-agency working. Learning logs were completed by the Operational Manager, Senior DANs, Social Work DANs and DANs between September 2015 and September 2016. Consent was provided to analyse 87 responses (or 94.5%). Responses were analysed thematically.

DANs' casework books. Analysis of all the DANs' casework books was undertaken to identify DANs' caseloads, and case management, assessment and referral practices.

Interviews with social workers. To identify any changes to social work practice in DVA cases throughout the project, case studies of interventions with 7 cases before, and 5 cases after, the introduction of Growing Futures were undertaken. Pre-project case studies involved interviews with 8 social workers and 1 school nurse, whilst post-project cases studies involved interviews with 5 social workers, 4 social worker DANs, and 1 social worker who was trained as a DAN but remained a social worker with expertise in DVA.

Interviews with Board members. At the early stages of the evaluation, interviews were conducted with 7 strategic and operational Board members to to identify intended processes and outcomes, and to assist with the development and refinement of the Growing Futures theory of change.

Interviews with professionals from Growing Futures. To identify how the project has worked in practice and developed over time, as well as enablers of and barriers to the project's objectives, in-depth, one-to-one, semi-structured interviews were conducted with the Growing Futures Project Manager, the Operations Manager, the 8 DANs, the 2 senior DANs, the 4 social work DANs, and the perpetrator engagement worker.

Interviews with professionals from allied services. To understand the impact of Growing Futures on systems, protocols and professional practice within allied organisation, and to identify external views of the project, in-depth, one-to-one, semi-structured interviews were conducted with professionals from allied services. These professionals included 1 Independent Domestic Violence Advisor (IDVA) Manager, 1 Housing Safeguarding Partnership Manager from the local council housing services, 1 Detective Inspector from the local safeguarding adults police team, and 1 Service Manager from a third sector women's organisation.

Interview with families. To understand clients' views of services before and after the introduction of Growing Futures, in-depth, one-to-one, semi-structured interviews were conducted at the early stages of the evaluation with 3 women who had experienced DVA in Doncaster. Follow up interviews with 2 of these women, 1 of whom had had involvement from Growing Futures, were then conducted toward the end of the evaluation. Interviews with 2 other families who had worked with Growing Futures were conducted toward the end of the evaluation, including 2 women who had experienced DVA, 2 men who had perpetrated DVA, and 2 children who had lived in families where DVA was present. The purpose of these interviews was to compare experiences prior to and after the introduction of Growing Futures, and triangulate data on professional practice. Extensive efforts were made by the evaluation team to arrange a larger number of interviews with families who had received support from Growing Futures. However, due to a range of reasons, including the highly sensitive nature of DVA, only a limited number of families were willing to participate in the evaluation.

Focus groups with members of the public. To understand baseline attitudes among members of local communities toward DVA and the services available to those who experience it, separate focus groups were conducted at the early stages of the evaluation period with 10 young people aged between 16 and 25, 3 mothers under the age of 35 who had experienced DVA, and 8 women over the age of 35 who had experienced DVA. This research helped to inform the commissioning of a discrete piece of outreach and action research work on DVA with young people in Doncaster.

Assessing the costs and benefits of Growing Futures. Whilst an early aim of the evaluation was to provide a cost benefit analysis of Growing Futures, developing a robust model of potential savings was not possible in practice. While Growing Futures has now started to record relevant outcomes, records were not available to support a sufficiently comprehensive assessment of impact on these. Furthermore, the literature on potential cost savings relating to interventions for CYP witnessing DVA is not well developed.

Findings: process evaluation

One intention of the Growing Futures project was to change professional culture and practice around DVA, through introducing a new model of direct work that would both inform and be supported by system-level change. The strategic and operational challenges faced by the project and how these were addressed are described below. These findings were identified through analysis of in-depth, one-to-one, semi-structured interviews with service users and professionals from both Growing Futures and allied services. Interviews with several key respondents, including Growing Futures managers and family members, were conducted at 2 stages of the evaluation, prior to and following the implementation of Growing Futures. Data from focus groups with members of the public, and DANs' written reflections in their casework books and Learning Logs, were also analysed. Learning Logs were collected weekly and analysed longitudinally.

The central challenges that Growing Futures sought to address include:

- a residual culture of acceptance of DVA
- negative attitudes towards services among members of local communities
- an entrenched system of silo-working rather than multi-agency collaboration
- a residual culture of referral and non-ownership of cases among professionals in allied services
- lack of clarity among professionals with regard to referral pathways and systems (particularly for standard and medium risk cases, but also for high risk cases)

Addressing challenges to direct work

Attitudes to DVA and services among services users and the wider community

When asked about challenges to reducing levels of DVA prior to the implementation of Growing Futures, all of the professionals interviewed expressed a perception that Doncaster has a culture of acceptance toward DVA, within which abusive behaviour has been normalised and excused. As one Board member expressed at an early stage of the project's implementation: 'there's a level of normalisation of that aggression in intimate relationships'. This perception was repeatedly emphasised by multiple respondent groups, including many service users and members of the public.

Many professional, community and service user respondents also noted that Doncaster residents have historically had negative attitudes toward services, most particularly toward the police and social care.

For example, a number of service users expressed that police had not 'taken action' on historical cases of DVA and that this had contributed to an increase in perpetrators' confidence to abuse.

A perception of social care as either unhelpful or harmful was repeatedly indicated by service users and members of the public. The majority of DVA victim respondents expressed their view that, rather than protecting or supporting victims, social services have historically lacked empathy and been hostile, heavy-handed, and punitive. Respondents felt misunderstood, disbelieved and disrespected. This was related to a perception that social care has the power to remove children, and is likely to do so. Additionally, women who had been victims of DVA described in interviews how they felt social care had failed to promptly give them information to which they felt they were entitled, missed arranged meetings without informing them, and made assurances that were not fulfilled.

Relatedly, DANs have sought to address the issue of trust and working relationships between social care and families. The therapeutic model followed by DANs requires that family members want to engage and actively choose to do so. To achieve this, it was widely perceived as necessary to counteract negative views of social work practice and to ensure services take a joined-up approach. As one DAN explained:

> 'We have a common misconception that we are social care because obviously we work for children's services. We come under the same bracket, and [there is] almost like a fear, if you like. Sometimes I go in there and say, 'we are a voluntary service, you don't have to engage with us'. Then the social worker goes in there and says, 'if you don't engage with the DAN, this happens', which isn't helpful to therapeutic work at all.'

A number of DANs reported that, where families had been assigned social workers who appeared to work within boundaried, risk averse ways (as reported by both DANs and families involved), this tended to negatively affect subsequent engagement with services. It often took longer to build trusting, open and honest relationships with these families. As one DAN reflected, 'if social care, the lead practitioner, is more interested in dictating the child protection tasks, families tend to comply but not fully, and it then takes a longer time to achieve honest compliance.'

Addressing the challenge

A new model of working to address these challenges has been introduced. This is enacted through the role of the DAN. A key element of the DANs' work is to build trust with families, and assure them that their model of working is different from that of previously encountered social workers. That the DAN role is non-statutory, and families' engagement voluntary, were seen as central to building this trust. DANs also provide families with advocacy within other services. Co-location of DANs within social care teams and joint working with social workers also enabled DANs to model good practice in

DVA cases, and provide advice on case management based on their specialist expertise. This was reported as useful by both DANs and social worker respondents.

Following the introduction of Growing Futures, there are indications that negative perceptions of services can be challenged and that, at least in some cases, more positive relationships between service users and professionals are being formed. Family respondents who had received support from DANs reported generally positive views of other services. Several respondents reported improvements in communication with social care staff, and one victim respondent attributed an improved perception of social care staff to better multi-agency working. Another respondent reported a positive perception of police. Whilst there remain negative perceptions of police involvement in DVA cases among the community and service users in Doncaster, Police respondents in this evaluation acknowledged historic difficulties and emphasised the service's strong desire to work differently going forward. Senior Police officers have been present on the Growing Futures Board and have been instrumental in establishing the perpetrator worker strand of work to ensure that perpetrators are effectively monitored. Professionals from social care and the police have also engaged in Growing Futures induction training and conferences.

In addition, the outreach work undertaken by DANs and within Growing Futures' wider public communications strand has sought to change prevalent attitudes toward DVA and services, although the impact of this has been outside of the scope of this evaluation.

Engaging victims and perpetrators

It was reported by both DANs and service users that many victims who DANs work with want a DAN's support but do not want their DAN to work with the perpetrator in their case at the same time. Such service users often expressed concerns that perpetrators could manipulate DAN's involvement to suit their own interests. DANs recognised that these clients would benefit from having a professional they perceived to be on their side, without mixed loyalties or conflicts of interest.

Addressing the challenge

Growing Futures responded to this challenge by introducing a Perpetrator Worker into the team to work specifically with perpetrators in these cases, coordinating with the direct work that DANs do with victims and their children. The Perpetrator Worker and the DANs reported that this had enabled them to engage several victims who they felt would otherwise have been less motivated to work with them.

Remaining challenges

DANs conduct direct work with families over a large geographical area. Some DANs noted that because some families' homes were located several miles from Doncaster, they usually spend several hours each week travelling. Relatedly, some also raised the

issue that, because the programmes and courses they recommend to clients are based in central Doncaster, family members living outside the town sometimes face difficulties attending them. As one DAN noted:

> 'Changing Lives, which is the women's centre, and Foundation 4 Change, which works with perpetrators, are based in the town centre. They don't have any satellites. So when I'm going to Stainforth, for example, or to Lindholme, and going 'yeah, we have got this brilliant perpetrator programme, but its 17 miles that way', that's quite a barrier sometimes.'

This suggests that some clients might benefit from assistance with the costs of travel to these courses (which DANs are currently able to offer some clients), or from the provision of programmes in satellite areas (which Growing Futures' managers are currently considering).

Addressing challenges to multi-agency working

Professional practice across services

One of the main purposes of Growing Futures is to understand and reconfigure residual service cultures and practices that have prevented joined up multi-agency working. This constitutes a significant challenge in the context of the new Doncaster Children's Services Trust, which was set up only 6 months prior to the introduction of Growing Futures. Professional and management respondents demonstrated a high degree of awareness of this challenge. For example, one Board member noted that 'there have been a lot of issues with social care and their response to domestic abuse, which has been seen as sort of poor relation'. Analysis of social work case files from a time prior to Growing Futures supports these views. This analysis suggests there was no uniform recording of DVA in case files, very few specific DVA assessments were being undertaken, and few referrals were being made to specialist DVA support services for adult victims or child witnesses.

A number of professional respondents, including those from social care, raised the issue that there has been, historically, reluctance to hold and own cases within social care. There was a wide perception, both among social care respondents and other professionals, that workers who come into contact with DVA cases have tended either to refer cases on or escalate the risk category. As one respondent explained, 'we've got a referral culture, as opposed to a culture which says what are we collectively going to do about this because we've all got strengths to bring to this.' Unnecessary escalation of cases to higher levels of risk was felt to be related to the outcomes of recent serious case reviews and national moves toward mandatory reporting of risk or harm. Systems around high risk cases are also, it was felt by these respondents, seen by professionals as more established and more straightforward to follow.

A range of professional respondents expressed the view that there has been a historical tendency within services dealing with cases of DVA to focus on victims' behaviours rather than perpetrators'. This has led to professionals passing judgement on victims unfairly, often attributing blame to victims for their own victimisation.

Addressing the challenge

Several Growing Futures managers and Board members, as well as some professionals from allied services and within social care, explained that a common objective within the Growing Futures programme is to encourage self-reflection in services and focus on how to improve, rather than shaming services based on past performance. As one Board member explained:

> 'If it's not working, we've got to try and understand why. And people get a bit touchy about that because they're like, 'well, are you criticising our service?' No. What I'm saying is, there's something we're not doing that other areas are doing. Because otherwise, why do they keep coming back?'

Further, work to develop the infrastructure around standard and medium risk cases, including the Early Help Hub and MASH, aimed to bring clarity to systems and enable professionals to feel comfortable holding and owning cases, rather than escalating or referring them on.

Improvements to professional culture following the introduction of Growing Futures were noted by professionals from Growing Futures and allied services. These included increased willingness to foster more collaborative working practice. Within social care, this was repeatedly linked to better retention of staff and decreasing reliance on agency staff. As one Board member noted:

> 'Social care seem to have got some quite nice, can-do people, rather than before: it did seem to be a 'my way or the highway' sort of attitude. And […] even just having the balance of the staff and the retention of the staff makes a massive difference because our frontline teams need to make relationships and you can't do that if people are changing every week.'

Whilst these changes are outside of Growing Futures' direct purview, they indicate positive changes in the direction that Growing Futures intended.

Cultural change, within both communities and services, was perceived by several professionals from Growing Futures and allied services as a long-term goal. One Board member described this as follows:

> 'How do you change the culture of domestic abuse? I don't know. I think that's difficult. And although it was one of the aspirations of the project, you'll only just start to be able to chip into that. Because we've got such a short time and I think that cultural change takes a long, long time, doesn't it? It's easier said than done.'

Remaining challenges

A small number of DANs raised the issue that, whilst successful multi-agency working during the project depended on professionals' understanding what Growing Futures does, the limited duration of the project meant that some colleagues had been reluctant to spend time and effort learning information that they considered to be only temporarily valid. Some DANs and professionals from allied services also noted that it took time to refine the DAN role and develop a referral pathway to Growing Futures. Work to promote knowledge of DANs' roles and responsibilities among allied services was reported to be on going. Nonetheless, several DANs also noted that delivering training and mentoring to allied professionals had enabled them to build positive working relationships.

A range of respondents from Growing Futures and allied services frequently noted that, as services use different IT systems, access to relevant information is often sought through either telephone conversations or meetings between professionals in different services. This was seen by several professional respondents as representing a blockage in the system. For example:

> 'You can get access to that information but it's not readily available on the system. […] At the very least, you need to make sure that each of the partners' systems is updated to show who is working with that family, so if there are issues you can very quickly convene. And I'm not saying you can't do that, but it means searching on separate systems and you only know what you know.'

Support for a shared system was expressed by professionals from some allied services, though others expressed concerns about maintaining appropriate levels of confidentiality across services in the context of whole family working. This demonstrates the need for good communication and collaboration to identify precisely what information should be shared between services, were a shared information system to be developed.

Addressing intra-organisational challenges

Supporting staff

All professionals at Growing Futures expressed recognition of the emotional and psychological impact of direct therapeutic work with families who have experienced DVA and the related risk of 'burnout' among staff. They all also emphasised the importance of good management and supervision to the maintenance of professional wellbeing and the avoidance of this risk.

Growing Futures professionals recognised that, as DANs had come from a wide range of backgrounds before joining the project (including family therapy, children's services, substance misuse services and counselling), many began the project with various training needs. For example, DANs' interviews and Learning Logs suggest that some DANs began the project with extensive experience of working with victims but wanted

further training in engaging perpetrators, some wanted to improve their familiarity with new legislation, and some who were used to working with older children reported feeling less confident in working with younger children.

Addressing the challenge

During the early phase of the pilot, DANs took part in an intensive training and development programme. They generally reported good levels of satisfaction with the training they received. They also frequently highlighted within their Learning Logs that they were keen to continue their professional development. Several DANs suggested that a bespoke training programme tailored to DANs' individual needs would be beneficial. DANs reported that their confidence in their skills and ability to support and, where necessary, challenge both family members and professionals grew considerably throughout the project. This was attributed to their training and also to the positive feedback they received from families and allied professionals.

Positive relationships were described between DANs, who expressed appreciation of each other's supportive approaches, and between DANs and senior DANs. Senior DANs were generally considered approachable and the feedback they provided to DANs was repeatedly viewed as constructive.

Monthly formal supervision was generally considered to be a useful opportunity to reflect on how direct work had affected children's lives, for example, by leading to children feeling safer or improving their attendance at school. At these sessions, DANs and Senior DANs hold in-depth discussions of individual cases, including actions and progress made since the previous supervision session, and the impact on DANs of working with the family. The sessions were described by DANs as providing a space for reflective learning. Group supervision introduced toward the end of the evaluation period, and 2 session had taken place. These were also reported to be useful and productive, and it was intended that they would continue. In these sessions, DANs spent 5 minutes talking about an individual case, after which the whole team discussed how to develop a way forward. The wide backgrounds of staff were considered a considerable asset within these discussions of different approaches to supporting positive outcomes. With regard to clinical supervision, there was some disagreement among DANs regarding what its purpose should be, and, whilst some DANs reported that these sessions had been of benefit, others reported that they had not benefitted from them. Social Work DANs reported that they had been offered clinical supervision, but heavy workloads had prevented them from attending.

Location of staff

Most Growing Futures professionals stated that locating the DANs team together in a dedicated office space would bring benefits over the current model of dispersed staff often hot-desking at different locations. In particular, some DANs expressed that they valued very highly the mutual support and opportunities for learning they gained from

their colleagues, and felt their professional wellbeing and development would be enhanced if the team shared a base.

Addressing the challenge

Whilst some DANs felt they might be best located within the police or IDVA services, others felt it would be more appropriate for DAN teams to be based within social care to facilitate knowledge sharing between DANs and social care staff. Growing Futures' managers also reported that locating DANs within social care could facilitate the integration of the model into general social work practice. DANs emphasised the importance of being part of a DAN team and some explicitly expressed the view that it would not be appropriate to have a lone DAN located within any service.

Remaining challenges

An issue that was viewed by several DANs to be a significant barrier to the achievement of the project's objective of reducing rates of DVA concerned how cases have been referred to Growing Futures. Initially, Growing Futures worked with families that had not gone through any formal referral process and were not necessarily at high levels of risk. In the later stages of the project, however, DANs have exclusively received referrals of high risk families from MARAC and children's social services. Many of the families who would no longer meet the current referral criteria because, for example, they have been identified as at a standard level of risk through a DASH risk assessment, nonetheless continued to receive services from Growing Futures. Whilst professionals did not all advocate the introduction of self-referral, many expressed concern that referral pathways were not open to more professionals, including health visitors and school nursing teams. Having only 2 referral routes – MARAC and children's social services - was considered unhelpfully restrictive by some respondents, given that many cases would therefore be missed.

Several professionals also expressed the view that it would be beneficial to intervene earlier, before families reached high levels of risk, to help prevent the escalation of risk. Interviews with managers and Board members in the early stages of the project emphasised intentions to address the considerable gap in early intervention and more preventative services. DANs provide mentoring and support to relevant professionals in allied services. In the current model, however, whilst DANs' direct work with families is likely to have an impact on high risk families identified through MARAC and children's services, the gap in earlier preventative work with medium and standard risk families remains. This challenge is likely to be a focus of on-going work within Growing Futures.

Findings: impact evaluation

Measuring impact on families

The evaluation drew on a number of sources to identify the impact on families of working with Growing Futures. First, findings from analyses of data on referrals to the MARAC are presented. Second, the vulnerability status of children recorded on social care records at different time periods is analysed, comparing a time before Growing Futures to a time following its implementation. Next, completion of risk assessments in a sample of social care case files prior to and following the introduction of Growing Futures is compared with assessment practice by DANs. Then, a summary is given of analysis of DANs' casework books, which addresses the numbers of family members supported by DANs, the levels of vulnerability and risk of children in these families, and data on referrals made to and by DANs. Finally, the voices of family members supported by the service are represented in a section presenting findings from qualitative interviews with mothers, fathers and children.

Analysis of MARAC data

One of the central objectives of Growing Futures was to reduce repeat referrals to the Multi-Agency Risk Assessment Conference (MARAC) by 25%.

The MARAC is a multi-agency, victim-focused meeting attended by different statutory and voluntary sector agencies, which deals with the highest risk cases of DVA. The aim is to provide a forum for managing and reducing the risk of serious harm or murder in cases where DVA is a feature, through the sharing of information to promote a coordinated risk-led response to high risk DVA. A referral of a case to MARAC counts as a repeat referral when 'a case involving the same victim and perpetrator(s) has been previously referred to a MARAC and, at some point in the 12 months from the date of the last referral, a further incident is identified. Any agency may identify this further incident (regardless of whether it has been reported to the police)' (Safe Lives 2016). Findings from 2 sets of analyses regarding levels of repeat referrals to MARAC are presented below. Appendix 5 provides a detailed breakdown of the analyses.

Repeat referrals to MARAC

Two MARAC datasets were analysed, which produced conflicting accounts of whether this target was met.

One dataset merges data from before and after the introduction of Growing Futures, and uses estimates for the financial year 2016/17, based on figures from April to August of that year. This dataset indicates an estimated 163.2 repeat cases per annum for 2016/17 in Doncaster. The overall number of repeat cases per year in 2015/16 was 228. This

suggests a potential decrease of 28.4% from 2015/16 to 2016/17. The overall average number of repeat cases per year from 2013/14 to 2015/16 was 256.67. This suggests a potential decrease of 36.4% in 2016/17, compared to the average for 2013/14 to 2015/16. On the basis of analysis of this dataset, therefore, when either 2015/16 or the average of 2013/14 to 2015/16 is treated as the baseline, Growing Futures has met its target of reducing repeat referrals to MARAC by 25%.

As Growing Futures began during the financial year 2015/16, analysis of this first dataset cannot clearly compare figures from before and after the introduction of the service. Further, as numbers of DVA incidents tend to peak and trough throughout the year (and spike over the Christmas period), basing the yearly estimate of repeat referrals to MARAC on data covering the summer period may distort the estimate. To address these limitations, a second dataset was compiled by the evaluation team from case summaries, minutes and action plans from all MARACs that took place during 2 6-month time periods in 2014 and 2016 (that is, before and after the introduction of Growing Futures).

MARAC data were compared for 2 6-month periods (from 1st March to 31st August) in 2014 and 2016 – prior to and after the introduction of Growing Futures. There was a reduction of 1.7 repeat referrals per MARAC, or 15.6%, but no change in the total number of repeat referrals across the 2 6-month periods. As a proportion of all referrals, repeats referrals fell from 45% to 43.8%. On the basis of this analysis, the target of reducing repeat referrals to MARAC by 25% was not met.

Whilst this evaluation does present data on referrals to MARAC, it is important to draw attention to some potentially significant problems with using this figure as a proximate measure of success in reducing DVA.

Given that Growing Futures has made efforts (through the commissioning of outreach, for example) to encourage reporting of incidents of DVA, it might be expected – and, indeed, desirable – that more cases are reported and appropriately escalated to MARAC. If an increase in repeat cases were due to improved attitudes to services and increased willingness to report incidents, this might rather be thought of as a welcome development and an opportunity to tackle previously hidden DVA, rather than an indication of failure.

Further, the use of reductions in repeat referrals to MARAC as a performance target may in fact be counterproductive if it discourages (appropriate) referrals to MARAC. This seems particularly problematic in the context of historic over-escalation of cases, as pressure to reverse this could result in inappropriate ‘escalation-aversion’.

Observations of MARACs

Structured observations of 4 MARAC meetings were conducted on the 16th August and 30th September 2015, and on 30th August and 14th September 2016. These observations were then analysed to identify whether and how procedures and professional practice at MARAC changed since the introduction of Growing Futures.

Overall, attendees were more punctual and remained for longer in 2016, and had access to better – though still not complete – information about cases prior to the meeting. The system for recording and tracking actions was clearer than it had been, although the new action plans contained limited background information about the case. Professional practice and culture at the meetings were also observed to have improved, including in terms of the language used to discuss cases, case ownership, and proactive risk management. Further detail on these MARAC structured observations can be found in Appendix 5.

Analysis of social care data on children's vulnerability status

To understand changes to the vulnerability status of children, an analysis was conducted of figures drawn from social care records and provided to the evaluation team by Growing Futures and Doncaster Children's Services Trust. These figures detail the vulnerability status of children as recorded on the social care IT system before and after the implementation of Growing Futures, including how many children were recorded as children in need, as having child protection plans, and as being looked after. Key findings are provided below. The data underpinning these findings are set out in Appendix 6.

Children in need

A central aim of the Growing Futures project, as stated in its programme proposal, was to reduce the number of children admitted to care by reducing the proportion of children in need where DVA is a factor by 10%.

Social care data show that in March 2015, there were 488 children in need, compared to 329 in March 2016. This represents a reduction of 32.6%. In September 2015, there were 403 children in need, and a year later that figure was at 314. This represents a reduction of 22.1%.

Estimated baseline data on the social care vulnerability status of children in March 2015 (provided by Doncaster Children's Services Trust) suggest 44.8% of cases of children in need included DVA as a factor. By the end of 2015/16 this had reduced to a yearly average of 36.4%. This did not meet the target of a 10% reduction.

Children with child protection plans

The number of child protection plans increased from 56 in March 2015 to 202 in March 2016, constituting an increase of 360.7%. However, the number fell by 3.6% from 167 in September 2015 to 161 in September 2016.

Looked after children

From 2015 to 2016, there was a very significant increase in the number of looked after children, from 22 in March 2015 to 93 in March 2016, constituting an increase of 422%. The number of looked after children increased from 61 in September 2015 to 101 in

September 2016, constituting an increase of 66.7%.

However, social care's estimated figures for March 2015 suggest CLA cases with DVA accounted for 38.9% of cases of CLA and by the end of 2015/16 this had reduced to a yearly average of 28.7%.

It is important to note, however, that, whilst reducing the proportion of children in need and children looked after where DVA is a factor may be reasonable targets for the long term, short term increases might in fact be desirable in Doncaster if they were due to improved trust in and disclosure to services, better identification of DVA cases, improved risk assessment practice, or (in the case of children in need) more effective early intervention.

Comparison of DVA family risk assessments prior to and following Growing Futures implementation

A review was undertaken of the social work case files of 17 children living in families where DVA was a factor and referred to children's social care in autumn of 2014 (prior to the introduction of Growing Futures) and another 17 in autumn of 2015 (following its introduction). This review indicated that, for the families included in the analysis, no DASH risk assessments were carried out in Autumn 2014, and just 2 were carried out in Autumn 2015. A further 1 was offered to but declined by the victim and another was planned but not recorded. In terms of referrals on to other services, these social care records showed that 1 referral was made to an IDVA in 2014 and another in 2015, and 2015 also saw 3 referrals to the Domestic Abuse Coordinator and 3 referrals to Growing Futures. These findings indicate that completion of DASH risk assessments was not part of routine assessment in social care for families experiencing DVA. Table 1 below provides the figures.

Table 1: Social care DASH assessments and referrals in 34 children's social care case files (2014 and 2015)

	2014	2015
DASH Assessments	0	2
Referrals to IDVA	1	1
Referrals to DAC	0	3
Referrals to DAN	0	3

This contrasts with the numbers of DASH assessments undertaken by DANs during their interventions with families. Analysis of DANs' casework books shows that DANs had

completed 62 DASH assessments with families at the start of their interventions, and 56 at the end.

Analysis of DANs' casework books

The following analysis is based on figures drawn from 11 DANs' casework books, in which the DANs record details of the families on their caseloads and write reflections on their practice.

Numbers of family members supported

Analysis of DANs' workbooks demonstrates that DANs have supported a total of 102 families over the course of the project. This equates to a total of 440 family members supported, including 232 CYP, 102 victims, 90 perpetrators, and 16 other family members. Of these, DANs conducted direct work with 277 family members, including 153 CYP, 72 victims, 49 perpetrators and 3 other family members. These figures are illustrated in Appendix 7.

Sixty-four families' cases have now been closed by the DANs. The DANs carried out direct work with at least 1 family member in 52 of these families. 12 families had no direct work carried out by the DANs. These cases were usually closed relatively early because assessment indicated intervention would be inappropriate, or because the family declined to engage. 71% of cases were open to DANs for between 100 and 250 days, with an overall average of 172 days (see Appendix 7).

Referrals to Growing Futures

A total of 425 children (from 199 families) have been referred to the DAN service. Of these children, 131 (31%) were not allocated to a DAN. Then main reasons for non-allocation of a DAN, as recorded by DAN's workbooks, were that allocation was not appropriate, or families declined to engage with the service. The majority of non-allocated referrals occurred in the first 3 months of the project's operation, while referral routes and alloction criteria were in development.

Referrals made by Growing Futures

An important aspect of the DANs' direct work with families has involved referring family members to other services, supporting them to access those services, and liaising with professionals to support them to engage clients. DANs' casework books show that the main referral destination for cases is to the perpetrator worker (44 cases, 40% of all referrals), followed by Changing Lives (22 cases, 20.2%), which provides courses to women and children who have experienced DVA, and then Foundation 4 Change (20 cases, 18.2%), which provides an 8-week programme for perpetrators of DVA.

The performance frameworks for Changing Lives and Foundation 4 Change suggest slightly different figures from those reported in the DANs' casework books. The Changing Lives performance framework indicates that, between September 2015 and August 2016,

21 Growing Futures clients with involvement from DANs were referred to Changing Lives. Thirteen of these accessed the women's programme, with 6 completing the course. All of these 6 reported (self-reported) improvements in outcomes including confidence, self-esteem, assertiveness and decision-making. 43 Growing Futures clients also accessed one-to-one sessions at Changing Lives. In total, 206 referrals have been received by Changing Lives and programmes have been accessed by 63 women, 41 young women, and 6 young men, with 70 completing the courses so far. Changing Lives has also given 150 clients over 195 hours of one-to-one support.

The Foundation 4 Change performance framework suggests that, between February and August 2016, 30 Growing Futures clients with involvement from DANs were referred to Foundation 4 Change. Fourteen of these clients accessed the programme for perpetrators, and 4 completed the course. Of these 4, 3 had made improvements in their self-reported outcomes including social skills and behaviour immediately following the course. 23 Growing Futures clients accessed a total of 42 one-to-one sessions from Foundation 4 Change. In total, 239 referrals have been received by Foundation 4 Change, of which 236 were successfully contacted, 22 refused the service at initial contact, and 1 remained in custody. 90% of those contacted received a one-to-one session from Foundation 4 Change.

Social care vulnerability status

As Table 2 below indicates, DANs' casework books show that, of the 232 children allocated to and assessed by DANs, 27 were designated as requiring Early Help services, 76 were children in need (CIN), 94 had a child protection plan (CPP), 6 were looked after (CLA), 21 had an open referral, and 8 had had their cases closed by children's social care.

Table 2: Vulnerability status

Vulner-ability	Early Help	CIN	CPP	CLA	Open Referral	Case closed	Totals
On referral	27	76	94	6	21	8	232
On closure	15	49	33	4	18	31	150

The DANs' casework books indicate that 68 of the children they had finished working with had seen a reduction in their level of vulnerability as measured by these statuses. Three had seen an increase in vulnerability and 79 remained at the same level of vulnerability. As levels of vulnerability are assessed on the basis of a far wider range of considerations than DVA alone, children may remain vulnerable due to other issues in the family, even where DVA has been successfully addressed.

Family voice

Qualitative interviews with family members who had worked with Growing Futures provide another view of the impact of the service on families. The members of 2 families (including 2 mothers, 2 fathers and 2 children) were interviewed toward the end of the evaluation period. A further 3 women were interviewed at the early stages of the evaluation, and 2 of these were re-interviewed toward the end.

Members of 2 families we interviewed, who had been working with Growing Futures DANs for several months, reported very positive experiences and a definite positive impact on their lives of engagement with the service. One adult interviewee stated that, '[the DAN] helps you out. She gets you where you want to get.' Another advocated delivery of the service to other families: 'I think a lot more families could gain support from that and would probably be in a better place than what they are.'

When discussing the benefits of engagement with the DANs, a number of issues were raised. Adult interviewees tended to emphasise the benefit of gaining specific ideas from the DANs about practical things to do to improve family relationships. For example, one stated:

> '[She] has been more giving us, like, solutions to, you know, if you think there's an incident about to happen, or you feel that you are getting frustrated, type thing. She's shown us other different ways we can go about dealing with it. The other idea [she] gave us was for all of us to have, like, a family meeting type thing, say once a week or once a fortnight, anything anybody has got to say. It doesn't always have to be negative, it could be positive and anything anybody wants to say. So yes, it is just basically just getting together as a family. […] Just basically stopping, listening, and letting that other person speak, really. So yes, we've got quite a bit from [her].'

The adults in both families emphasised that Growing Futures DANs had been very helpful to them in terms of brokering better communication and relationships between the family and social care. One noted that her social worker was 'nice enough', but 'could be a bit more proactive', and that without the DAN's involvement, 'the process might've been a bit slower'. Another felt that the DAN had been crucial in enabling the family and social services to understand and work with each other:

> 'They weren't believing a word we said. […] So [the DAN] came along and validated what we were saying, really, to be fair. [She was] someone just to be a bit honest, open and honest. I mean, the social scream that word at you, but it's not a two way street with them. It's their way or no way, and we do feel very bullied into do this, do that, do that. [The DAN] has come along and really she's helped us with us as a family, and she's helped them understand us. That is very much mediated in the middle and we've found that common ground, so we can all kind of get along and get where we need to get. It's the verbal communication. […] Speaking to the social services. Because, I don't know if you know this, they have got a language of their

own. And unless you speak that language you are very much bang in trouble. […] Unless… You've got to be like a puppet on a string. So [she] has come along and helped us with that and I think that has been marvellous.'

One adult respondent also noted that speaking to the DAN was sometimes easier than speaking to a social worker, suggesting that the DANs' non-statutory role is a key enabler of the therapeutic relationship:

'Sometimes I think it is a bit actually easier to speak to the DANS than it is to the social worker, because you do have that thing because it is social services. If it's something important they're going to find out anyway, but it's just easier to speak to someone else.'

Family voices: whole family working

The model of whole family therapeutic working was highly appreciated by most adult interviewees, who were positive about engagement with a committed and highly-skilled professional who understood the whole family situation and provided them, as well as their children, with support to overcome DVA. When asked what about Growing Futures had been helpful, one interviewee answered:

'Just how they actually worked with us as in actual families. Instead of the social worker who works with the kids. I think it is a lot better that they work with you as a family. So I think a lot more families could do with them involved as well as social services.'

Growing Futures professionals emphasised that, whilst whole family therapeutic working has sometimes been conflated – by professionals and service-users – with 'keeping families together', they work to achieve this only where the family want to stay together and assessment of risk indicates that it is safe for them to do so. The core aim of whole family therapeutic working is to safeguard children and support all members of the family to overcome their experiences of abuse and build healthier relationships in the future.

Adults from both of the families interviewed also expressed appreciation of working with a professional who was able – following risk assessment – to support them as a family rather than requiring them to break them up. As one noted, 'I'm just grateful really, the fact that there are actually people out there who want to keep families together.' Another reflected on the fact that this aspect of the model had been crucial to her decision to engage with the service. She stated that:

'It was when she said 'I work to keep families together.' That's what turned it for me, because obviously me and […] didn't want to give up on being in a relationship and being a family. And that's why we said yes, 'you know, come for a visit, explain a

> little bit more what you do and we'll go on from there'. But for me, the reason why I took [the DAN] on in the sense of help-wise from her was just the pure and simple fact that she said 'we aim to work to keep families together, not split them up'. So that is the only reason really.'

Though the children interviewed did not discuss the impact of their work with the DANs on their lives, they did report that they liked and got on with their DANs. One reported that, 'she's helpful. She's a happy person. She has great things for us to do'. This child had particularly enjoyed going to the park and a fast food restaurant with the DAN. The child reported not enjoying discussing feelings, but nevertheless feeling able to do so with the DAN. The child also reported feeling safer and better able to re-establish a relationship with the perpetrator, and having improved relationships with the mother and sibling. The other child we interviewed described their DAN as 'really, very, very, very, very, very, very, nice.' One of the parents also reported that the DAN had been working well with her children: 'my [child], can be quite, you know, won't really open up, type thing. But [the DAN] even got [my child] on side. So yes, obviously, whatever [the DAN] did has obviously worked.' Another parent felt the DAN's honesty had been key to the development of a positive relationship with her children: 'it is the open and honest bit, I think, with them. I think it's how she talks to them as well.'

Parents from the families interviewed generally highlighted that they felt they had benefitted from working with highly skilled and committed professionals. These parents had high praise for the interpersonal and professional skills of the DANs they had worked with. One stated that, 'she's done her job, and she's done it to a fantastic capability.' Another emphasised that:

> 'You've got an asset there in [her. ...] She's a people person. She can talk to people, but she can see bull**** a mile off. She's streetwise. I think she's a real asset. […] She's got a lot to offer people I think. A lot of families could probably do with her help and support. She's very good at what she does. And she's honest with you. She will pull no punches, give you no […], and she will say you are doing right, good, or you are not, I wouldn't do that, or do this, this is my advice... So it's all in a positive manner. It's not a negative. It's not do or don't.'

One of the 2 women we interviewed at the start of the evaluation period stated that she had not worked closely with a DAN. The other reported in her second interview that she had had a negative experience of working with Growing Futures and had ended her engagement with a DAN after the relationship deteriorated. She reported that she felt the DAN had engaged in unhelpful practice and left her uninformed of important information, and so had withdrawn from the Growing Futures service.

Measuring impact on systems, protocols and professional practice within services

Impact on social care

Prior to Growing Futures, there were few interventions or sources of support for CYP experiencing DVA within Doncaster. Following the introduction of Growing Futures, DANs were co-located within 4 social care teams, joint working between DANs and social workers occurred in a number of cases, training on DVA-related issues and on the DASH risk assessment tool was provided to 72 and 74 social care professionals (respectively), and 4 social work DANs were introduced. The impact on social care of Growing Futures is described below. These findings are based on in-depth, one-to-one, semi-structured interviews with social workers, social work DANs and DANs, and corroborated where necessary through interviews with DVA victims. Multiple benefits of working with co-located DANs were identified in interviews with social workers. Whilst, prior to the introduction of Growing Futures, social care practice around completing risk assessments was inconsistent, and assessments were often not made, Growing Futures DANs introduced consistency in risk assessment practice. Social workers interviewed were aware of this consistency in DANs' practice. One explained, for example: 'I've noticed that as soon as they know something has happened, they will go out and do an updated one, even if it's been done before.'

Collaboration between DANs and social workers

Clear communication and information sharing between DANs and social workers was identified as key to successful working. DANs were praised by social workers for their immediate completion of records on the shared computer system. A number of social workers reported that this enabled them to make informed decisions based on up-to-date information about risk, direct work, the impact of actions taken, and contact details. Working closely and discussing cases also generally removed the potential for duplication of work by DANs and social workers.

In joint working, DANs were considered by social workers as a source of support and advice, particularly in terms of case management planning. In interviews, social workers described working with complex and longstanding cases of DVA, including cases that frequently re-entered the social care arena between periods of absence. DANs were seen to have expert knowledge surrounding DVA, which social workers were able to draw on. One social worker respondent explained:

> 'I can see the benefits of working with the process as it is now in terms of the DANs' work. And what I found is that those workers involved with that are extremely highly experienced and highly qualified, in the sense of… what they don't know is not worth knowing'.

A number of social worker respondents also reported they had been challenged by DANs on aspects of case management and professional judgement. Generally, they accepted and sometimes welcomed these challenges to their approach, which they felt enabled them to consider cases or incidents from a different perspective. This is corroborated by learning log data and interviews with DANs.

The DANs' direct work was considered to be an asset to the social work response to DVA by social workers, who often felt their own direct work was constrained by time and resource restrictions. In some cases, social workers and DANs worked with separate members of the same family to achieve whole family working. This was reported by both DANs and social workers to be particularly helpful in ensuring that children's views about DVA were taken into account.

The DAN role provided a practical benefit in complex cases, allowing social workers to focus on wider issues beyond DVA. One social worker stated:

> 'I've got to say, I think what's made my job easier is [the DAN] doing all that work with the DVA, because obviously I have experience in DVA but not to her level. By them covering that, and doing that work with mum and that bit of therapeutic work with the kids, I've not had to look at that, which has freed us up to concentrate on other stuff.'

In addition, it was recognised by social workers and DANs, as well as DVA victims, that victims may be more willing to disclose information about DVA to DANs, which could then be shared with social workers and other agencies via the MARAC.

One social worker shared an office with a DAN, which was seen as useful for building a supportive relationship. DANs were also located in some other agencies, including Children's Centres. In the later stages of the project, co-location in social care teams was considered beneficial in terms of strengthening the social work response, and it was suggested by a number of Growing Futures professionals that this is where DAN teams should be based after the project ended.

Social work DANs

In addition to close working between DANs and social workers, 4 social workers were trained as social work DANs, alongside an additional social worker who was not able to take up the DAN role due to statutory workload demands. Whilst, at the time of their introduction, it was intended that Social Work DANs should have a reduced caseload, this was not possible due to the level of demand on social care services. This demonstrates the need to account for constraints on social workers' time whilst building capacity for therapeutic work, including by strengthening Early Help arrangements. Ultimately, these social worker DANs provided DVA expertise within their teams: the intensive training they received increased their confidence in managing and promoting good practice in DVA cases.

Social work DANs reported that a key challenge they faced within their role was managing the tension between the statutory nature of many of their duties and the need to develop trusting therapeutic relationships with families. Developing relationships similar to those developed with families by the DANs proved difficult, due in part to social workers' powers to remove children and families' negative perceptions of social care services (discussed above).

The development of trusting therapeutic relationships with families was also hindered by social work DANs' need to dedicate adequate time to fulfilling their statutory duties without any reduction in their caseloads. This was considered to limit the time available to social work DANs to conduct direct work and build relationships with families. As DANs repeatedly emphasised in interviews, conducting intensive direct work over extended periods of time was crucial to the development of successful, trusting therapeutic relationships.

Impact on allied services (police, housing, voluntary sector)

One-to-one, semi-structured interviews were conducted with professionals from allied services (including the police, housing and voluntary sector women's organisations) to identify their views of the impact of Growing Futures on their services. The findings from these interviews, including positive impacts and remaining challenges, are described below.

Referral pathways

A number of professionals from allied services reported that they were clear on the referral pathways that were relevant to them, and one stated that Growing Futures had been instrumental in creating and smoothing out referral pathways. This professional stated:

> 'Now we know where to go, we've got that single pathway now, we've got the referral forms, evidencing a referral and the need for a referral, which are shared by partners to partners, so it clarifies how this case occurred, where it's been referred and why it's been referred, and you know we're all singing out of the same hymn sheet, instead of this picking the phone up, no evidence.'

However, other respondents suggested that there were still significant challenges for Growing Futures in terms of clarifying, streamlining and designing referral pathways, protocols, roles and responsibilities among the different services working on cases of DVA. It was often suggested that there was little shared understanding of how standard and medium risk cases should be progressed and no clear system for progressing cases. One respondent noted that, having worked out supposed protocols and made attempts to follow them, it had nevertheless been the case that some allied services were working beyond capacity and were not taking responsibility for ensuring service users got the

services they needed: ‘again the onus seems to be ‘they’re in your door, sort it out’ sort of thing. [..] It’s not the way it should be.’

Growing Futures professionals have supported the Early Help hub to develop the infrastructure to facilitate and coordinate support for families with additional needs, including families deemed to be at standard and medium levels of risk of DVA. The intention of the hub is to provide preventative action to avoid problems developing and risks increasing. In addition, practice guidance and advice has been developed to support universal services, Early Help workers and family support workers within Doncaster.

Growing Futures management expressed that gaining and promoting clarity on the responsibilities of different services and referral pathways between them is an on-going task.

Communication

Professionals from Growing Futures and allied services gave mixed responses to the question of whether Growing Futures has had an impact on the quality of communication between different services. Some respondents noted that channels of communication with Growing Futures had been set up and were being improved on an on-going basis. However, Growing Futures have worked with a very wide range of agencies with different levels of involvement in DVA work in Doncaster (see Appendix 8). Respondents from some of these services felt that not enough information on the work of Growing Futures was available. A small number of professionals highlighted that there have been recent issues with duplication of work by different professionals, perhaps due to issues with communication between services.

Professional knowledge of whole family working

Growing Futures professionals have undertaken a range of activities to promote understanding of their work and the model of service provision they are pursuing. In particular, they have sought to raise awareness of the benefits and requirements of whole family working. Respondents from allied services were all aware of the basic tenets of whole family working and were universally enthusiastic about developing services to work better with children and perpetrators, as well as victims. This work was partly addressed through a multi-agency conference on Growing Futures and developing new models of working. This was attended by 235 people. Where allied professionals have engaged with Growing Futures, messages about its work appear to have been well received. As one professional respondent expressed:

> ‘I think the main thing for me is […] what Growing Futures and we’ve done is opened the eyes of agencies that focusing on the risk to the victim is very important, but it’s only one strand of what is required […] and that, I believe, is something Growing Futures can be proud of, because they’ve really banged the desk on that one, you know, banged the table and said ‘We’ve got to look beyond that [victim-

focussed risk management], and try and put things right so the family if they wish to stay together can stay together'.'

Raising awareness of the principles and efficacy of whole family working as well as how to deliver it across different services was seen as a work in progress by Growing Future managers. A key part of this work will be taken forward by Growing Futures in December 2016 at a conference aiming to disseminate learning from the project, particularly around good practice.

Collaborative culture

One of the central aims of Growing Futures has been to foster a more collaborative culture between different services dealing with cases of DVA, and to address the barriers to multi-agency collaboration identified in the section above on challenges. Growing Futures managers and DANs as well as professionals from allied services reported mixed results from these efforts. The professionals from allied services interviewed were universally supportive of the need for a more collaborative working culture and a more joined-up approach to service provision.

Growing Futures managers and Board members reported that, particularly at the level of strategic management, many new staff were now in post who were fully behind the goal of better collaboration between services and were seen to have chosen to go to Doncaster to make a difference. Nonetheless, perceptions that services were still working in silos were widespread among these respondents: 'We still have silo commissioning and we still have silo contracting and we still have services set up which will not work with other vulnerabilities when they're working with one vulnerability.'

Growing Futures managers, Board members, DANs and professionals from allied services noted that they had found some services easier to collaborate with than others: 'we've struggled, [with some agencies], getting them into the team. Really, really, really struggled.' But they also noted that willingness to collaborate in an open, effective way often depended on individual professionals. As one allied professional respondent noted, 'it depends who you're getting.' A professional from another allied service acknowledged that there was further to go on developing a more collaborative culture, but attributed improvements in collaboration to efforts made by Growing Futures professionals: 'I mean Rome wasn't built in a day, you're going to get pockets. But now there's more of a warmth, there's more of an openness, in terms of being able to do effective partnership work.' Building greater inter-agency collaboration was regarded by Growing Futures Board members who were interviewed as an on-going piece of work.

Limitations of the evaluation and future evaluation

Growing Futures became operational 5 months after funding had been granted by the Department for Education Innovation Programme, and 4 months into the evaluation period. This caused delays to the research schedule.

Recruitment of families to be interviewed was mostly reliant on facilitation by DANs, and the evaluation team acknowledge that fewer families were interviewed than anticipated. Extensive efforts were made by the evaluation team to arrange a larger number of interviews with families who had received support from Growing Futures. However, due to a range of reasons, including the highly sensitive nature of DVA, only a limited number of families were willing to participate in the evaluation. The research would have benefited from the participation of more family members, including male CYP and older teenagers, as well as family members with disabilities or with BME backgrounds. Changing Lives facilitated interviews with 2 additional women.

Difficulties were encountered in the recruitment of social workers to be interviewed, with social workers citing heavy workloads and insufficient time for extra non-statutory activities as reasons for non-participation.

Caution should be exercised in interpreting the results of the MARAC data analysis, as well as the analysis of social care data on children's vulnerability status. Reductions in these figures may be caused by confounding factors that are not attributable to the project. Further, increases may in reality be desirable in the short to medium term, if this means more cases are being identified and closely managed, and ensures that families have access to the support they need.

More detailed analysis of the interventions and strategies used by DANs might have been achieved by undertaking structured observation of direct work. This was not attempted due to concerns about the potential negative impact of such observation on therapeutic relationships between DANs and family members.

Implications and recommendations for policy and practice

The evidence gathered for this evaluation suggests a number of implications for practice and recommendations. These are outlined below.

Implications

Whole family working – that is, working with all family members to support them to overcome DVA and develop healthy relationships in future – appears to enhance professionals' capacity to develop in-depth understanding of the main problems facing a family and to support them to change entrenched behaviours and attitudes.

Working to enhance family members' strengths and abilities, rather than imposing rigid expectations they cannot meet, has been key to engaging families, particularly those with negative experiences of social care services.

The voluntary nature of engagement with the Growing Futures DANs service, which is a non-statutory service with strong links to statutory services, means that it often comes at the right time for a family: when families themselves seek or want help. Willingness to accept the support offered to them has been key to families' positive engagement with the project. Building willingness to engage among families may take time and be achieved in incremental steps. Having one DAN as the key worker for a family has facilitated families' trust and motivation to engage, as well as the development of positive relationships.

Small caseloads are necessary to facilitate the intensity of direct work that is required to enable deeply entrenched behaviours to be explored and tackled, and to ensure availability to respond to families' crises.

The absence of a short time limit on intervention is crucial, allowing DANs to stay involved with a family for as long as necessary to build trusting therapeutic relationships and support all members of a family to overcome their experiences of DVA.

Having a perpetrator worker is a vital element of the model. Within some families, having one professional work with victims and perpetrators is inappropriate or ineffective, often due to victims' concerns that perpetrators may manipulate or collude with professionals. In these cases, having different professionals work with different members of the family has enabled whole family working to take place.

Developed and recognised resources, such as the Signs of Safety Three Houses activity, have been useful tools for DANs, particularly where they have been used flexibly and tailored to families' individual needs.

The recruitment and retention of highly skilled and highly experienced DANs from a wide range of backgrounds, and the provision of a shared working space and regular opportunities for professional development (including reflecting on practice and sharing learning with each other), may maximise the benefit from team working. This is particularly the case in terms of enabling team members to support each other and work together to create effective plans for case management.

Having an executive coaching programme, and an active Senior Project Board and Operations Board attended by senior leaders and managers from a range of services has facilitated openings and new understanding between agencies. This has allowed blockages to be unblocked and creative solutions to address problems to be designed. This has been done in a spirit of exploration and experimentation and with a willingness to learn from doing.

Being a change programme aimed at multiple agencies, combined with a communications work strand, has created curiosity about and, ultimately, encouraged willingness within services to engage with Growing Futures. This has been facilitated by the Growing Futures conference in January 2016 and multiple strategic meetings between Growing Futures' management and Doncaster services.

The evaluation has provided a foundation from which to continue monitoring the impact of Growing Futures. The benefits of this should continue to be exploited.

Recommendations

- The role of Domestic Abuse Navigator should be maintained, at least until the good practice modelled by the DANs is embedded in other services
- Limits to DANs' caseloads should be retained, as should the absence of time-limits to interventions
- A shared IT system enabling relevant professionals to access DVA case information would be useful to ensure up-to-date information is available to across agencies, though any system would need to maintain appropriate levels of confidentiality
- Efforts to ensure consistent recording in relation to DVA and risk assessment on social care files by social workers should be strengthened
- There remains an important need to promote clarity around the system for progressing standard and medium risk cases in Doncaster, and to ensure that professionals are aware of their roles and responsibilities within that system. This is on-going work. Development and distribution of simplified flow charts outlining key processes and responsibilities may be of benefit for this purpose
- Whilst efforts to bring about a joined up, holistic service have yielded some clear benefits, a majority of professionals agreed that further work is required to build on this. Although some progress has been made in some areas towards multi-agency

working, work is still needed to bring clarity to referral pathways, service protocols, models of working, roles and responsibilities, and information and risk sharing

- Performance targets should be linked to accurate proxies for reductions in DVA at each level of vulnerability and risk
- Longitudinal evaluation of the impact of Growing Futures should be undertaken to track the progress of families over time

Appendix 1. Growing Futures theory of change

Figure 1: Inputs and outputs

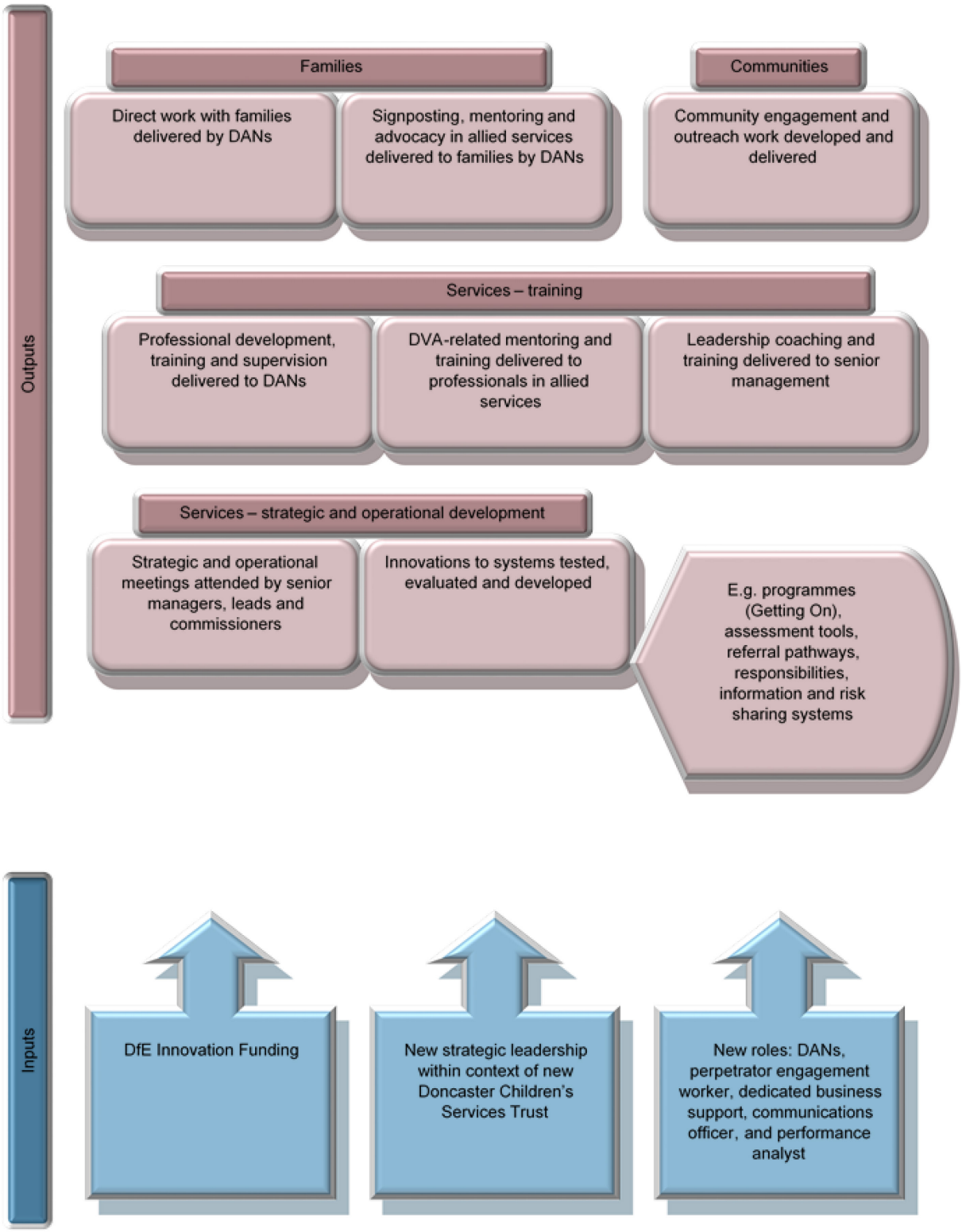
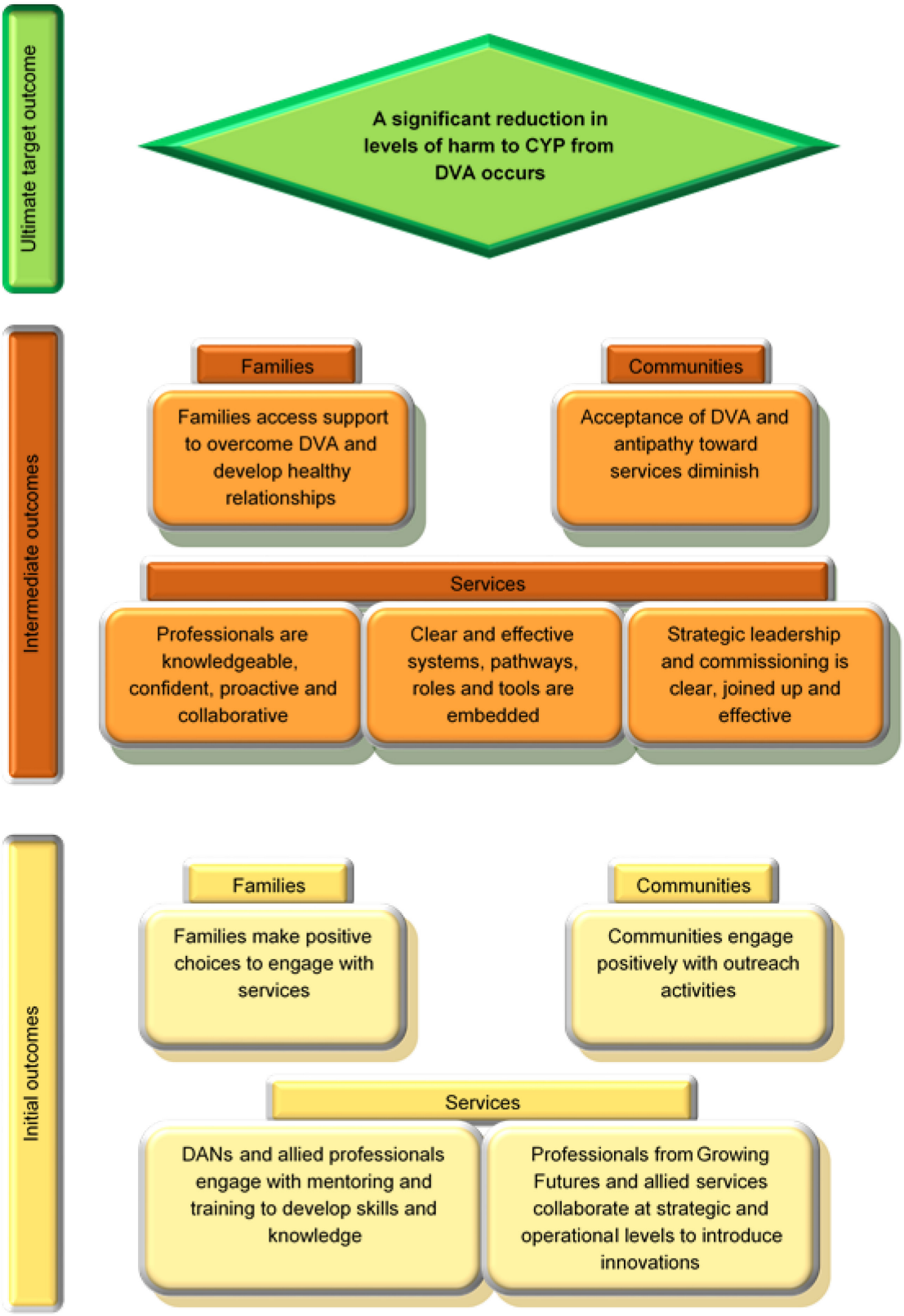


Figure 2: Outcomes



Appendix 2. Innovative features of Growing Futures' direct work with families.

There are several features of the approach of Growing Futures towards working with families who have experienced DVA which make the approach distinct from that taken by services prior to the introduction of Growing Futures. Findings on the issue of what it is that makes DANs roles different from, for example, social care roles, are presented below. These findings are drawn from analysis of DAN's Learning Logs, as well as in-depth, one-to-one, semi-structured interviews with Growing Futures professionals, Board members, and professionals from allied services.

Whole family working

Whole family working is a hallmark of the Growing Futures approach. Whole family working is in antithesis to practices described by Hester (2011) in her Three Planet model. Whole family working involves services working with all members of a family in a holistic, joined-up way toward common goals. It attempts to manage potential tensions between the individual priorities of professionals from different services as well as different family members. Whole family working was evident in a number of ways in which DANs work. DANs engage with families on a voluntary basis, on the understanding that families want to change. The need to 'meet families where they are at' rather than starting with expectations of where they 'should be' was repeatedly emphasised in interviews with Growing Futures' professionals and DANs in particular. All Growing Futures' professionals and Board members were unanimous in their view that whole family therapeutic working represents the best hope of tackling DVA.

Therapeutic work

The approach is fundamentally therapeutic: a central goal is to allow victims and children, as well as perpetrators, to overcome their often traumatic histories and break patterns of abuse. It is underpinned by a commitment to safeguarding children that is informed by the recognition that, without successful therapeutic input, perpetrators may continue to abuse, victims may be continue to be abused and the inter-generational 'cycle of abuse' may continue in children's learned behaviours. One DAN expressed this as follows:

> 'engagement is key and meaningful engagement, you know, not superficial engagement to get social care off their back… and that's been quite a different way of working for a lot of agencies. We are not bullying people into engaging with the service because what we are doing is therapeutic work and it is meaningful. We need them to engage because they want to engage. In terms of sustainability and meaningful learning, until we have that sort of commitment to change it's pointless.'

As their role is non-statutory, it appears that DANs are able to reinforce messages from statutory agencies whilst remaining in a more neutral position. This has helped them to build trust with families. Clients of DANs who took part in this evaluation frequently expressed that they had a better working relationship and level of trust with DANs, compared to previous social workers.

Working with perpetrators

Importantly, according to interviews with DANs, their managers and allied services professionals, the whole family approach does not insist that perpetrators and victims should never reconcile or continue their relationships. It recognises that sometimes it is not possible for families to cease all contact with perpetrators. Moreover, people can sometimes develop healthier relationships when they receive adequate support to do so, and effective risk assessment indicates when it is safe to work towards this. A theme that frequently emerged from interviews with DANs, social workers and families was that where families are being compelled to break up, they may respond by disengaging from services or developing deflective strategies. As one allied professional noted of the historic model of working:

> ‘the police have been about enforcement and protection. Social care have been about the child and probably not looking holistically. So we’ve been, as a partnership, I suppose we’ve been threatening the mother with taking the kids off her if she doesn’t exit herself from the relationship, which we recognise is just not do-able for some people. Some people maintain that relationship, and then don’t engage with us because we’ve threatened to take the kids off them. So, do we really know what's going on in that family?’

Work with perpetrators also represents a move away from orthodox service models, which place responsibility for avoiding abuse onto victims. This orthodoxy was reported by several respondents – both professionals and service users – as ‘unfair’ and often ‘re-victimising’ and ‘re-traumatising’ for women. The Growing Futures model holds perpetrators to account, whilst offering them therapeutic support to change abusive behaviours.

Flexibility

The approach taken by DANs has been flexible and tailored to the needs of individual families. It is evident from DANs’ casework books and Learning Logs that DANs have been creative in finding effective ways of working with different families, developing therapeutic games to play with the children they support, for example. The DAN service has also been flexible about who is allocated to work with different family members. As one manager explained:

> ‘There are three approaches to whole family working, which are emerging from the practice. The DAN delivering therapeutic practice to all members, individually and as a family, at the same time. In some circumstances that works and it's absolutely fine. The DAN delivering therapeutic practice to the victim and children, only, whilst another worker focuses on the perpetrator. And the third one is the DAN delivering therapeutic practice to children and young people only, whilst other workers focus on the victim and the perpetrator. […] The DAN continues with the navigator function throughout.’

In relation to this, DANs noted that, as some victims are unwilling to work with DANs who are also working with their perpetrator, having the perpetrator worker available to work with perpetrators in these cases has been helpful in enabling whole families to engage with services.

Appendix 3. Changes to Growing Futures' planned activities and outcomes

DANs have worked with the support of Growing Futures' managers and managers from the youth offending services and the council's Stronger Families programme and Safer Communities team to develop and promote 'Getting On'. This is an integrated programme delivered to young people and parents experiencing adolescent-to-parent abuse. The performance framework for 2015 shows that Getting On received 21 referrals, and conducted initial assessments with members of 15 of these families. 10 families – 1 adolescent and 1 parent in each – completed the course. All who completed the course reported that their relationship had improved by the end of it. DANs and other Getting On professionals have recently developed plans for programmes tailored for delivery to siblings and fathers. It was recognised that young people who witness their siblings abusing their parents may often benefit from their own package of support that is tailored to their needs whilst being integrated with the support the rest of the family is receiving. This reflects the model of whole family working that Growing Futures strongly advocates.

In addition to the DAN role, a new role of social work DAN was introduced to foster DVA-related skill and expertise within social care, and to compare the relative benefit of the dedicated DAN and social work DAN roles. There are now 4 social work DANs in the early stages of testing.

Growing Futures originally intended to introduce a police and perpetrator specialist role. This role has been repositioned. There is now a perpetrator engagement worker within the DAN team and another working directly in custody suites. These professionals have engaged in direct work with perpetrators, supported them into the Foundation 4 Change perpetrator programme, and also worked with the police to address bail engagement.

Throughout the project, the focus of the DAN service has shifted from being placed primarily on developing early preventative intervention with standard and medium risk cases, to intervention with high risk cases, whilst supporting wider system changes within services to focus on early intervention. Growing Futures' managers suggested this was because a risk-led response is recognised as best practice within specialist DVA services, but risk tended not to have been formally assessed by children's social care in lower risk cases, whereas high risk cases could be more easily identified via working with MARAC.

An integrated triage system was planned so that families would be referred based on their level of risk. Growing Futures' professionals suggested in interviews that obstacles to this activity might have been due to a lack of well-developed infrastructure for lower risk cases, including less developed referral criteria, access and step-down support. Work has begun on and continues to develop the Multi-agency Safeguarding Hub (MASH) and Early Help pathway, and to ensure the wider workforce are trained to complete DASH assessments and respond appropriately to different levels of risk.

Obstacles were experienced in establishing the fast tracking of access to health recovery programmes that were planned for adults and young people who experience substance misuse and mental health issues.

The proposed single DVA partnership case management IT system has not been developed. However, DANs have access and can record directly on to the IT systems of both children's social care and Early Help, providing improved information sharing on open cases through the MASH and Early Help hub when required.

Appendix 4. Findings from the literature review

Summary

This review of research explores the impact of domestic abuse on children and families. It was conducted to inform the on-going evaluation of Doncaster's Growing Futures DfE-funded Innovation Programme Project. Databases of research literature were searched to identify evidence on the impact of exposure to domestic abuse on children and young people and potential strategies to prevent and reduce the impacts.

Key findings

- Mothers may wish that their children who had been exposed to domestic abuse could access therapeutic counselling (McGee, 2000); however, in the UK there is a shortage of therapeutic and other interventions for children exposed to domestic violence (Izzidien, 2008; Stanley et al., 2010b)
- Children often express the need to talk to someone about their experiences (McGee, 2000)
- Children's involvement in developing refuge provision is highlighted as good practice (Fitzpatrick et al., 2003, Houghton, 2006)
- There are some successes in schools-based domestic abuse prevention programmes but these programmes vary significantly (Stanley, 2011) .
- Screening or routine enquiry that is supported by training, and by established interagency pathways for referral to services, emerges as an effective way of improving children's safety and wellbeing (Stanley, 2011)
- There appears to be value in strengthening parenting as a means of supporting children who are exposed to domestic abuse (Graham-Bermann et al., 2007)
- Programmes delivered to children and mothers in parallel appear to be effective (Stanley, 2011)
- Mental Health and Drug and Alcohol Services need a greater awareness of the impact on families and children of Domestic Abuse (Stanley, 2011)
- Children's Independent Domestic Violence Advocacy Services appear to be effective at empowering children and young people
- Fears that they will not be believed and concerns about confidentiality inhibit children's disclosure and help-seeking (Wood et al., 2011)
- Boys may be less likely than girls to be recognised as victims by social workers (Eriksson, 2009)

- In addition to risk factors, protective factors should be taken into account when assessing children and young people
- A responsive service should engage with families on the basis of shared understanding of the harm to children and young people that domestic abuse causes
- Advocacy services have been shown to provide effective support for both women and CYP; enabling women to re-build independent lives and children and young people to deal with conflicted emotions, gain control and access support on their terms

Introduction

The following is a report of a recent review of research literature exploring the impact of domestic abuse on children and families. It was conducted to inform on-going evaluation for the Doncaster Growing Futures evaluation. Databases of peer reviewed research literature were searched to find relevant evidence on the impacts of exposure to domestic abuse on children and young people and potential strategies to prevent and reduce the impacts. Search terms included:

Domestic violence

Domestic abuse

Family violence

Spousal abuse

Violence against women

Violence against women and girls

Impacts

Effects

Exposure to parental abuse

Exposure

Children

Children and young people

Prevent

Harm reduction

Reducing the harm

Mitigate

Empirical research published between 1998 and 2015 and written in English was included in the review.

The findings of the literature review are grouped into general themes. The information was used in a number of ways to support the evaluation of the Growing Futures project, including as part of formative work in which the evaluation team hosted a workshop and training session with newly recruited Domestic Abuse Navigators. The information was also used to help develop the Growing Futures theory of change and to design research tools (such as interview questions) for use in the evaluation.

Background

The safety, wellbeing and protection of children affected by domestic abuse is a significant and complex problem. One in 4 children experiences domestic abuse and, of these, 5% are reported to be chronic and severe cases (Radford et al., 2011). The impact of domestic abuse can also affect children's education, development and social relationships (Holt et al., 2008) and can frequently occur alongside other problematic circumstances such as substance misuse, mental health, poor housing or crime (Cleaver, Unell & Aldgate, 2010; Hamby & Grych, 2013).

The link between domestic abuse and child safeguarding is widely acknowledged both within the research and practice community. This research shows that there are very damaging effects on children of being exposed to domestic violence, there is an overlap between child maltreatment and domestic abuse, and that domestic abuse has a negative effect on parenting (Hester et al., 2007; Stanley, 2011). Child protection and domestic abuse policy and services have historically been developed on separate 'planets' (Hester, 2011). Turner and colleagues (2015) find that this separation is particularly striking within the health sector.

Further, child protection social work struggles to respond in ways that are not punitive or threatening. However, the authors in Stanley and Humphreys' (2015) book indicate that engaging with abusive fathers, listening to children, and providing appropriate prevention and intervention services to children and parents may help to reduce the negative perceptions that make families wary of seeking support.

Main findings

Community responses to domestic abuse

There is a larger evidence base regarding community responses to domestic abuse in Canada and North America than for the UK, and this evidence base has a greater emphasis on clinical treatments such as counselling and psychiatry, compared to the UK.

A number of studies have examined the effectiveness of community-based responses for CYP affected by domestic abuse.

McGee's (2000) study found that mothers wished that their children who had been exposed to domestic abuse could access therapeutic counselling. The study also found that children who have been exposed to domestic abuse want to talk to other children who have had similar experiences. Children often express the need to talk to someone about their experiences. However, Stanley et al. (2010b) note that there is limited availability of services offering direct interventions to children, with long waiting lists and high thresholds for the services that do exist. Major gaps have also been identified in the provision of culturally appropriate specialist services; for instance, Izzidien (2008) points to a lack of specific services for BME children and young people.

Involving children and young people in the provision of services for victims of domestic abuse is highlighted as good practice in a number of ways. For example, Fitzpatrick and colleagues (2003) cite children's involvement in developing refuge provision (Fitzpatrick et al., 2003), and through the Scottish Women's Aid Listen Louder campaign, in which young people advocated for the development of specific support services for CYP who are exposed to domestic abuse (Houghton, 2006). Mullender et al. (2002) found that support groups specifically designed for children and young people can help them to understand that domestic violence is wrong and not their fault, that they are not alone in their experiences, as well as supporting them to regain confidence and control over their lives in safety.

In the UK, individual and group work for children who have lived with domestic abuse is still under-developed outside of refuges. Radford et al.'s (2011) London study found that services for children exposed to domestic violence were minimal and difficult to access (see also Stafford et al., 2007).

A number of early intervention services have been successful in reducing risks for victims and have also been used to deliver services to children. In a pilot project in Gateshead – Safer Families – IDVAs work to explore and identify risks, undertake safety planning with service users, coordinate a care package of services to enable the plan's implementation and support domestic abuse victims through any police investigations and subsequent court hearings. LetGo in Cumbria offers services including Safespace accommodation, crisis intervention, risk assessment, safety planning for survivors of domestic abuse, support through criminal justice and civil-legal processes, safeguarding children, liaison with agencies, onward referral and signposting to appropriate support services. These pilot projects have succeeded in reducing repeat referrals and reported incidents, reducing risk and increasing survivors' confidence. The evidence suggests that survivors and families with complex needs are likely to need sustained input to achieve change (Stanley, 2011).

Stanley (2011) found that school preventive programmes have had some success in developing awareness of the nature of domestic violence, signposting help and changing

attitudes among CYP towards domestic abuse. However, she notes that programmes vary significantly, with a need for more knowledge about optimum content, timing and duration. She advocates that programmes should take account of gender, with a greater focus on the lower awareness among boys of the harm caused by abuse and violence, and that public education campaigns could now more usefully target specific groups, in particular perpetrators.

Stanley (2011) finds that domestic abuse screening, sometimes referred to as 'routine enquiry', which can take place in a range of settings, including General Practice, health visiting and social care, has proved effective at increasing domestic abuse identification rates. Stanley encourages screening or routine enquiry supported by training and by established interagency pathways for referral to services, in the context of improving children's safety and wellbeing.

Mother-child interventions

An American review of findings from 15 projects suggested that participating in groups or mother-child interventions resulted in reduced aggression, decreased anxious and depressive behaviours, and improved social relationships with peers (Graham-Bermann, 2001). Graham-Bermann et al. (2007) compared the results for children and mothers who had suffered from domestic abuse and were randomly-allocated to a 10-week programme for children only, to those who were allocated to the 10-week programme in addition to a parallel group for mothers to improve their parenting and discuss the experience of violence with their children. The evidence pointed to the value of strengthening parenting as a means of reinforcing interventions delivered directly to children. Children's attitudes and levels of aggression were most likely to improve when both mother and child received a service.

Stanley (2011) also draws upon evidence from the US and UK to argue for the effectiveness of programmes delivered to children and mothers in parallel, usually involving group work for children and groups for mothers that aim to develop responsiveness to the child's needs. Critical to all successful interventions is the parent's engagement with the child's perspective on domestic violence. Evidence from the US suggests that child-parent psychotherapy strengthens mothers' responsiveness and helps to reduce traumatic stress symptoms and behavioural problems in children.

In the UK, Humphreys et al. (2006) developed the 'Talking to My Mum' intervention, an activity picture workbook for children aged 5 to 8 years. The objectives of the workbooks are to help build the child or young person's self-esteem, to learn to talk about feelings, and to restore communication and understanding between mothers and their children. Early evaluation was positive but noted that some mothers needed additional support to acknowledge the extent to which their children had been affected by domestic violence. Mothers also needed support to manage children's responses when communication was established.

The Cedar project works with children, young people and their mothers recovering from domestic abuse. The programme runs for 12 weeks with groups for children, young people and their mothers running in parallel, providing an opportunity to explore feelings with an emphasis on fun and creative activities that keep children engaged. It creates a safe place for children and their mothers to help each other to find the best strategies to deal with their experiences and rebuild their lives, and aims to help mothers support their children in their recovery. The programme evaluation found that Cedar is an important and powerful approach that can bring about transformational behavioural change for children, young people and families at risk; bringing together skilful and reflective professional practice with the experiential knowledge of mothers and children and young people (Sharp et al., 2011).

Engaging families

Stanley (2011) points to evidence for the effectiveness of interventions that focus on the whole family: for instance, a Family Group Decision Making approach in Canada was associated with reduced child maltreatment, whilst early evaluation of Family Intervention Projects in England found small caseloads, a key worker approach and long-term involvement contribute to developing a family's trust and motivation to tackle complex problems. There is also evidence for the effectiveness of perpetrator programmes and direct work by professionals with violent partners, although training and confidence building may be required before professionals undertake this engagement.

Stanley argues that the stigma and secrecy associated with domestic violence creates resistance from many families to engaging with social care services, compounded by fears of children being removed into care, and this is likely to be made worse by threats of statutory intervention. Social care practitioners should focus on building trust-based partnerships which rest upon and a shared understanding of the impact of domestic violence on children, which can be a strong motivation for change for both mothers and fathers.

Also crucial to effective engagement with families is greater understanding and awareness about the impact of domestic violence on children and families, and about the need for routine screening within some adult mental health and substance misuse services, which work with parents affected by domestic violence. These services in particular may need to be engaged by the lead or expert agency in interagency training, and helped to establish routine screening and referral protocols (Stanley, 2011). This is supported by Buckley et al. (2006) who argue that one service is needed to oversee and make connections between different agencies that may or may not have a direct focus on domestic violence, as the needs of the children are so varied that a range of interventions may be necessary at any one time.

Similarly, in relation to managing the referral process effectively, co-location, interagency meetings and integrated teams can all provide an effective means for agencies to share information as part of the process of filtering referrals and assessing risk (Stanley, 2011).

Interagency collaboration, which can lead to more effective engagement with and better outcomes for families, is more likely when shared protocols for screening and assessment are developed and when senior staff attend interagency forums.

Advocacy

Advocacy is increasingly seen as a way to help mothers access social and community resources and to re-build independent lives (see Stanley, 2011). There is strong evidence from the USA for its role in reducing depression and victimisation, and increasing mothers' social support and quality of life. In England and Wales, early evaluation of the Independent Domestic Violence Advisors service was encouraging (Howarth et al., 2009). This offered advocacy and service co-ordination to women at high risk from domestic violence.

Westwood and Larkins (2015) evaluated a Children's Independent Domestic Violence Advocacy Service (KIDVA) supporting CYP aged 11-25. The service included one to one support sessions, attendance at and support for meetings, court support, communication with CYP or with others on their behalf, group activities including during school holidays and other activities such as Facebook sessions. Staff were described as calm, happy, friendly and approachable. CYP were able to make active decisions about which part of the service they engaged with and support was offered on a long-term basis beyond the point of crisis. They found that advocacy relationships are more than about voice. They enable CYP to deal with conflicted emotions, gain control and access support on their terms. The National Advocacy Standards provide relevant measures for evaluating the development and outcomes of advocacy services and interventions for CYP who have experienced domestic violence.

Listening to children

Children and young people who have experienced domestic abuse want to be listened to, to be taken seriously, and to be believed (Barron, 2007; Buckley et al., 2006; Mullender et al., 2002). Fears that they will not be believed and concerns about confidentiality inhibit disclosure and help seeking (Wood et al., 2011). Practitioners should be skilled in talking directly to children about domestic abuse, and should validate children's accounts.

Eriksson (2009) argues that children experiencing domestic abuse need to be approached both as victims and as actors with the capacity to contribute to plans and decisions. Eriksson (2009) also found that social workers varied in their capacity to talk directly with the child about their experiences of abuse and to acknowledge their identity as a victim of domestic violence. They also differed in the extent to which they were prepared to provide children with the information and feedback they needed to participate in decisions about contact.

Eriksson (2009) suggests that boys are less likely than girls to be recognised as victims by social workers, and are more likely to have their wishes not to have contact with abusive fathers ignored.

Children and young people also commonly report being excluded from key decisions that affect them: practitioners must establish and respect their views on contact in particular. Eriksson (2009) advocates reflexivity to ensure that social workers are not influenced by established notions of 'ideal victims' in their communication. She argues that children experiencing domestic abuse need to be approached both as victims and as actors with the capacity to contribute to plans and decisions.

Further to this, it has been argued that it is too simplistic to assume that the needs of the child are synonymous with the needs of the woman or victim (Croke, 1999) and that services should focus on individual needs due to differences in impact (Cunningham and Baker, 2004).

Resilience

In addition to risk factors, protective factors should be taken into account. A secure attachment to a non-violent parent or significant carer is widely considered as an important factor mitigating trauma and distress (Graham-Bermann et al., 2006; Mullender et al., 2002; Osofsky, 1999). This links to the information concerning the mother-child relationship outlined above.

Social support is also important (Kashani and Allan, 1998; Ullman, 2003). This includes grandparents (Cox et al., 2003) or other family members (Levendosky et al., 2002). Social workers need to pay more attention to children and young people's friendships (Daniel & Wassell, 2002). Positive peer friendships and sibling relationships can also be helpful in helping children to cope, as can helping children to build positive self-esteem (Mullender et al., 2002; Guille, 2004; Daniel and Wassell, 2002).

Partnership working

Whilst increased partnership working brings increased opportunities for information sharing, risk assessment and management, and a wider range of interventions, it brings challenges such as maintaining confidentiality (Stanley & Humphreys, 2015). It can be time-consuming and require constant negotiation (Stanley & Humphreys, 2015). Some agencies may not acknowledge children's involvement in domestic abuse or may hold deeply embedded negative assumptions about the dynamics of domestic abuse or particular agencies. The impact of domestic violence on children and young people has been documented elsewhere (Holt et al., 2008).

Programmes to improve professional responses

Turner and colleagues' (2015) review of interventions to improve professional responses to children exposed to domestic abuse highlights the significant ways in which health professionals have been under-informed and under-trained on the child safety implications of domestic abuse. The authors report that programmes for individual practitioners and organisations that aim to improve knowledge and understanding of the effects of domestic abuse on child safety and wellbeing tend to improve both professional knowledge and patients' experiences. Further, the authors draw attention to components of good practice including the provision of an 'added experiential or post-training discussion component alongside the didactic component, incorporating 'booster' sessions at regular intervals after the end of training, advocating and promoting access to local DVA agencies or other professionals with specific DVA expertise, and finally, drawing from a clear and well-articulated protocol for intervention' (Turner et al., 2015: 17).

Barnardo's have developed and implemented the Domestic Violence Risk Identification Matrix, used to inform assessments with families experiencing domestic violence. The tool classifies risks to children exposed to domestic violence at 1 of 4 thresholds (moderate: likely need for targeted support by a single practitioner; moderate to serious: likely need for integrated support by more than one agency which should be co-ordinated by an identified lead professional; serious: Section 17 initial assessment should be considered and safeguarding intervention may be necessary if threshold of significant harm is reached; severe: Section 47 enquiry and core assessment should be considered), each of which is linked to a level of intervention. In the evaluation of the model, practitioners reported that the Matrix was accessible and provided them with structure and detail they had previously lacked, clarified thresholds, and increased their confidence in decision-making (Calder, 2009).

Stanley (2011) reports that awareness of the impact of domestic abuse on children and young people is less well developed among some adult mental health and substance misuse services. This is despite the fact that these services frequently work with parents who are affected by domestic abuse. The author recommends that Children's Services make a particular effort to engage those mental health and substance misuse services in interagency training and help establish routine screening and referral protocols.

Developing a responsive service

Stanley's (2011) review identified the key characteristics of a service that responds to the needs of children experiencing domestic violence. A responsive service:

- engages with families on the basis of a shared understanding of the harm experienced by children living with domestic violence, rather than utilising blame or threats

- seeks to involve all family members, including perpetrators, whilst recognising that it may not always be safe or appropriate to see all family members together
- distinguishes appropriate pathways for families experiencing domestic violence using risk assessment that incorporates evidence from the full range of services
- recognises the need for long-term engagement with families who have complex needs and embedded histories of domestic violence, but neither assumes nor is predicated upon separation.

Hester et al. (2007) suggest than any intervention strategy needs to respond to individual need (a one size fits all approach is inappropriate), incorporating context, focusing on stabilizing the home environment, and minimising disruption. Timing is crucial (Osofsky, 2004) and informal support should be enhanced (Cunningham and Baker, 2004).

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Appendix 5. Analysis of MARAC data

The evaluation team analysed 2 MARAC datasets to identify rates of repeat referrals, as well as a number of other relevant factors. The first dataset, provided directly to the evaluation team by the police, enables comparisons to be drawn between average yearly figures for the period 2013/14 to 2015/16, yearly figures from 2015/16, and the available figures for 2016/17. As Growing Futures began during the financial year 2015/16, analysis of this dataset cannot clearly compare figures from before and after the introduction of the service. Further, as numbers of DVA incidents tend to peak and trough throughout the year (and spike over the Christmas period), basing the yearly estimate of repeat referrals to MARAC on data covering the summer period may distort the estimate.

To address these limitations, a second dataset was compiled by the evaluation team from case summaries, minutes and action plans from all MARACs that took place during 2 6-month time periods in 2014 and 2016 (that is, before and after the introduction of Growing Futures). These files were also provided directly to the evaluation team by the police.

As explained earlier in this report, caution should be exercised in interpreting the results of this MARAC data analysis. Any reduction in repeat referrals may be caused by confounding factors that are not attributable to the project. Further, increases in repeat referrals may in reality be desirable in the medium term, if this means more cases are being identified and closely managed, and ensures that families have access to the support they need.

Comparison of MARAC data from 2013/14 to 2016/17

In Doncaster, MARAC meetings are held fortnightly, which equates to 25 per annum. In this section of the report, data are reviewed on a total of 2194 cases discussed at 88 MARACs that took place from 2013/14 to 2016/17.[1] Inter-year comparisons are made of numbers and rates of MARAC cases, repeat referrals to MARAC, CYP attached to MARAC referrals, and referrals categorised by demographic characteristics.

Numbers of MARAC cases

The available data for 2016/17 (from 1st April 2016 to 31st August 2016) show that, during that time, an average of 46.8 cases per month were discussed at MARAC.

The overall average number of cases discussed at MARAC for the financial years 2013/14 to 2015/16 was 54.4 cases per month. This indicates a 14% reduction in cases

1 We refer here to the financial year, which runs from 1st April – 31st March.

heard at MARAC per month for 2016/17, compared to the average for the previous 3 years.

MARACs held in 2015/16 discussed an average number of cases of 47.17 per month. Comparing this with 2016/17 indicates there was a minor reduction of 0.8%. This may be due in part to the presence of the Growing Futures service in the second half of 2015/16 (October to March inclusive). Whilst in the first half of that 2015/16, 299 cases were discussed, from October 267 cases were discussed, representing a reduction of 11%.

Repeat referrals to MARAC

Based on the available figures for the first 5 months of the financial year 2016/17, the estimated number of repeat cases per annum for whole year is 163.2. The overall average number of repeat cases per year in Doncaster from 2013/14 to 2015/16 was 256.67. This suggests a potential decrease in 2016/17 of 36.4%, compared to the average for 2013/14 to 2015/16. The overall number of repeat cases per year in 2015/16 was 228. This suggests a potential decrease of 28.4% between 2015/16 and 2016/17. On the basis of analysis of this dataset, therefore, when either 2015/16 or the average for 2013/14 to 2015/16 is treated as the baseline, Growing Futures has met its target of reducing repeat referrals to MARAC by 25%.

The available data for 2016/17 indicate that repeat cases accounted for 29.1% of all referrals to MARAC. From 2013/14 to 2015/16, repeat cases accounted for 40.3% of all referrals to MARAC, whilst in 2015/16, repeat cases accounted for 39.3% of referrals (see Table 3 below). Safe Lives report that the national rate of repeat referrals to MARAC in 2015/16 was 25%, and recommend that this rate should be between 28 and 40%. The repeat referral rate for 2016/17 in Doncaster is therefore within Safe Lives' recommended levels: whilst the average for 2013/14 to 2015/16 was slightly above the highest threshold, and the 2015/16 rate was slightly below it, the 2016/17 rate is slightly above the lowest threshold, and compares favourably with the national average. That it is close to the lowest safe rate gives reason to be cautious about continuing to aim for reductions.

Table 3: Cases referred to MARAC

Cases compared		MARAC meetings	Average cases per month	Average cases per MARAC	Total repeat referrals	Repeat referrals per MARAC	% Repeat referrals
2013/14-2015/16	1960	76	54.44	26	770	10.1	39
2015/16	566	27	47.44	21	228	8.4	40
2016/17	234	11	46.8	21	68	6.2	29

Numbers of children and young people

During the first 5 months of 2016/17, 273 children were attached to MARAC referrals. Based on this figure, an estimated total of 655.2 children will have been discussed at MARAC during the whole of that year.

The average number of CYP attached to MARAC referrals from 2013/14 to 2015/16 was 770.33 per year. In the financial year 2015/16, a total number of 693 children were attached to MARAC referrals in Doncaster. Comparing the estimate for 2016/17 with the overall average from 2013/14 to 2015/16 suggests a potential reduction of 115.13 children attached to MARAC referrals per annum, or 15%. Comparing it with the figure for 2015/16 suggests a potential reduction of 37.8 cases, or 5.5%.

MARAC referral sources

There were no referrals to MARAC from education from 2013/14 to 2015/16, suggesting education professionals have not been able to easily identify and/or refer high risk cases of DVA.

Figures for monthly referrals from Children's Social Services increased since 2015/16 from 0.42 cases per month (or 5 per annum) to 1 case per month in 2016/17. Referrals from housing agencies, including those from the charitable and voluntary sector, also increased, which suggests greater shared responsibility among these agencies for assessing risk of DVA.

Referrals from probation appear to have decreased. A possible explanation for this may be that referrals are being made earlier by other agencies.

Demographics of MARAC cases

Demographic data for referrals to MARACs (given below) suggest that referrals of people from Black and Minority Ethnic (BME) backgrounds, and people who are Lesbian, Gay, Bisexual and Transgender (LGBT) are slightly lower than expected for a population the size of Doncaster.

Comparison of MARAC data in 2014 and 2016

Because Growing Futures was introduced during the financial year 2015/16, the above analysis does not clearly compare MARAC data prior to and after Growing Futures commenced work. To address this issue, a further dataset was compiled from case summaries, minutes and action sheets distributed to agencies involved in the MARAC process. (Minutes provided in 2014 had been converted to action sheets in 2016.) Data were compiled from 2 6-month periods (from March to August) in 2014 and 2016. As Growing Futures began operating in 2015, comparison of data from these 2 time periods

produces a clear picture of referrals before and after the introduction of Growing Futures. Data were analysed from a total of 24 MARACs, at which 539 cases were discussed.

Numbers of MARAC cases

Table 4 below shows the total number of referrals made to MARAC within the 2 6-month periods in 2014 and 2016.

Although 2016 saw an increase of 7 cases, this can be attributed to there having been 2 more MARAC meetings in 2016 than in 2014, due to the calendar year. When considering the average number of cases per MARAC, there were 3.2 fewer cases per MARAC in 2016 (a reduction of 13%).

In both years, referrals increased during the summer months of May to August. This may be linked to situational factors such as the warm weather and increased alcohol consumption, or sporting events such as the World Cup (June-July 2014) and the Euro Cup (June-July 2016). Numbers of repeat referrals during the summer period also saw an increase, although this was more limited.

Repeat referrals to MARAC

There was no change in the total number of repeat referrals across the 2 6-month periods, but there was a reduction of 1.7 repeat referrals per MARAC, or 15.6%. As a proportion of all referrals, repeat referrals fell from 45% to 43.8% (see Table 4 below). On the basis of analysis of this dataset, then, which compares 2 6-month periods in the same part of the year in 2014, prior to the introduction of Growing Futures, and in 2016, after the service had been operating for some months, Growing Futures did not meet its target of reducing repeat referrals to MARAC by 25%.

Table 4: Cases referred to MARAC

Cases compared	MARAC meetings	Average cases per month	Average cases per MARAC	Total repeat referrals	Repeat referrals per MARAC	% Repeat referrals
In 2014: 266	11	44.3	24.2	120	10.9	45.0
In 2016: 273	13	45.5	21	120	9.2	43.8

Numbers of children and young people

There was little difference in the numbers of CYP attached to MARAC referrals: 344 in 2014 and 340 in 2016 (a reduction of 4). It should be noted, however, that there was notable improvement in the quality of data about children provided to professionals prior

to MARAC meetings between the 2 time periods. Information relating to children was often missing or incomplete in 2014. For example, dates of birth were provided for children in 86 cases in 2014, compared with 129 in 2016. Names of victims and perpetrators were provided for all cases with one exception, which did not provide details of the perpetrator.

MARAC referral sources

Table 5 below provides a snapshot of sources of referral to MARAC, including agencies from the voluntary sector. The data suggest that although the police remain the primary referral agency, there was an increase in referrals from other professionals, notably housing agencies and children's social care. No referrals were received in 2014 or 2016 from educational professionals.

Safe Lives recommends that referrals from partner agencies, such as health, should constitute between 25 and 40% of referrals. Referrals from the police are recommended to constitute between 60 and 75% of referrals. The data from 2016 suggest Doncaster is now closer to Safe Lives expectations than it was in 2014.

Table 5: Sources of referrals to MARAC

Agency	2014	(%)	2016	(%)
Police	218	82	208	76.2
IDVA	0	0	6	2.2
DAN	n/a	n/a	5	1.8
Social Care	4	1.5	13	4.8
Housing	3	1.1	17	6.2

Due to the incompleteness of information provided by MARACs, it was not possible to conduct a comparison of cases on the basis of most risk factors. The conversion from minutes in 2014 to action plans in 2016 has reportedly been useful for agencies, but are an obstacle to data collection and analysis as they lack sufficiently detailed information on cases. However, analysis did identify that separation was the most prominent recorded risk factor in cases in both 2014 and 2016. This may be directly relevant for staff working within a whole family approach.

MARAC actions

Minutes from the 2014 MARACs showed that attendees heard some useful information but also highlighted gaps in information and professionals' knowledge of cases. Many

actions concerned checking basic details such as addresses. In 2016, fewer of these administrative actions were recorded. Some actions for cases in both years were limited to updating the victim on what had been discussed at MARAC and tagging agency files. Again, this was less frequent in 2016 than 2014. In 2016, more pro-active actions or interventions to be undertaken were recorded, including more actions to invite agencies to particular meetings, and make referrals to other agencies, such as IDVA or Safeguarding Adults, based on discussion at MARAC. More support for CYP was also actioned in 2016, including referrals to the DANs service.

Demographic data for MARAC referrals

Demographic data on referrals to MARAC in Doncaster are detailed below. To place these figures into context, it should be noted that DVA appears to disproportionately affect some populations more than others. For instance, the risk of experiencing DVA is increased for those with a mental health problem (Trevillion et al, 2012), and for females aged between 16 to 24 years and males aged between 16 to 19 years (Smith et al, 2011). Table 6 below indicates MARAC equality monitoring information figures. Comparing estimates for 2016/17 with figures from previous years suggests that the number of BME referrals remained the same as the previous year, referrals for LGBT victims decreased, referrals for perpetrators aged 17 and below decreased, and referrals including victims with a disability increased. Referrals concerning victims aged 16 and 17 years also increased. This may be related to recent changes in the legal definition of DVA, to include those aged 16 and 17 years.

Table 6: MARAC equality monitoring data on victims

	Average per annum 2013/14-2015/16	Totals 2015/16	Estimated totals 2016/17	Estimated reduction or increase from 2013/14-2015/16 to 2016/17	Reduction or increase from 2015/16 to 2016/17
BME	50	48	48	-2	0
LGBT	5	3	0	-5	-3
Disability	2.33	0	4.8	+2.47	+4.8
Male Victims	30.33	21	19.2	-11.13	-1.8
Victims 16-17 years	12.67	5	19.2	+6.53	+14.2
Harming others aged 17 below	6.33	6	2.4	-3.93	-3.6

Table 7 below places these cases into context by undertaking a comparison alongside Safe Lives national data for 1st April 2015 to 31st March 2016.[2]

Table 7: National equality monitoring data on victims

	Average per year 2013/14-2015/16 (%)	Actual 2015/16 (%)	Estimated 2016/17 (%)	Safe Lives National Data 2015/16 (%)
Total cases (number)	653.33	566	561.6	81,764
BME	7.6	8.5	8.5	15.4
LGBT	0.8	0.5	0	1
Disability	0.4	0	0.8	3.9
Male Victims	4.6	3.7	3.4	4.7
Harming others aged 17 below	1	1.1	0.4	1.1
Victims 16-17 years	1.9	0.9	3.4	1.7

The national referral rate for LGBT referrals – that is, the proportion of referrals to MARAC that involve LGBT people – is lower than the figure of 5 to 7% or above recommended by Safe Lives (2016). The referral rate in Doncaster is similarly low, which Safe Lives suggest may be partly due to barriers in reporting.

The national rate for referrals with a disability is also lower than the figure of 16% or above recommended by Safe Lives (2016). This suggests there may be barriers in reporting, and highlights an area of concern for Doncaster, as existing research suggests that having a long-term illness or disability almost doubles the risk of experiencing DVA (Smith et al, 2011; Khalifeh et al., 2013).

Hester (2009) estimates that male victims account for 10% of all victims of DVA. Safe Lives reports that the national rate of referrals for male victims in 2015/16 was low compared to this estimate, at 4.7%. The rate of male victims referred to MARAC in

[2] Safe Lives (2016) available at: http://www.caada.org.uk/practice-support/resources-marac-meetings/latest-marac-data

Doncaster is slightly below the national rate. Again, this may be partly due to barriers in reporting, including the 'macho' culture identified in qualitative interviews with professionals and members of the local community.

The number of young people recorded as causing harm to other young people under the age of 17 is slightly lower than the national rate reported by Safe Lives. Finally, in contrast with other groups, the rate of victims aged 16 to 17 (3.4%) is higher in Doncaster than the national rate reported by Safe Lives (1.7%).

Caution about consistency of MARAC data

MARAC minutes reveal that different agencies often held conflicting information on, for example, numbers of children and where they were living. Cases summaries provided for 2016 provide additional information relating to the relationship status of victim and perpetrator, and also contain less incomplete information about children than in 2014.

The conversion of minutes in 2014 to action plans in 2016 caused other issues for data collection. Action plans have the benefit of quickly identifying actions to be taken by specific professionals or agencies, and the status of that action, and may therefore facilitate increased efficiency. However, without detailed minutes, the background of the case was missing, including many identified risks for victims, perpetrators, and any children. MARACs are generally attended by organisational managers, but for those professionals who do not attend the MARAC (individual social workers, for example) action plans may provide less meaning and context, and give only an update rather than an in-depth summary of discussion at the meeting.

MARAC observations in 2015 and 2016

The evaluation team conducted structured observations of 4 MARAC meetings, on 16th August and 30th September 2015, and on 30th August and 14th September 2016. These observations have been analysed to identify whether and how procedures and professional practice at MARAC have changed since the introduction of Growing Futures.

There was little change to the organisations in attendance. The panel remained largely unchanged, and included an IDVA Team Manager, a DV Officer, an Offender Management Officer, a Chair who was a Safeguarding Adults Officer, and a minute taker. Other agencies in attendance included youth offending services, children's social care and ISVA. New agencies such as Foundation 4 Change were present in 2016.

In 2015 most of the panel and a number of agencies arrived late. Children's social care and youth offending services also left the meeting after presenting their cases. They appeared to have attended solely because of the presence of a case directly involving them. Cases presented following their departure could have potentially benefited from their insight. It is important to note this did not occur at meetings observed in 2016.

Further, agencies attending in 2016 arrived in good time. Agencies leaving early consistently in 2016 included Probation and ISVA.

Some improvements were observed with regard to information, recording procedures, meeting culture and risk management. Although information provided to attendees prior to meetings in 2016 had improved since 2015, there was still some missing information from referrals, including dates of birth, addresses, relationships, and all diversity data. Information relating to children had also improved but there remained confusion about children's circumstances (for example, living and contact arrangements) in some cases. In both years, professionals from children's social services had at times not reviewed information about cases prior to the meeting and relied on DANs for information. In 2016, DANs picked up referrals of cases where children had not been previously listed. Overall, the child's voice was still not coming through, and the primary focus was on adult victims and perpetrators. The lack of a single information system was noted by attendees as an obstacle to obtaining information. Persistent issues included the difficulties caused by MARAC referrals from different area.

In 2015, minutes were recorded and circulated via email. Delays of up to 10 days occurred in receiving these. In 2016, minutes were no longer provided. Instead, an action plan was produced and received by attendees approximately 3 hours after MARAC termination. As explained above, whilst these give a clear overview of actions to be undertaken by different agencies, they lack background context about cases.

In 2015, it was often unclear if actions had been completed. In 2016, there were a small number of queries for agencies not in attendance, but the majority of previously planned actions had been completed. Researchers observed more cohesive working with this new system, possibly due to the comprehensive action plan, which was widely considered to be straightforward and user friendly.

Notable changes observed between 2015 and 2016 also included improved ownership of cases, preparation and enthusiasm. In 2016, there were fewer negative reactions to and inappropriate comments about repeat cases. There was greater awareness of the requirement to use appropriate language in discussions of cases, although there still remained inconsistencies in the use of appropriate language. For example, a statement was made that a particular action should be taken, to avoid having too many miscarriages on record. This appeared to make some professionals uncomfortable.

In 2016, it was observed that more emphasis and concern was placed on keeping victims and children safe, and that a more proactive approach was being taken with regard to risk and safety management. There was pre-emptive inter-agency discussion around tracking the perpetrator if he/she was being released from custody, securing restrictions on him/her, caution about his/her access to children, and generally making agencies aware of any increased risk posed by changes in circumstance. Less emphasis was placed on victims' personal responsibility to keep themselves and others safe and act on

threats. An increase was observed in the sentiment that agencies had a duty to act preventatively to prevent risk escalation.

Overall, then, attendees were more punctual and stayed for longer in 2016, and had access to better – though still not complete – information about cases prior to the meeting. The system for recording and tracking actions was clearer than it had been, although the new action plans contained limited background information about the case. Professional practice and culture at the meetings were also observed to have improved, including in terms of the language used to discuss cases, case ownership, and proactive risk management.

Appendix 6. Analysis of social care data on children's vulnerability status

The tables below compare the vulnerability status recorded for children on the social care IT system in 2 months (March and September) during 2015 and again in 2016. Whilst changes may not be solely attributable to the introduction of Growing Futures, they nonetheless provide an interesting picture of changes to children's vulnerability status as recorded by social care.

Table 8: Children's social care status (September 2015 and 2016)

	September 2015	September 2016	% Change
CIN	403	314	-22.1
CPP	167	161	-3.6
CLA	61	101	+66.7
Total	631	576	

Table 9: Children's social care status (March 2015 and 2016)

	March 2015	March 2016	% Change
CIN	488	329	-32.6
CPP	56	202	+360.7
CLA	22	93	+322.7
Total	566	624	

These figures indicate changes to the number of child protection plans and children in need since the introduction of Growing Futures. The number of child protection plans reduced by 3.6% from 167 in September 2015 to 161 in September 2016. However, the figures for March in those 2 years shows a significant increase from 56 child protection plans in 2015 to 202 in 2016 (an increase of 360.7%).

In September 2015, there were 403 children in need, and a year later that figure was at 314. This constitutes a reduction of 22.1%. In March 2015, there were 488 children in need, compared to 329 in March 2016. This represents a reduction of 32.6%.

Estimated baseline data on the social care vulnerability status of children in Doncaster in March 2015 (provided by Doncaster Children's Services Trust) suggest 44.8% of cases

of children in need included DVA as a factor. By the end of 2015/16 this had reduced to a yearly average of 36.4%. The same dataset for March 2015 suggested looked after children with DVA as a factor accounted for 38.9%. At the end of 2015/16 this had reduced to a yearly average of 28.7%.

Unexpectedly, more children have entered the child looked after system in both comparisons. The number of looked after children increased from 61 in September 2015 to 101 in September 2016, constituting an increase of 66.7%. The number of looked after children increased from 22 in March 2015 to 93 in March 2016, constituting an increase of 422%.

One explanation for this increase may be the more frequent use of the DASH risk assessment, better recording on IT systems, and the acceleration of some decisions due to DAN involvement. The DANs' in-depth understanding of the impact of DVA on CYP appears to have assisted faster decision-making, and reduced the number of cases 'floating around the system', as previously described by a senior manager. This is suggested by analysis of Learning Log data, structured observation of MARACs, and interviews with social care professionals and DANs.

The Trust's estimated baseline data suggest looked after children with DVA as a factor accounted for 38.9% of all looked after children. At the end of 2015/16 this had reduced to a yearly average of 28.7%.

Appendix 7. Analysis of data from DAN's casework books

Table 10: Numbers of families and family members engaged by DANs

	Overall	Direct work
Number of families supported	102	
Number of CYP in family	232	153
Number of victims in family	102	72
Number of perpetrators in family	90	49
Number of other family members supported	16	3
Totals	440	277

Figure 3: Total number of days cases open to DANs where direct work has been carried out with the family

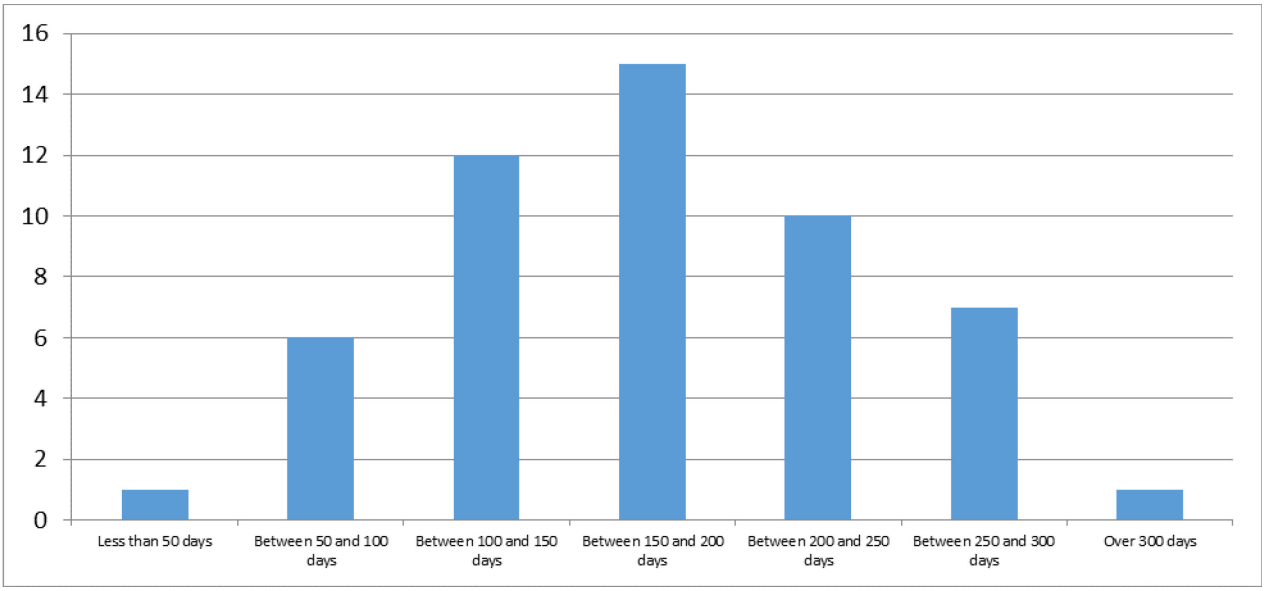
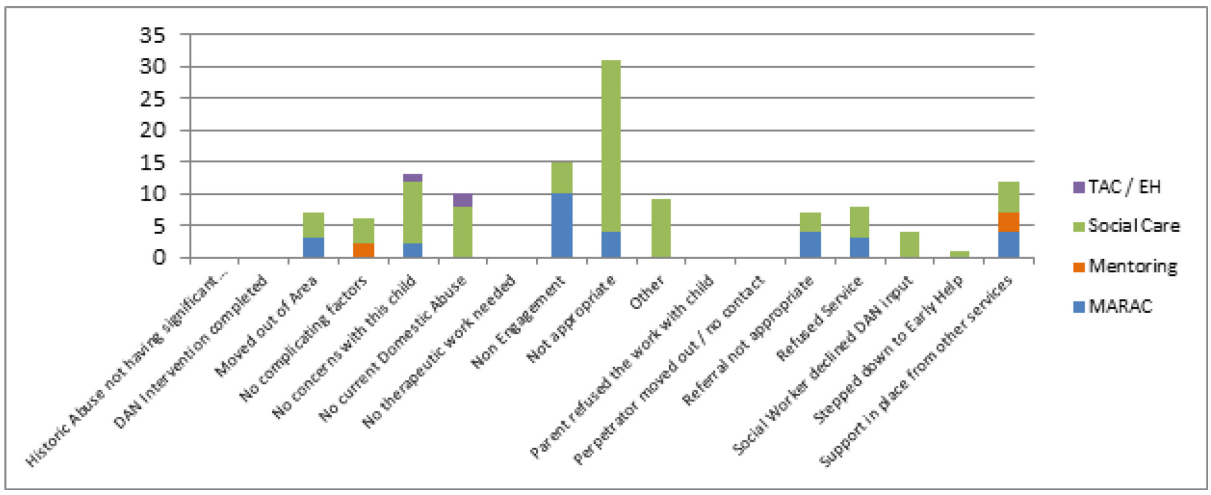


Figure 4 below shows the reasons why cases were not initially allocated to the DANs, with the main reasons being that allocation was not appropriate, or that families declined to engage with the service. Although the level of non-engagement has been fairly stable throughout the project, the proportion of inappropriate allocations has declined as the pathway to the DANs' service was refined and professionals in allied services developed understanding that DANs work directly with high risk cases.

Figure 4: Reasons for non-allocation to DANs



The numbers of referrals to different services recorded in the DANs' casework books is given in Table 11 below. The casework books show a total of 44 referrals to the Perpetrator worker and of 22 referrals to Changing Lives. They also show 20 referrals to Foundation 4 Change, which provides an 8-week programme for perpetrators of DVA. Four referrals were made to Getting On, a programme that works with families experiencing adolescent-to-parent abuse. Six referrals were also made to adult substance misuse services, 1 to adult mental health services, and 4 to children's mental health services.

Table 11: Referrals from DANs

Referrals from DANs	Totals	%
Changing Lives	22	20.2
Perpetrator Worker	44	40.4
Drug and Alcohol Specialist (Adult)	6	5.5
Drug and Alcohol Specialist (Child)	0	0.0
Foundation 4 Change	20	18.3
Getting On	4	3.7
Mental Health Specialist (Adult)	1	0.9
Mental Health Specialist (Child)	4	3.7
Parenting Coordinator	8	7.3
TOTAL	109	100

DANs' casework books show that 62 DASH assessments were completed with families at the start of their interventions, and 56 were completed at the end. Of these 56 families, 3 were identified as being at a high level of risk, 14 were at a medium level of risk, and 39 were at a standard level of risk.

Table 12: DASH Assessments at start and end of Growing Futures intervention

DASH Assessment	Totals - Start	Totals - End
High	34	3
Medium	22	14
Standard	16	39
Totals	62	56

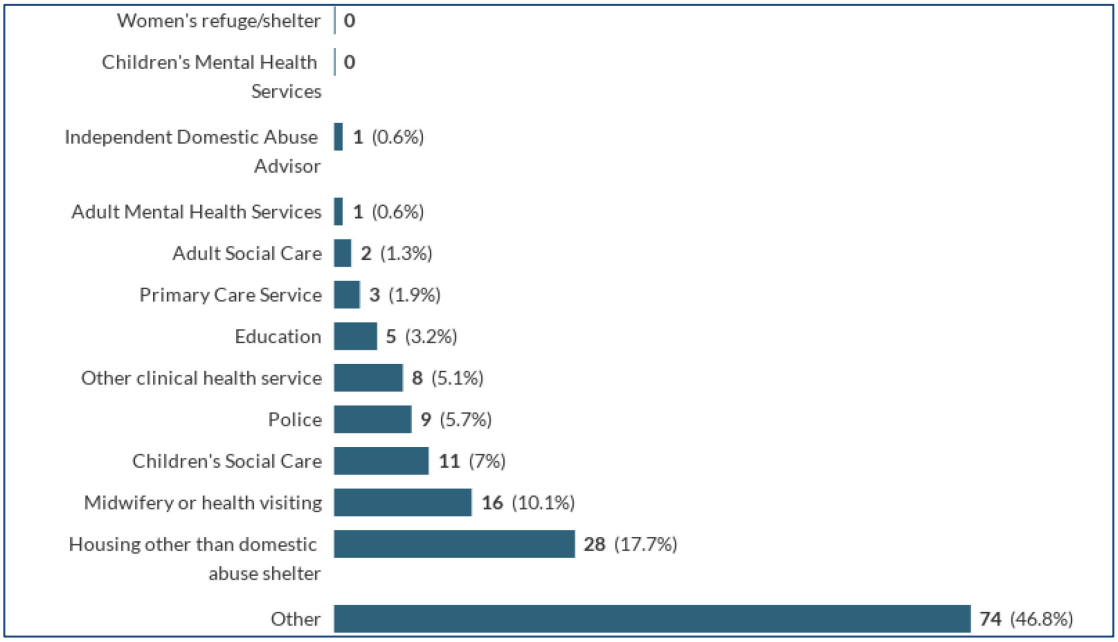
Appendix 8. E-survey results benchmarking services and practice

An electronic survey was distributed and collected towards the beginning of the evaluation period. The purpose of this was to benchmark existing services that might support CYP exposed to DVA and highlight any potential gaps in these. It was also intended to benchmark existing professional practice, professional networks and referring behaviours.

The survey was distributed using a snowball method, whereby respondents and service managers were asked to pass on the survey link to relevant people. Due to this, the size of the sample that the survey was eventually distributed to is unknown. 160 responses were received. Considering the number of agencies that the survey was known to be distributed to (health, children's social care, police, education, voluntary sector agencies, Doncaster Children's Services Trust, children's mental health, adult mental health, IDVAs, children's centres, and housing), this response rate is likely to be extremely low. However, 160 is a reasonable sample to work with, given that respondents either did or could have direct experience as service providers of working with children and families, working within the Doncaster public service environment, and direct working with members of the public.

Respondents from statutory agencies were notably absent. Figure 5 below shows the response rates. Respondents in 'other' category included mainly professionals from children's centres and the voluntary sector.

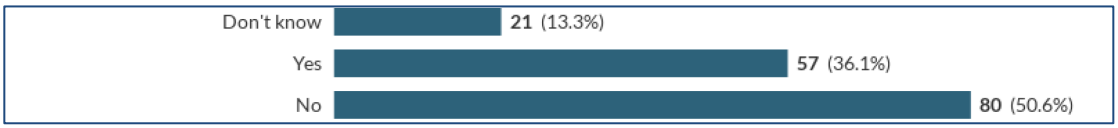
Figure 5: Agencies of e-survey respondents



Base: 160

Respondents were asked whether their service was a specialist provider of DVA services. The results are shown in Figure 6 below.

Figure 6: Providers of specialist DVA services

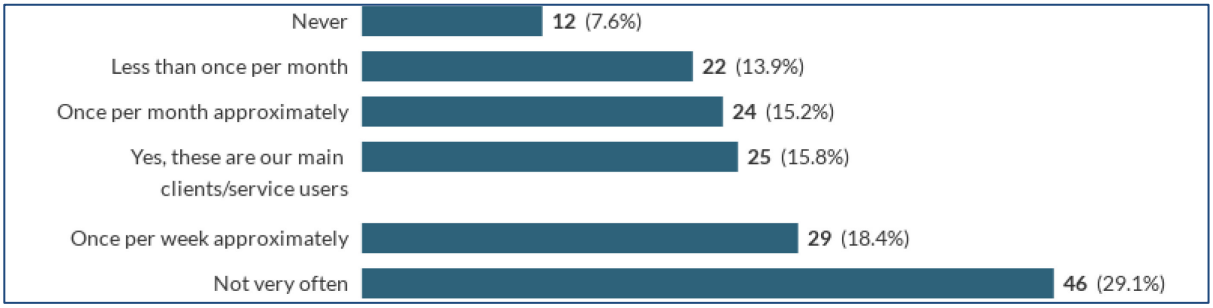


Base: 160

Those responding with ‘don’t know’ were from agencies for which this question is somewhat difficult to answer. Their answers do not, therefore, necessarily represent ignorance of their mission.

Respondents were asked how often they come into contact with CYP who are exposed to DVA. Figure 7 below shows the results.

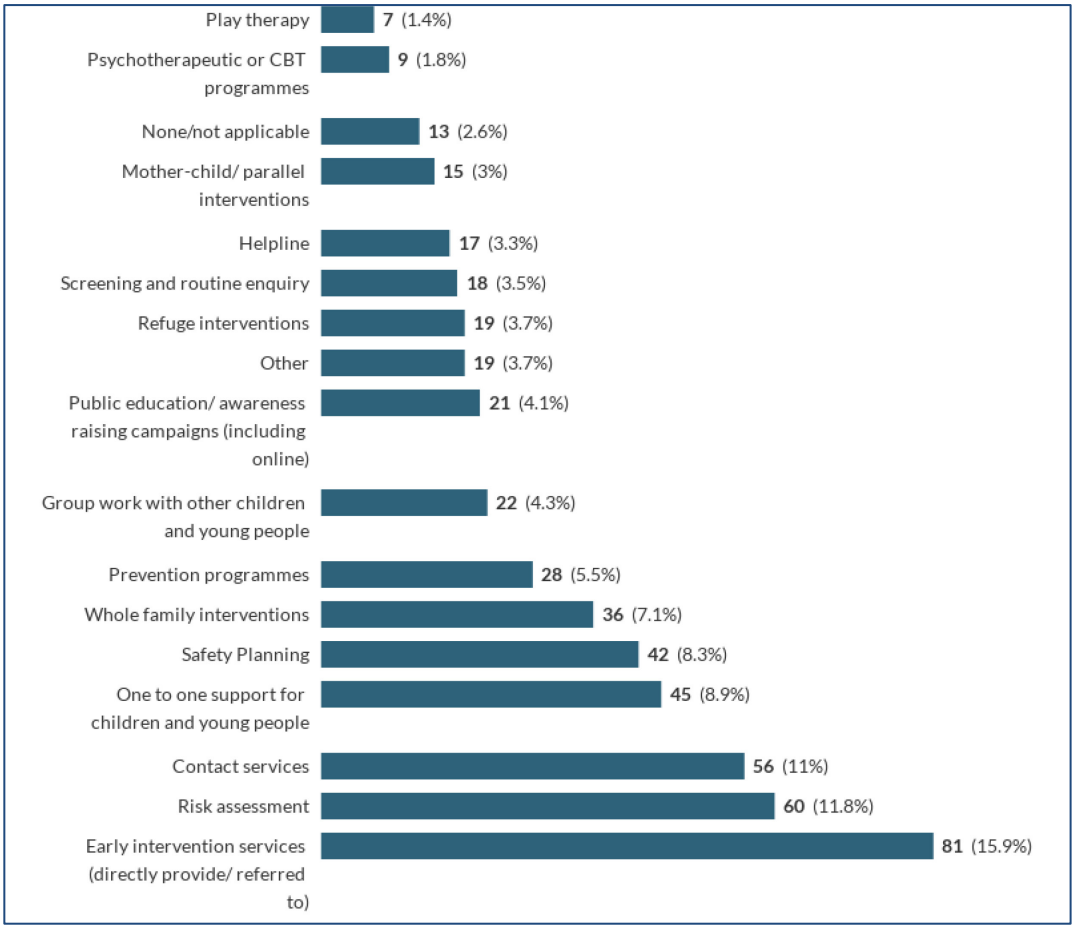
Figure 7: Contact with children and young people who are exposed to DVA



Base: 158

Respondents were then asked which, if any, of a range of services they provide to CYP whose parent(s) may be victims of DVA. Figure 8 provides the result.

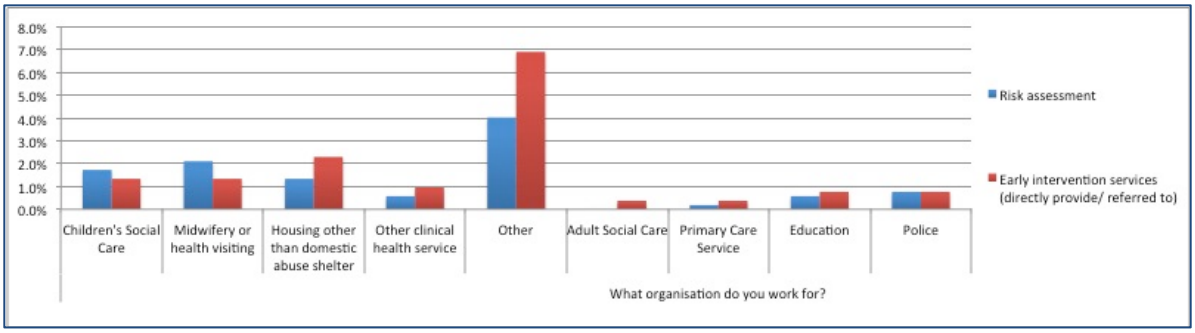
Figure 8: Services provided to children and young people



Base: 158

This clearly shows activities are concentrated heavily on early intervention services and risk assessment. For these 2 types of activity, data were cross tabulated with the type of agency respondents work for. Figure 9 below provides the findings.

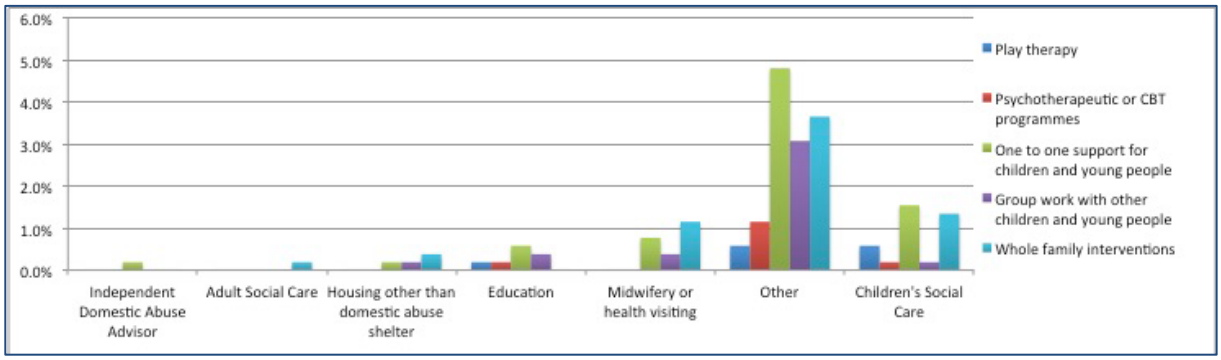
Figure 9: Type of agencies reporting provision of early intervention and risk assessment



Base: 141

Respondents who reported that their services provide direct therapeutic work with CYP were isolated to highlight which types of agency are responsible for different work. The result is provided in Figure 10 below.

Figure 10: Number of services providing direct therapeutic work to children and young people exposed to DVA



Base: 119

The e-survey data reveal the range of activities and services that are available for children and young people in Doncaster who are exposed to DVA. The data clearly demonstrate the need for services such as Growing Futures that have a remit to improve direct therapeutic support to CYP.

Appendix 9. Awareness-raising communications and publicity materials

Picture 1: Bus advertisement

Picture 2: Window advertisement

Picture 3: Leaflets

Picture 4: Public bathroom advertisement

Department for Education

Reference: DFE-RR570

ISBN: 978-1-78105-633-2

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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