

Restart Interim Evaluation

Drive Partnership

Report from RedQuadrant

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1 Summary

- 1.1 RedQuadrant was commissioned by the Drive Partnership in January 2022 to carry out an evaluation of the Restart pilot. Restart is a partnership-led multi-agency approach to keeping families safe at home through early engagement and intervention with those causing harm through domestic abuse. The project operates in five London boroughs (Camden, Croydon, Havering, Sutton and Westminster) through a partnership between The Mayor's Office of Policing and Crime (MOPAC), Drive, Respect and the Domestic Abuse Housing Alliance (DAHA), with Cranstoun as the delivery partner. Funded by MOPAC and the Home Office, it was initially funded for a period of 12 months; this has been extended until March 2023.

Aims and objectives

- 1.2 The project is an innovative attempt to achieve systemic change in the way that families experiencing domestic abuse are dealt with by local authorities. It aims to identify and respond to patterns of domestic abuse (of standard to medium risk) at an earlier stage for families engaged with Children's Social Care, improving safety, housing and long-term outcomes for adult and child victim-survivors. Case managers (or Violence Prevention Practitioners) assess those who use abuse and initiate behaviour change whilst victim-survivors are offered support through Partner Support Workers. Safe and Together training, delivered by Respect, is an integral part of the programme, intended to improve the response of Children's Social Care professionals to domestic abuse. This comprises of a four-day 'core' training programme as well as other types of training including a one-day overview training. The project delivers housing responses by offering alternative, initially short-term but possible long-term accommodation to the person using abuse as appropriate to ensure that the family is safe and able to stay in their home.

Background

- 1.3 The project followed an earlier project, the Domestic Abuse Early Intervention and Accommodation Trial, set up during the Covid-19 national pandemic, when domestic abuse services were stretched due to increased demand, and victim-survivors found it difficult to seek help due to the lockdowns. At that time, hotel accommodation was readily available, and the participating councils were able to place perpetrators of domestic abuse in hotels to provide a short-term breathing space for families experiencing domestic abuse. This is no longer the case, and the context of this project is, therefore, significantly different, with the majority of the accommodation available for Restart service users now being sourced from the Private Rented Sector although short-term options still include hostels, bed &

breakfast accommodation and hotels. In setting-up Restart, several changes were made to reflect the evaluation of the earlier work.

Context

- 1.4 Restart changes the way in which domestic abuse is dealt with so that the person who has used abuse is held accountable for the abuse and may be offered accommodation away from the family home. The intervention is victim-led and, should the victim-survivor wish to, they and the rest of the family may remain in their home where it is safe to do so; see diagram below:

Restart aims to improve responses to perpetrators of domestic abuse in families that are being supported by CSC via a co-ordinated multi-agency response. An overview of the different aspects of the project are summarised in the flowchart and detailed below.

1. Early intervention case management and assessment for those causing harm with integrated support for adult victim-survivors
2. Accommodation support pathways
3. Full length structured behaviour change support
4. Children’s social care training and capacity building
5. Developing new accommodation pathways and models



- 1.5 The Restart pilot builds on an earlier trial which started during the Covid-19 pandemic; this was known as the Domestic Abuse Early Intervention and Accommodation Trial which ran from September 2020 to August 2021. The trial was delivered by Cranstoun alongside Children’s Social Care and Housing teams from the ten local authorities. The intervention offered temporary accommodation and pathways into longer-term accommodation if the survivor does not wish the perpetrator to return or if he is homeless. It also offers short-term behaviour change support for those identified by Children’s Social Care as being at risk of perpetrating domestic abuse, or where abusive behaviours have recently started. The primary outcome intended was behavioural change with

reductions in abuse and harm to enable a safe return to the family home or longer-term separation.

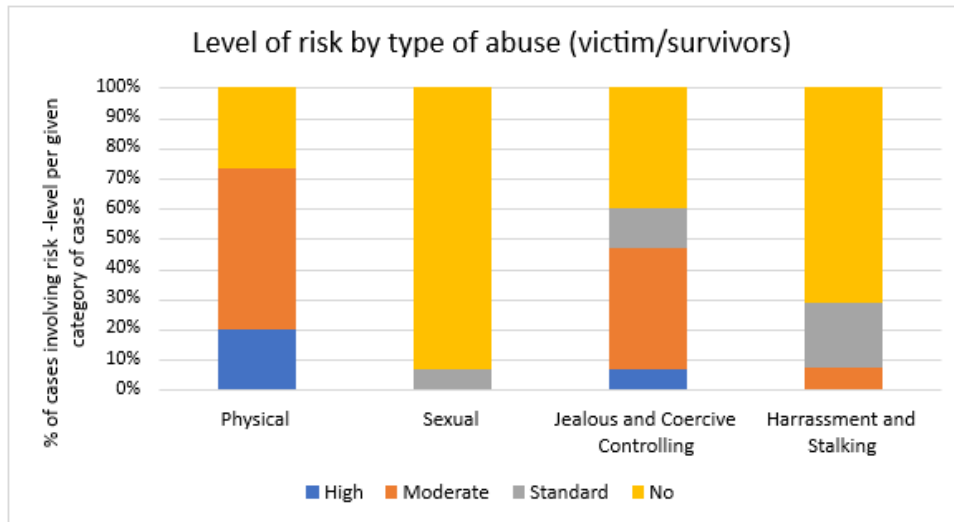
- 1.6 The Restart pilot started in August 2021 but did not start receiving referrals until October/November 2021. During the evaluation, we have reviewed data in relation to 76 referrals received between October 2021 and 1st July 2022. Service users who complete the short term one to one work with Restart are encouraged to then move to a longer-term Domestic Violence Perpetrator Programme (DVPP) – so far, 15 people have progressed to this stage. Cases have not been evenly distributed across the five councils, with Camden referring the most, and Havering the least, as shown in the table below (which uses Restart Client Data).

Table 1: Number of Restart cases by local authority

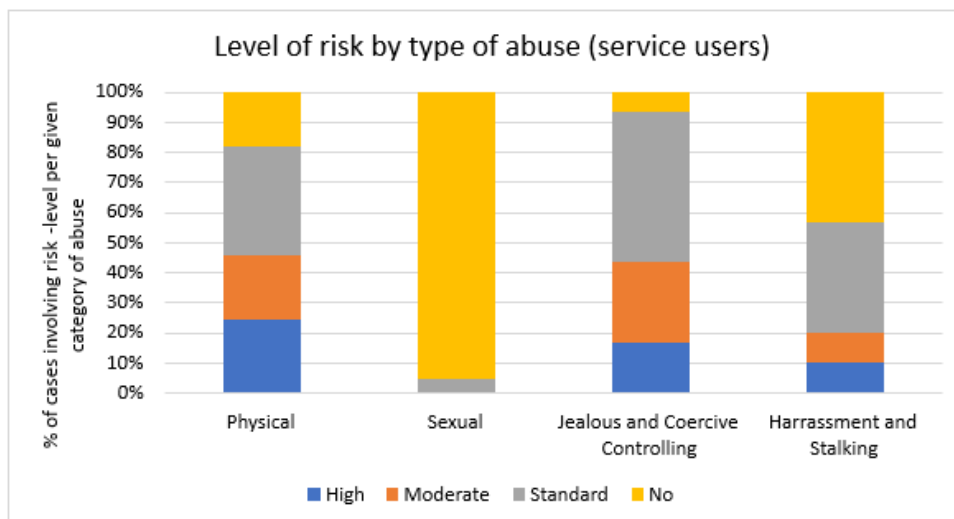
	Cases (up to Mar 22)	Cases (Apr 22 to 1 July)	All cases	%
Camden	18	7	25	33%
Croydon	4	15	19	25%
Havering	6	1	7	9%
Sutton	9	3	12	16%
Westminster	7	6	13	17%
Total	44	32	76	

- 1.7 On the basis of Initial Needs assessment data, we calculate that 24% of the cohort of service users were identified as having an accommodation need (9 cases out of 38 completed assessments).
- 1.8 We note that 11 cases (18% of the 76 cases referred to Restart) have been referred to the accommodation pathway (compared to an anticipated referral rate of 25%). Two of these cases are still in progress.
- 1.9 The main current needs identified for service users (on the basis of 38 completed assessments out of the 76 referrals) were children, families and parenting (47%), followed by housing (24%), and mental health and psychological wellbeing (24%).

The level of risk of abuse identified for victim-survivors (of the 24 completed assessments and excluding 'don't know') was 67% standard, 27% moderate, and 7% high-risk based on the Severity of Abuse Grid (SOAG).



1.10 Higher levels of risk were observed for service users (relating to 37 cases with completed assessments – note that data on SOAG ratings was reported to us separately from needs data), namely 38% standard, 38% moderate, and 24% high risk (proportions exclude 'don't know' answers, which were especially high in relation to sexual abuse). The table below (based on assessments for service users) shows the abuse types and behaviours demonstrated by the service user.



1.1256 Children's Social Care Practitioners registered for the four-day and e-learning modules of Safe and Together CORE training, of whom 60 completed which is an overall completion rate of 23%; 63% partially completed the course or are currently in the process of completing the course. As practitioners continue their course, the overall completed rate may increase. The low rate of completion is

attributable to a number of factors including the pressures faced by social workers and the difficulties experienced by all staff during the Covid-19 pandemic. In addition, there is a one-day Overview training on Safe & Together. 379 registered to attend this, of whom 268 attended (attendance rate of 71%).

Methodology

1.2 This evaluation took a mixed-method approach, which included:

- desk-based research,
- interviews and focus groups with a total of 25 practitioners and strategic leads,
- a survey developed with input from Community Researchers with lived experience of domestic abuse,
- observation of meetings and,
- a quantitative analysis which comprised an indicative review of the impact of the scheme of risk to the victim-survivors, a corresponding illustration on the level of wellbeing gain and reduction in public expenditure required to address the issue, and indicative cost-benefit analysis summarising these effects.

1.3 Although 26 practitioners responded to the survey, only two service users and no victim-survivors returned the survey despite several requests to frontline practitioners to disseminate it. This report therefore does not reflect the voice of victim-survivors or the children and young people in families since it has not been feasible to obtain their views. Listening to their voice and reflecting their views will be a high priority in the next stage of the evaluation.

Benefits of the programme

1.4 Benefits and potential benefits identified as a result of our evaluation have been found in the following areas:

- **Holistic family approach tailored to individual needs**

The intervention was endorsed by stakeholders as being relationship-based, holistic and family-centred. The comprehensive assessment carried out by the Case Managers forms a firm foundation for delivery of the behaviour change work with some support for the victim-survivor being provided by the Partner Support Worker and ongoing support from Children's Social Care. The ability to offer one-to-one support (up to 12 weeks) rather than group work was welcomed, particularly but not solely for those for whom English is not their first language.

- **Positive culture change and practice in frontline staff**

There was evidence of early signs of culture change being brought about within both Children's Social Care and housing, with practitioners gaining in competence and confidence in their dealings with families experiencing domestic abuse and with those using abuse in particular. The Safe and Together core training and subsequent implementation activities underpin this success. Positive practice changes have been brought about and there is evidence of a less adversarial way of providing support to families emerging, with social workers building positive and trusting relations with families and social workers being able to offer support to families without having to impose conditions on them.

The changes described in social work practice went beyond the cases referred to Restart, demonstrating an increase in the capacity and capability of staff to deal with those using abuse and to change the way they record this information. The project provides an opportunity for effective multi-agency working leading to improvements in the way that different parts of the local authority work both together and with other agencies. There was evidence of a team approach being developed in delivering the intervention.

- **Improving safety and outcomes for families**

There was little quantitative evidence of impact in terms of reduced risk for victim-survivors and families or long-term behaviour change because few people had completed the intervention and it is difficult to measure change between the start and finish of the intervention. We would not expect this to be easy to undertake, particularly as change may occur over a long period and this is a short intervention, but this will be essential to assess impact in a quantitative way. Adding greater numbers of completions will assist the process of increasing robustness, however this is a necessary but not sufficient condition for measuring change effectively. Interviews and case studies showed that Restart is thought to have the potential to bring about systemic change and improve both short-term and longer-term outcomes for families, with increased accountability of those perpetrating the abuse. The four-week period of the intervention is being used effectively to build a relationship with the service user and to encourage them to participate in a longer-term behavioural change programme. The successful completion of the four-week intervention with those who use harm and the onward referral of 15 to longer term DVPPs, were seen as early signs of success. In addition, 11 people were

considered unsuitable for group work and were instead referred for a 12-week intervention conducted on a one-to-one basis.

- **Advantages of the accommodation approach**

The accommodation pathway was seen and evidenced through case studies as having the potential to achieve more victim-centred services by minimising the disruption commonly experienced by those fleeing domestic abuse by providing options for those using harm. The change to the housing narrative was also found to be beneficial for families, providing much-needed respite at a time of crisis. Even in the 85% of cases where the accommodation pathway is not used but seen as an option, its availability is changing the perspective of housing officers and social workers beyond the referrals themselves. They are beginning to gain experience in its application and to work with colleagues in other teams, though it is too early to evaluate the impact.

- **Flexibility of the intervention**

The flexibility in implementing Restart was recognised and welcomed, particularly the ability to work on a one-to-one basis over a longer period for those who need it and are unable to participate in a group-based DVPP.

Challenges for the pilot

1.5 A number of challenges have been encountered during the lifetime of the pilot in the following areas:

- **Set-up and mobilisation**

Restart made the transition from its predecessor programme during the Covid-19 pandemic. This and other factors slowed down the setting-up of the intervention. Additionally, there was insufficient time built into the mobilisation period to allow for the complexity and challenges of implementing a project on this scale. Further time would have been helpful to establish the new relationships needed for Restart to flourish, to clarify roles and responsibilities and establish ways of working for frontline staff.

- **Culture and attitudes including training**

The challenges presented in achieving the cultural changes envisaged in implementing Restart were significant. Victim-blaming attitudes amongst local authority practitioners persist and interviewees encountered colleagues who believed that investing in perpetrators through Restart takes scarce resources

away from victim-survivors. Social workers' lack of expertise and confidence in dealing with perpetrators themselves was also a challenge, particularly in boroughs with little previous experience of working directly with, or commissioning services for perpetrators which was seen by some as problematic. The strength of leadership and support provided by senior and middle management was seen a key determinant of how well the programme is being implemented locally: where this was not in evidence, frontline practitioners were more likely to be resistant to delivering the intervention.

Although the Safe and Together training was found to be helpful and was strongly endorsed by those who had taken part, lower numbers attended than had registered. This was felt to be due to the pressure faced by social workers (see below) as well as the difficulties experienced by all staff during the Covid-19 pandemic.

- **Capacity of services to deliver Restart**

Burnout and workforce retention issues were cited frequently as issues that limited the capacity of staff to take on new challenges, however worthy they consider them to be. High staff turnover has made it difficult to embed the new ways of working required. The pilot has taken place during a period of considerable and growing uncertainty with local authorities facing pressures including recovery from the pandemic, rising demand, fiscal pressures, poor morale and a high staff turnover, increasing complexity of cases and, recently, the fall-out from two serious case reviews which have had a national impact¹. The Restart pilot is therefore being delivered during a difficult time with social workers coming under considerable pressure on a daily basis.

Several interviewees raised the difficulty of social workers wanting to, and coming under pressure from management to close cases, even where there were ongoing problems in the family and the underlying issues had yet to be addressed. It was recognised that this can lead to a vicious cycle with the same families being referred repeatedly to Children's Social Care (CSC) since the underlying reasons for the initial referral remained unresolved. It was also recognised that leaving cases open may be more resource-intensive, at least in the short term, since it is an acknowledgement that further work needs doing. Restart is not, however, intended to be a way of 'offloading' the case following referral.

¹ See National Review into the murders of Arthur Lobinjo-Hughes and Star Hobson, The Child Safeguarding Practice Review Panel, 2022

- **Referrals**

Whilst the number of referrals is seen as one indication of how the project is being implemented, there has been considerable variation in the numbers made to date with one local authority referring more than the others. Reasons identified for this include the complexity (or perceived complexity) and the time taken to make a referral, a lack of understanding about the intervention and what it can deliver, anxiety about engaging with perpetrators for the first time and a lack of commitment at senior and middle management level which impacts on staff at the social work 'front door'.

- **Engagement of families**

The lack of engagement of either the person using or the person experiencing harm makes it difficult for the referral to proceed effectively. How they are approached and engaged by practitioners is key; skilling up staff to do so is covered in the training and the Restart manual (aimed at case managers primarily). However, as engaging with Restart is voluntary and based on the consent of the service user, there is no way of addressing the harm if they are unwilling to engage (equivalent to the 'disrupt' only pathway in interventions such as the Drive Project for perpetrators unwilling to engage)² or if it is unsafe to attempt contact with the perpetrator. There is also a risk that perpetrators may appear to participate in the intervention who have no genuine intention of changing their behaviour. There were also some cases where services were unable to engage effectively with the victim-survivor which made it difficult to deliver a holistic and victim-led response.

- **Complexity and clarity of purpose**

The complexity of the intervention has deterred some practitioners from engaging with it fully despite efforts to provide clarification through written materials and work on implementation. Many practitioners did not understand fully the roles and responsibilities of members of the team and how they fit with locally commissioned programmes. There was also a lack of clarity about the aims and objectives of the intervention leading to poor commitment to the project. Presentation of Restart as being about early intervention when this is not always the case has caused some confusion. This may be due to the different ways in which 'early intervention' is interpreted – for some practitioners, it meant that families are supported when they first

² Drive is an intervention that works with high-risk/serial perpetrators to prevent their abusive behaviour and protect victims, see <http://driveproject.org.uk/>

experience domestic abuse, others saw it as being more about families experiencing domestic abuse at a lower level of severity or frequency. It was generally recognised that it was not the intention to achieve permanent behavioural change through the four-week intervention but to carry out a comprehensive assessment with initial challenge and motivation work with a view to securing participation in a longer-term programme and addressing some of the family's underlying needs.

- **Limitations of the accommodation pathway**

The lower than expected take-up of the accommodation pathway (around 15% of referrals) is likely to reflect changes made since the original pilot which took place during the time of the Covid-19 lockdowns. Then there was a high demand for emergency accommodation and an over-supply of hotel rooms which made it easy to spot purchase hotel rooms and use them to accommodate those who were referred. Unlike the current pilot, longer term solutions were not available – the current pilot has direct links with the Local Authority housing teams who are able to offer routes to a broader offer which includes longer term accommodation, mainly in the private rented sector. Some boroughs have had low take-up of the accommodation pathway during the pilot so far though this is increasing.

Attitudinal challenges were an issue since some frontline practitioners find the idea of providing those who use harm with accommodation uncomfortable, as it may be seen to reward abusive behaviour. It was also recognised that it would not be practicable to offer separate accommodation to the large number of standard to medium risk perpetrators of domestic abuse given its scarcity and high cost. Whilst one of the possible intended outcomes is that victim-survivors can remain in the family home, this may not be sufficient to allay her fear about remaining in the family home but may prevent her from seeking emergency accommodation. Some victim-survivors may choose to move home even if the perpetrator has left the home for a number of reasons; their wishes are the primary concern in reaching decisions on housing options.

A further challenge is that the expectations of those offered accommodation through the project cannot always be met. There are several possible reasons for this including the lack of housing stock (particularly acute in many parts of London), the attitudes of housing staff which may make it difficult to prioritise perpetrators and their preference for self-contained social housing rather than private rented properties. Interviewees considered that while the main aims of Restart do not include addressing long-term housing needs, it was recognised

that the support provided including the detailed assessment can help to address such needs. The limited options available for service users is a constraint, leading to some turning down what is offered to them.

There are a number of structural factors – mainly legal, policy and regulatory issues – surrounding the take-up of the accommodation pathway which have been encountered on the project. These include the difficulties for those with no recourse to public funds and the cap on housing benefit for perpetrators under 35 in private rented accommodation which makes it difficult to secure accommodation appropriate for those who wish to have ongoing contact with their children since this allows only entitlement to shared accommodation which may be unsuitable for children to stay in. There is no obvious solution to some of these but further consideration is needed to look for longer-term solutions.

- **Funding uncertainty and sustainability**

Short term funding of the pilot has caused uncertainty for those participating. The extension of the pilot was welcomed by all but the short-term nature of this due to constraints on funders made it difficult initially for managers and frontline practitioners to commit to it and this remains problematic. A pilot of this kind requires time to embed fully given the need to develop confidence and build capacity in so many staff. It is also difficult to assess impact during such a short timeframe when some of the objectives of Restart can only be achieved in the long term.

- **Interagency and partnership working**

Whilst Restart provides opportunities for multi-agency working and for bringing together a large number of partners to work together as a team, this relies on strong communication and a shared vision which has not always been evident.

- **Changing systems**

There was general recognition that Restart is about systems change rather than making minor changes to processes and the changes in place were seen as important, though challenging, first steps. There was general agreement that the changes needed would take a long time to achieve. Whilst different stakeholders had a different view of what success looked like, there was some consensus that this was as much about winning the hearts and minds of practitioners as achieving a high referral rate and strategic leads building a

case for the positive impact of the changes being piloted. There is a need for a comprehensive communications strategy to address these issues.

Conditions needed for programme to bed in:

- 1.6 A number of conditions were identified which are essential for the intervention to be successful including strategic support, commitment and leadership, sufficient time for set-up and mobilisation and to build the necessary partnerships for Restart to flourish.

Quantitative analysis/value for money

- 1.7 Firstly, it is important to highlight that it is not possible to fully conclude value for money at this early stage in the development of the new model, when business as usual delivery has not yet been established. More time is needed for data points that will inform a clearer picture for value for money to emerge. Therefore, all findings and messages here are caveated as emerging learnings rather than conclusions. Our interim assessment has focused on the service delivery aspect of the programme, rather than the provision of training. The reason for this is that, although the costs of the training can be calculated, it is difficult to measure the benefits accruing as a result of the training at this stage.
- 1.8 Out of a total budget of £615,000 or so during 2021-22, after allocating overheads we estimate that some £205,000 was spent on training, and £199,000 on service delivery, with a further £114,000 spent on preliminary work up to October 2021. With a caseload of 44 families referred between (late) October 2021 and 31st March 2022, and after excluding one-off start-up costs, this implies a cost per case of the order of £4,530. Assessment of the unit cost of training is to be undertaken in the second phase of the evaluation. Having reviewed data available from Home Office research on the wider social costs of domestic abuse (reduced wellbeing and productivity for victim-survivors, public sector costs for the NHS and criminal justice system), we further estimate that if the Restart programme reduces the wider social costs by a level of 9.8% or more, it has achieved a social value that is equal to its intervention costs. But if the intervention is compared against reductions purely in terms of reduced costs for public services, it would need to achieve an impact of the order of 94% which would be a considerable challenge. By contrast, a DVPP programme would require much lower intervention impacts, since their unit costs are lower (around 1/3rd as much, according to the Safe Lives report 'A Safe Fund: costing domestic abuse provision for the whole family').³

³ Safe Lives, A Safe Fund: costing domestic abuse provision for the whole family, see <https://safelives.org.uk/node/1837>

- 1.9 Our next step in relation to service delivery quantitative analysis will be to review the impact of the programme as a precursor to other programmes, as instigating (1) a higher proportion of service users to access those more sustained programmes and (2) a higher proportion of service users to sustain improvement in those programmes. Such an assessment cannot be made at this time, unfortunately, as the medium-term outcomes are not available to us. We expect more data to be available in the next phase of the evaluation.
- 1.10 Our next step in relation to the training aspects of the programme will be to review the measuring system for training benefits with Restart, and put in place any key metrics identified by that discussion. This will then enable us to provide an indicative quantified benefits assessment of that aspect.

Conclusion

- 1.11 In conclusion, although it is still early days, there were many positive aspects identified about this complex, innovative and ambitious project. It has potential to bring about much-needed change to the systems that determine the services that families experiencing domestic abuse receive. There is some evidence that it is leading to a less adversarial, more victim-centred system with those who use abuse more likely to be held accountable for their behaviour and given the opportunity and support to change.
- 1.12 The accommodation pathway is a potential game-changer though there are many barriers to be tackled if it is to be made more generally available and to formulate a practical alternative to enable families to stay in their homes safely. We found some consensus that Restart has the potential to keep families safe and improve outcomes for victim-survivors and their children. Measuring impact and ensuring that the voice of the victim-survivors who have experienced the programme and their children should be a major objective of further work during the remaining nine months for which the programme is funded.

2 List of recommendations

Recommendation 1 Time and capacity for setting-up Restart: We recommend that if Restart is scaled up and rolled out to other local authorities, sufficient time should be built in from the start to allow for proper preparation, the partnership to form and the vision to be developed collaboratively.

Recommendation 2 Safe and Together training: We recommend that consideration should be given to ways in which the reach of the Safe and Together training can be extended to encourage a greater take-up and completion of the training by social work staff including senior social care staff. Frontline practitioners in other parts of the local authority such as housing and other agencies such as the police and NHS should be encouraged to attend the one-day overview training.

Recommendation 3 Referral to Restart: We recommend that the central team should consider ways of encouraging referrals if these remain lower than expected, looking at the reasons identified and examining whether the referral process could be simplified. The wider dissemination of positive findings from the project and successful case studies might help to allay any concerns and publicise what can be achieved, supported by Restart champions.

Recommendation 4 Suitability for referral: The next phase of the evaluation should try to establish through monitoring outcomes which families are most suitable for the intervention and who is most likely to benefit from referral. For example, it would be useful to know whether outcomes may be better in families wishing to stay together or in those who are separating.

Recommendation 5 Support for children and young people: We recommend that consideration is given to providing specific support for children and young people as an integral part of the intervention, perhaps by having a dedicated practitioner as a resource for local authorities as there is for victim-survivors/partners. This could be done centrally as a resource for all the boroughs.

Recommendation 6 Stronger monitoring of outcomes: various monitoring and evaluation tools already exist within the Safe and Together Training, the four-week early engagement and the in-borough DVPPs. However, there is a need to strengthen (and potentially link up) monitoring processes so that we gain a better picture and understanding as to how outcomes, particularly those which measure risk for families and behavioural change in perpetrators, are changing over time as a result of different intervention arrangements.

Recommendation 7 Communications: Where Restart is being set up, we recommend that there should be a clear communication plan in place before the project begins, with dedicated resources, and throughout the project so that staff are kept informed of progress. The accessible guidance already developed should be more widely disseminated and included in induction training for new social workers. Communications should clarify:

- the aims and purpose of the intervention, the remit, roles and responsibilities of the key agencies and stakeholders;
- that the intervention is not always 'early intervention' and that the intervention period can be extended beyond four weeks should the need arise, particularly where it is difficult to engage with the person who uses harm and/or the victim-survivor;
- that a team approach is essential to deliver Restart; thus it will be unusual for a case to be closed once a referral has been made until the intervention is complete;
- that Restart is intended to be one element of a suite of domestic abuse interventions for families which are available in local authorities, with clarity as to how these fit into local domestic abuse strategies.

Communication materials may need adapting in each of the five boroughs to show how it dovetails with local systems. It may be helpful for the central team to work with each local authority (and any new ones if it is rolled out) to produce a Theory of Change to ensure that the aims and objectives are clear and realistic during the remainder of the pilot, and that there is a shared vision and understanding of what success looks like.

Recommendation 8 Sustainability: We recommend that, if possible, the funding period for Restart should be extended to a total of three years to allow time for it to bed in, for practitioners to develop confidence in applying these new skills and changes in practice and to test its longer-term impact.

Recommendation 9 Partnership arrangements: We recommend that where suitable, opportunities for intra-borough meetings are arranged locally so that practice can be shared at a local level. This will bring about better communication and shared learning between the partners and provide an opportunity to develop and deliver a shared vision.

Recommendation 10 Changing systems: We recommend that any communications about Restart make it clear that it is aiming for long-term systemic change which

can only be achieved through commitment at all levels within a local authority and other agencies.

Recommendation 11 Accommodation pathway: We recommend that:

- the limitations of the pathway should be made clear from the outset to avoid raising expectations (or raising unrealistic expectations for the families). This should be set out clearly in literature on the project including training materials;
- further work is carried out to assess some of the practical and policy issues involved in implementing the housing pathway such as (1) enabling those who use abuse to maintain contact with their children when safe to do so and (2) considering the options available for those who have no recourse to public funds who use the accommodation pathway but will have a more limited range of options available;
- it is necessary to establish, build and maintain relationships at an early stage with the largest local providers of privately registered social housing since these providers may be housing the victim-survivors and perpetrators being supported and may make housing transitions easier;
- the next stage of the project should examine some of the barriers and enablers for those using the housing pathway and what difference this makes to the family's outcomes. The assumption that around 15% of families may use the housing pathway needs to be monitored carefully to see whether this is borne out since this has considerable implications for the future delivery of the project.

Recommendation 12 Conditions for scaling up Restart: We recommend that the conditions above and others which the central team could readily identify are mapped and scored in each area which is considering implementing Restart to show the state of readiness for Restart. This could follow the model of a maturity matrix.⁴

Recommendation 13 Further evaluation: We recommend that a further evaluation is carried out to improve the quantitative and qualitative findings from this project and to inform future work in this area.

⁴ See, for example, an example of the Early Intervention Foundation's maturity matrix <https://www.eif.org.uk/resource/eif-maturity-matrix-speech-language-communication-early-years>

3 Methodology

- 3.1 We employed a mixed-method approach to the evaluation. Our work strands comprised:
 - Desk-based research,
 - Interviews and focus groups with 25 practitioners and strategic leads;
 - A survey developed with input from Community Researchers with lived experience of domestic abuse, observation of meetings, and
 - Quantitative analysis.
- 3.2 Desk-based research was conducted following the award of the contract, and a range of documents analysed and reviewed relating to the pilot and the background.
- 3.3 We then recruited seven victim-survivors who were not involved with this pilot who were identified by the partner organisations as Community Researchers. With their help, we developed a questionnaire to be used as the basis for a survey of adult victim-survivors and for services. This survey was issued through Cranstoun to Partner Support Workers and Case Managers to distribute as well as through the Restart Programme Lead. 21 people from services and 2 perpetrators responded to the survey.
- 3.4 We then hosted a number of interviews and focus groups with practitioners, trainers and strategic leads to explore their perspectives on what was working, what could be improved and any learning they wished to share. We spoke with 21 people through the focus groups, two people in a shared interview, interviewed four strategic leads and two individual practitioners. We were unable to speak with strategic leads from two of the boroughs, however, these boroughs were represented in the survey.
- 3.5 We also observed four meetings with practitioners and service leads, which provided an insight into partnership working and shared approaches to working with perpetrators in particular. Anonymised quotations from interviewees and focus group attendees have been included with their permission throughout this report.
- 3.6 We produced an Emerging Findings report in May 22' summarising our preliminary findings and recommendations which were used as the basis for a discussion with the Restart team and the funders, three months after this evaluation started. Feedback was received and considered during the remainder of the evaluation period.

3.7 Our quantitative analysis had two phases:

- An initial phase using comparator study adapted for the Restart cohort – reflecting impact and programme costs;
- The second phase drew on data on actual outcomes in terms of the risk of continuing to present harm to their family, as well as actual data on unit costs (see below).

3.8 In terms of assessing value for money, our general approach has been to:

- Calculate unit costs, defined as expenditure (2021/22) divided by the number of clients (2021/22), taking into account (a) the share of resource between training provision and work with clients, and (b) noting that much of the overhead costs would not be incurred in dissemination of the programme;
- Assess the current social costs in terms of wellbeing loss and cost to public services that result from a reduction in domestic abuse;
- Compare the benefits of the programme against the current social costs, as a way of showing the relative improvement required for social benefits to match the cost of the programme.

3.9 A list of those interviewed for this report is set out in Appendix 1.

Acknowledgements

3.10 We would like to thank all those who took part in the interviews and focus groups we carried out for this project and to those who provided the information needed to complete this report.

3.11 We would particularly like to thank the seven victim-survivors we worked with who co-developed the survey questions. Thank you for sharing your time, insights and stories with us.

Use of language in this report

3.12 In this report, we have tried to use gender-neutral language where possible since domestic abuse can happen to anyone. However, whilst perpetrators may be of any gender, we recognise the gender-based nature of domestic abuse and the fact that the majority of victim-survivors are female and the majority of those who use abuse are male. We have therefore used 'he/his' for the most part in discussing those who use harm and 'she/her' to refer to victim-survivors throughout our report though this should not be taken to suggest that the intervention works only with male perpetrators and female victim-survivors. The terms 'service user' and 'perpetrator' are both used interchangeable throughout this report.

4 Context

- 4.1 The pilot takes place during a time of considerable change for domestic abuse policy and practice generally and approaches to perpetrator interventions specifically. Domestic abuse as a major component of violence against women and girls is a high priority at national level and in London. This is reflected in the recently-published Tackling Domestic Abuse Plan⁵, the Violence Against Women and Girls National Statement of Expectations⁶ and the Mayor's Violence Against Women and Girls Strategy⁷ and the Mayor's recent campaign which has focused on the role that men play in ending violence⁸. Recent legislative changes⁹ have also been made which place a new legal duty on councils to fund support for survivors in safe accommodation, and a guarantee that all survivors will be in priority need for housing, keeping a secure tenancy in social housing if they need to escape an abuser. Children are also recognised as victims of domestic abuse in their own right for the first time.
- 4.2 These developments follow calls for a national domestic abuse perpetrator strategy for England and Wales¹⁰, including a call for additional investment in quality assured perpetrator programmes that address the whole range of risk from perpetrators.
- 4.3 The Restart pilot and its predecessor programmes have taken place during the various phases of the Covid-19 pandemic and indeed this was partly what gave rise to the pilot. The pandemic is recognised to have had a major impact on domestic abuse: in particular, there was an increase in the level of offences flagged as domestic abuse during the Covid-19 pandemic and an increase in demand for

⁵ HM Government, Tackling Government Domestic Abuse Plan, March 2022. See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064432/E02735263_Tackling_Domestic_Abuse_CP_639_Elay__002_.pdf

⁶ Violence Against Women and Girls National Statement of Expectations: guidance on commissioning services to support victims and survivors of violence against women and girls, Home Office, March 2022. This sets out the need for a clear focus on perpetrators in order to keep victims and survivors safe and requires local authorities to carry out needs assessments and ensure there are services in place which manage the risk posed by perpetrators. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064571/National_Statement_of_Expectations_2022_Final.pdf

⁷ See <https://www.london.gov.uk/publications/tackling-violence-against-women-and-girls>

⁸ See <https://www.london.gov.uk/press-releases/mayoral/mayor-campaign-to-help-end-violence-against-women>

⁹ <https://www.womensaid.org.uk/what-we-do/campaigning-and-influencing/campaign-with-us/domestic-abuse-bill/>; Domestic Abuse Act 2021; <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

¹⁰ A Domestic Abuse Perpetrator Strategy for England and Wales, Call to Action, see <http://driveproject.org.uk/wp-content/uploads/2020/01/Call-to-Action-Final.pdf>; January 2020.

domestic abuse services during the Covid-19 lockdowns¹¹, as well as providing an opportunity for housing innovations as a result of the reduced demand for hotel accommodation by paying guests. These empty rooms could then be used to accommodate perpetrators of domestic abuse. However, by the time the Restart pilot was launched, this was no longer the case and hotels had reopened.

- 4.4 Other factors that may impact on demand for domestic abuse services are the current cost of living crisis which will place greater financial pressures on families and the ongoing conflict in Ukraine which may place more pressure on housing services.

¹¹ See Domestic abuse during the Coronavirus (Covid-19) pandemic, England and Wales: November 2020 <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronaviruscovid19pandemicenglandandwales/november2020#main-points>

5 Background

- 5.1 RedQuadrant was commissioned in January 2022 by the Drive Partnership central team to undertake an evaluation of the Restart pilot. The Restart pilot is a partnership multi-agency approach to keeping families safe at home through earlier intervention with those causing harm. One of the issues experienced by families experiencing domestic abuse is the need for separate housing, frequently at a time of crisis. Traditionally, there has been a 'separate and isolate' approach whereby victim-survivors are either offered a place of safety at a refuge, found alternative housing away from the perpetrator or adaptations made to their home through 'sanctuary schemes' to keep them safe through security measures.
- 5.2 Where such separation is not feasible or is not acceptable to the family, the children may be removed into the care of the local authority. The adverse effects of this approach are well-known with the victim-survivor and her children frequently being subjected to the upheaval of having to move to a different area (with the location unknown to the perpetrator), leaving family and friends, and sometimes necessitating a change of school. Restart is a radical attempt to introduce a systemic change whereby the person who has used abuse is held accountable for the abuse and can be offered accommodation away from the family home, allowing the rest of the family to remain in their home, with support being offered in parallel to the victim-survivor. The approach is victim-survivor led, allowing the victim-survivor and the children to stay in the family home if they wish and where it is safe to do so.
- 5.3 The Restart pilot builds on an earlier trial which started during the Covid-19 pandemic; this was known as the Domestic Abuse Early Intervention and Accommodation Trial which ran from September 2020 to August 2021. The trial was delivered by Cranstoun alongside Children's Social Care and Housing teams from the ten local authorities. The intervention offered temporary accommodation and intensive behaviour change support for those identified by Children's Social Care as being at risk. The primary outcome intended was behavioural change with reductions in abuse and harm to enable a safe return to the family home or longer-term separation.
- 5.4 The initial six months of this trial was evaluated by the Social Care Institute for Excellence (SCIE). At that stage, 27 cases had been referred into the programme, and seven had successfully completed the programme. They found that the trial had successfully reduced abuse, that removing the perpetrator from the family led to a reduction in abuse and that this also provided emotional space for them to engage in the intervention. They also found that this initial programme acted as a springboard for perpetrators to engage in longer term behaviour change

programmes. Partner support running alongside this was deemed very important and that social workers' involvement with the pilot had changed their practice and approach to domestic abuse. They also found that support delivered via the telephone was less successful than other forms of engagement.

- 5.5 Eight recommendations were made including needing a greater flexibility in the accommodation offer, the need for smooth transitions into longer behaviour change programmes, pathways for victim-survivor support, training for social workers, the importance of a strong identity for the programme, reflections on working with services users who don't have English as a first language, linking the intervention to other programmes around substance misuse, and the need for evidence gathering with children, young people and victim-survivors.
- 5.6 Recommendations that were implemented include the introduction of Partner Support Workers, smooth transitions into longer behaviour change programmes (such as the Men and Masculinities programme¹²), the development of a distinct brand, reflections on working with those where English is not the first language, and training for social workers.
- 5.7 A twelve-month evaluation was carried out by SafeLives, building on the findings and recommendations of the SCIE evaluation. This found that the intervention continued to reduce risk around coercive control and physical abuse (but was less clear around the incidence of sexual abuse) and that it increased victim-survivors' understanding of abuse. It was found to have a positive impact on social workers' attitudes and practice, and that the housing pathway had some impact but could be used more flexibly, with an awareness that there was potential for the housing offer to be used to perpetrate abuse. The report also noted that what worked less well was communication, the impact of the four-week intervention and working with those with additional support needs. The recommendations made included recommendations for project delivery, as well as reflections for the sector. This included the need to improve communications, adapting intervention materials, developing a clear identity, developing a whole system, multi-agency approach, and for multi-year funding to be released to support complex interventions. Recommendations that were then taken forward were: the development of a clear identity, improved communications, the adaption of intervention materials and a focus on a multi-agency approach.

¹² The Men & Masculinities Programme is intended to provide a safe space for men who have engaged in abusive, harmful and damaging behaviour within their relationships. Run by Cranstoun, it is a 24-week programme which focuses on behaviour change and is Respect accredited, see <https://cranstoun.org/help-and-advice/domestic-abuse/men-and-masculinities/>

6 Description of Restart

6.1 Restart is a pilot project delivered through a partnership between the Mayor's Office of Policing and Crime (MOPAC), the Drive Partnership, Respect, the Domestic Abuse Housing Alliance (DAHA) with Cranstoun as the delivery partner (they were appointed in August 2021). The project started in August 2021 though the first cases were not received until October/ November 2021. It was initially funded for a period of 12 months, but later extended until March 2023. It operates in five boroughs across London: Camden, Croydon, Havering, Sutton and Westminster. The project has been funded by MOPAC and the Home Office.

Aims and objectives

6.2 Restart aims to 'identify and respond to patterns of domestic abuse at an earlier stage for families engaged with Children's Social Care (CSC), improving safety, housing, and long-term outcomes for adult and child victim-survivors'. It is intended to achieve systemic change by bringing together child protection, domestic abuse, community safety and housing services with a view to:

- Improving safety
- Increasing housing stability
- Improving long-term outcomes for victim-survivors.

6.3 The specific aims of the pilot are to:

- Identify and respond to patterns of domestic abuse at an earlier stage for families, improving safety and long-term outcomes for child and adult victim-survivors
- Build motivation and facilitate access to behaviour change interventions for the abusive parent
- Facilitate access to alternative accommodation for the abusive parent, alongside specialist support for the whole family
- Reduce repeat and serial incidents of domestic abuse in a survivor-centred approach, alongside specialist support for the whole family
- Prevent escalation of CSC intervention and the risk of adult and child victim-survivors needing to move/flee to safer accommodation
- Provide training and capacity building for CSC practitioners to enable CSC to effectively hold abuse parents to account
- Increase safety and housing stability of adult and child victim-survivors by holding perpetrators to account

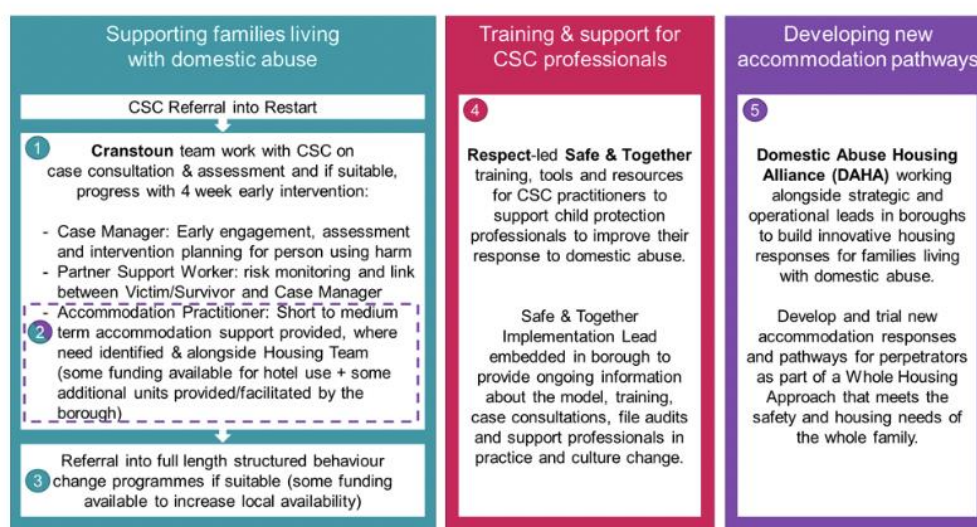
- Shift thinking/approaches in relation to preventing family homelessness by working with housing teams on accommodation pathways.
- 6.4 Children’s Social Care workers are encouraged to refer families to Restart when they have identified emerging patterns or behaviours of domestic abuse. Safe and Together training is provided as an integral part of the Restart approach and practitioners are encouraged to attend. Safe and Together is a US-derived model for tackling domestic abuse, it is licensed for use in the UK¹³ and has been extensively rolled out in some parts of the country such as Edinburgh. The training is provided by the Safe and Together Implementation team who undergo training, certification and coaching and are co-located within the local authorities to support practice development. They carry out case consultations with social care practitioners in relation to individual cases, complete case audits and provide briefings to spread awareness of the programme.
- 6.5 Case Managers and Partner Support Workers are provided by the delivery partner, Cranstoun, they work with perpetrators and partners, or ex-partners, over an initial four-week period to assess family needs. This includes, but is not limited to, housing. DAHA have a strategic role in providing oversight of the accommodation aspects of the project. Their lead (based in Standing Together who co-ordinate the Alliance) links with all the Strategic Housing leads in the five boroughs to review learnings, they also meet regularly with the Accommodation Support Worker based in Cranstoun to provide guidance and help to troubleshoot any problems which arise
- 6.6 A Practitioners Intervention Manual is available (currently under revision), aimed at Case Managers and Partner Support Workers in Cranstoun, to provide practitioners with comprehensive guidance on the assessment process, working with people who use harm, behaviour change interventions and accommodation pathways.

¹³ The three main principles of Safe & Together are (1) keeping child safe and together with non-offending parent (2) partnering with non-offending parent as default position (3) intervening with perpetrator to reduce risk and harm to child. It asks questions such as: What if child protection systems could spend less time and money removing children from the adult survivors and more time partnering with survivors to keep children safely in their own homes and communities? What if domestic violence survivors knew that professionals and systems would not blame them for what the perpetrator is doing? See <https://safetogetherin.wpengine.com/the-sti-model/model-overview/#>

6.7 The diagram below outlines the different aspects of the Restart programme and how they interlink.

Restart aims to improve responses to perpetrators of domestic abuse in families that are being supported by CSC via a co-ordinated multi-agency response. An overview of the different aspects of the project are summarised in the flowchart and detailed below.

1. Early intervention case management and assessment for those causing harm with integrated support for adult victim-survivors
2. Accommodation support pathways
3. Full length structured behaviour change support
4. Children's social care training and capacity building
5. Developing new accommodation pathways and models



6.8 Within the project, the key roles and the agencies they are based in are as follows:

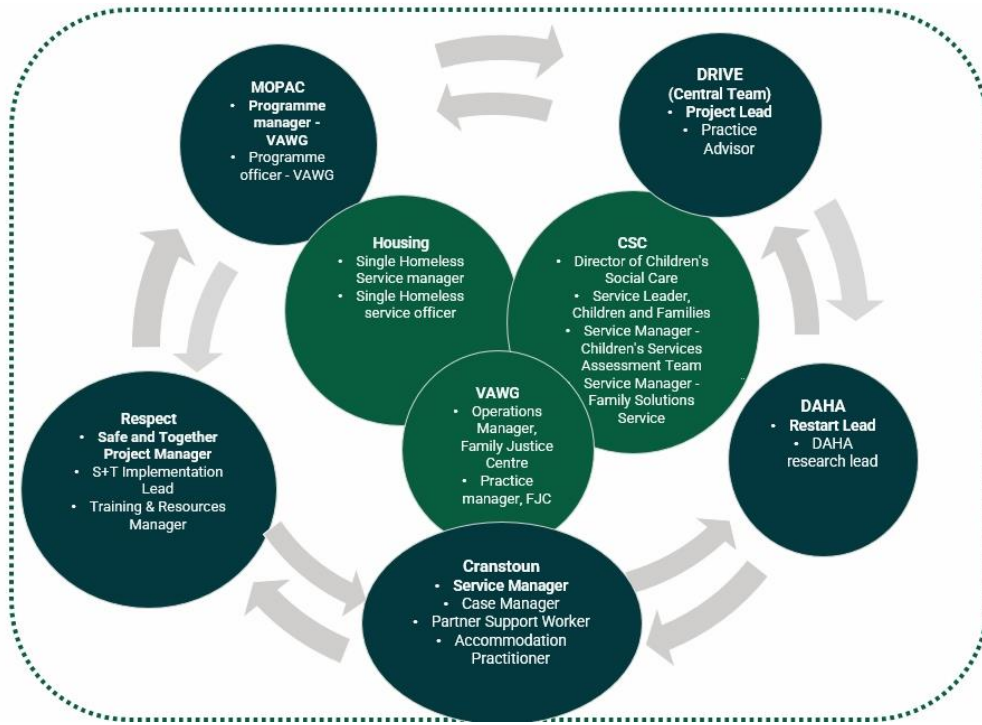
- **Restart Programme Lead, Drive Partnership** has oversight of the programme, implementation, roll-out, and monitoring and evaluation tools.
- **Data Analyst, Drive Partnership** informs model development and performance management via monitoring and evaluation.
- **Practice Adviser, Drive Partnership** works with the Cranstoun team and borough housing and CSC Leads to improve best practice across the Restart programme.
- **Service Manager, Cranstoun** has an overview of the project's case work delivery from case management to partner support workers.
- **Partner Support Workers, Cranstoun** work with victim-survivors to help support awareness of domestic abuse and systems and support agencies who can help.

- **Case Managers, Cranstoun** work with perpetrators in the four-week timeframe to establish relationships, undertake assessments and begin work to initiate behaviour change.
- **The Accommodation Practitioner, Cranstoun** works with perpetrators to explore the housing options that are available to them and coordinates the Restart Housing Panels.
- **Safe and Together Project Manager, Respect** is responsible for co-developing training manual and resources, and for leading the team of implementation leads.
- **Training and Resources Manager, Respect** works with the Safe & Together Implementation Leads and Project Manager to co-ordinate training events for general workforce development perpetrator training, and Safe and Together specific training, respectively.
- **Safe and Together¹⁴ implementation leads, Respect** work with social work teams to embed the Safe and Together approach in responding to domestic abuse. There are three Safe and Together implementation leads who are co-located within the local authorities.
- **Strategic Housing Lead, DAHA** provides strategic guidance and oversight on the accommodation support model and housing pathways, and works to build learning from the pilot to improve its immediate delivery and to identify wider systems change work to be done at a practice and policy level.

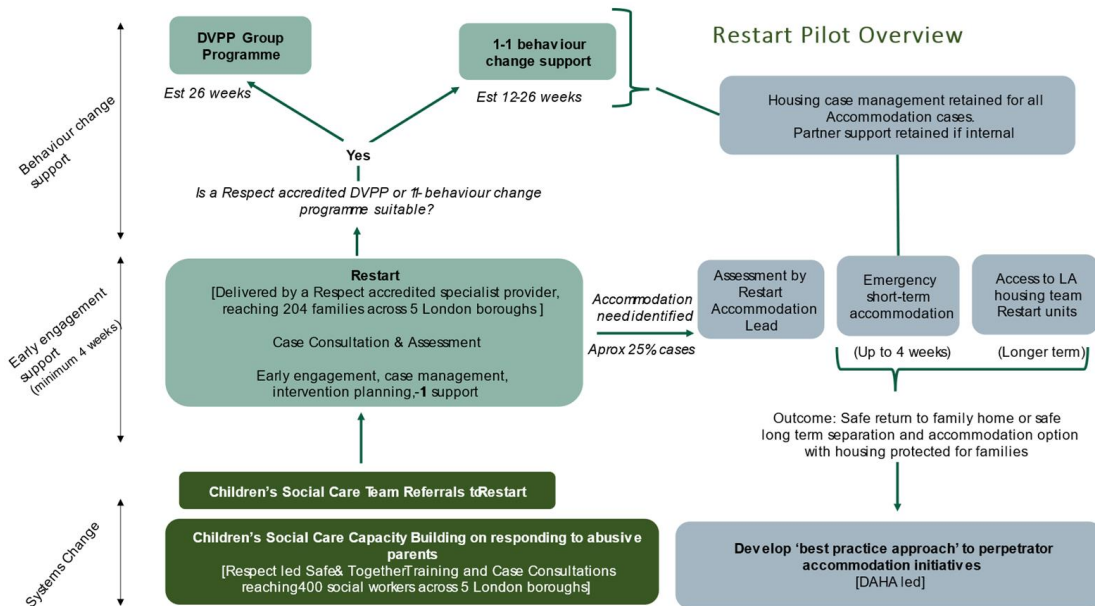
6.9 More detail is set out in the internal Restart: Early Intervention and Accommodation Project, Practitioners Intervention Manual.

¹⁴ Safe and Together is a training package for social workers aiming to shift perspectives on safety and blame in relation to mothering within domestic abuse. This programme was developed in the US and has been used around the world to promote a child-centred, trauma-informed approach to social work responses to domestic abuse.

6.10 The following diagram illustrates the relationship between the partners and their roles and responsibilities:



6.11 An overview of the Restart model is shown in the diagram below:



7 Findings and analysis

- 7.1 The pilot started at the beginning of August 2021, and has been running for nearly a year, however, did not start taking on clients until late October/November. Whilst it builds on its predecessor trial, it is still at an early stage, partly because it took longer than anticipated to set it up and to become fully operational. Much of the information we derived came from interviews and focus groups – whilst the intention had been to obtain views from victim-survivors, people who use harm (service users) and practitioners through a survey, there were far fewer responses than we had hoped for, particularly from victim-survivors and service users. We received responses from twenty-six practitioners, two service users and no victim-survivors. In addition, we had hoped to gather some responses from children and young people whose families were receiving the intervention through trusted adults such as children’s social workers or youth workers but this did not prove feasible. We were also unable to secure interviews with strategic leads from all local authorities.
- 7.2 In addition to the information discussed above, we have also drawn on data provided to us by the Drive Partnership. The data was originally collected by the Cranstoun team via information provided within the referral from CSC, as well as information from the Case Managers and PSW assessments which were recorded in the Case Management System (CMS). Anonymised data was then downloaded by Cranstoun and provided to the Drive Partnership and in turn to RedQuadrant for the purposes of this evaluation.

Number of referrals

- 7.3 Table 2 below shows the number of referrals by borough. In total, there have been 76 referrals to the project until 1st July 22.
- 7.4 Of these referrals, the data available to us indicates that: 3 were deemed unsuitable for the Restart programme, and a further 17 either dropped out or did not engage and a further 2 had cases closed for reasons not given. 18 referrals were made to other services, including DVPPs, and a further 20 cases are at various stages of being assessed. As of 1st July 2022, 12 were receiving support, with a further 4 having been discharged from a course.
- 7.5 The table below shows distribution of referrals by borough.

Table 2: number of referrals by borough

	Cases (up to Mar 2022)	Cases (Apr 2022 to 1 July)	All cases	% of all cases as total number of cases
Camden	18	7	25	33%
Croydon	4	15	19	25%
Havering	6	1	7	9%
Sutton	9	3	12	16%
Westminster	7	6	13	17%
Total	44	32	76	

- 7.6 Cases have not been evenly distributed across the five boroughs, with Camden referring the most, and Havering the least. There has been a marked increase in cases in Croydon.
- 7.7 The following information is based on the 38 service users on whom needs information was recorded. This relates to two service users in the Assessment phase, 12 whose cases are closed, 12 where service users dropped out, and 12 currently receiving support. The data recorded during the assessment on service users includes the number of Adverse Childhood Experiences (ACEs)¹⁵, which are summarised below.

¹⁵ Whilst the use of ACEs has been criticised as a tool for understanding childhood trauma, it is used as part of the reporting dashboard and is therefore used here. For more information see <https://blogs.ed.ac.uk/CRFRresilience/2019/05/15/aces-a-social-justice-perspective/>; see also Adverse Childhood Experiences: what we know, what we don't know and what would happen next, Early Intervention Foundation (February 2020) <https://www.justice-ni.gov.uk/sites/default/files/publications/justice/eif-adverse-childhood-experiences-report-2020.pdf>

Table 3: Adverse Childhood Experiences (ACEs) among service users

Experience of ACEs	Number (out of 38)	%
Parental Separation	10	26%
Verbal Abuse	4	11%
Domestic Abuse	4	11%
Direct Physical Abuse	3	8%
Drug Abuse	2	5%
Alcohol Abuse	1	3%
Mental Illness	1	3%

7.8 Assessments are also completed in relation to the current needs of service users, and these are summarised below.

Table 4: Current needs of service users

Need	Number (out of 38)	%
Children, family or parenting	18	47%
Housing	9	24%
Mental health and psychological wellbeing	9	24%
Work, training or education	6	16%
Substance misuse or other addiction	5	13%
Social and community support	5	13%
Finance & debts	4	11%
Purposeful activity	3	8%
Physical health	2	5%
Immigration needs	1	3%

7.9 This shows housing to be as high a need as mental health and psychological wellbeing, with children, family or parenting being the highest need identified. It should be recognised that these needs (for example, housing, finance and debts) can change during the period of engagement.

Risk Level and abuse profile of service users and adult victim-survivors

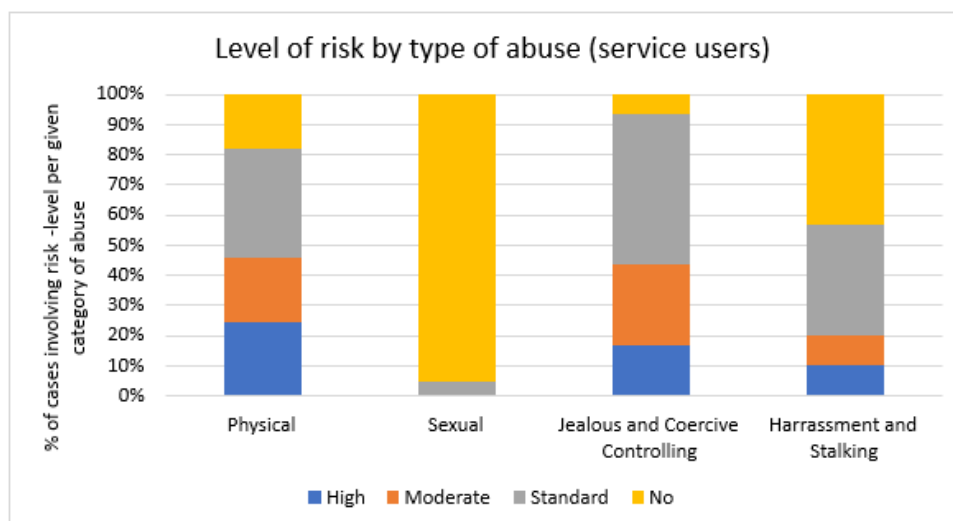
7.10 We analysed the data to look at the level of risk identified by Case Managers for service users and by Partner Support Workers for victim-survivors. The following table shows the risk level as identified for 37 service users (excluding one ‘don’t knows’) by the Case Managers. Of these 37 service users, 3 are in the assessment phase, 6 have been referred to other services, 10 dropped out, 12 are being given support, 4 have been discharged from their course and 2 have received closure for other reasons.

Table 5: Service user risk level

Level of risk	Number of service users	Proportion
Standard	14	38%
Moderate	14	38%
High risk	9	24%
Total	37	100%

7.11 Of the above proportions, the level of service users regarded as ‘high risk’ (24%, some 9 out of 37) is perhaps surprising for the cohort, given that Restart is not intended for such cases. Otherwise, the data indicates an even balance between moderate and standard levels of risk.

7.12 The graph below shows the proportions of abuse profile split out by risk level.



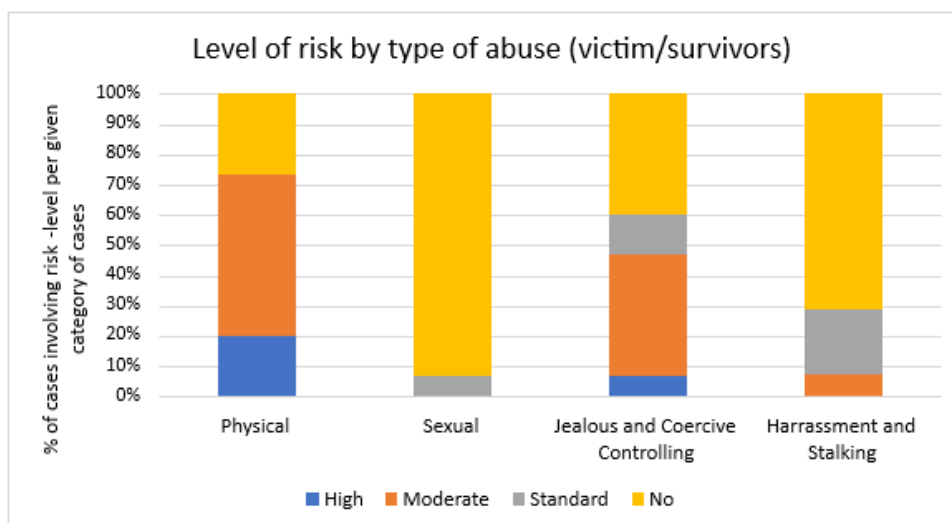
7.13 Turning to victim-survivors, this shows a different pattern. We analysed 15 of the cases associated with the Restart service users who have had an assessment completed. These cases are derived from information recorded by the PSW which includes an initial DASH¹⁶ assessment and is focused on the support available prior to the assessments – there is therefore a lower number for SOAG assessments compared to the number of service users.

Table 6: Adult victim-survivors’ risk level (derived from assessment by PSW)

Risk level	Number of victim-survivors	Proportion excluding 'Don't know'	Proportion including 'Don't know'
Don't know	9		38%
Standard	10	67%	42%
Moderate	4	27%	17%
High risk	1	7%	4%
Total	24		

7.14 The graph below shows the profile of abuse experienced by victim-survivors. Though at first sight it appears to suggest a perception of lower risk among victim-survivors, there are many reasons for not identifying or disclosing risk in the same way and so we would advise great caution in drawing conclusions from this data.

¹⁶ DASH stands for domestic abuse, stalking and ‘honour’-based violence. The DASH score is widely used to help identify, assess and manage risk in domestic abuse. See <https://www.dashriskchecklist.co.uk/>



Accommodation pathway

7.15 So far, a total of 11 referrals have been referred to the housing pathway, of which two were undergoing assessment as of end-July 2022. The following shows the breakdown of these referrals by borough (it should be noted that the two cases under assessment as of end July 2022 may not actually use the housing pathway):

Table 7: referrals to the accommodation pathway

Camden	4
Havering	1
Sutton	4
Croydon	1
Westminster	1
Total	11

7.16 Further analysis of the accommodation pathway is set out in section 10.

Safe and Together training

7.17 Safe and Together training is an integral part of the Restart approach and is being rolled out across the five local authorities, overseen by Safe and Together Implementation Leads (see paragraph 6.8). 256 practitioners have registered for the Safe and Together core training, though the completion rate for the four-day core training (which until now has comprised of a number of online e-learning modules) is low at 23%. However, in addition a further 63% partially completed the course or are currently in the process of completion (in addition to which, 14% did not attend). As practitioners continue their course, the overall completed rate may

increase. There are many reasons for the lower rate of completion including the pressures faced by social workers and the difficulties experienced by all staff during the Covid-19 pandemic.

Table 8: Safe and Together Core training completion rates

	Did not attend (no.)	Partial (no.)	Complete (no.)	Total	Did not attend (%)	Partial (%)	Complete (%)
Camden	5	30	8	43	12%	70%	19%
Croydon	5	32	11	48	10%	67%	23%
Havering	5	28	5	38	13%	74%	13%
Sutton	14	42	16	72	19%	58%	22%
Westminster	6	29	20	55	11%	53%	36%
Total	35	161	60	256	14%	63%	23%

7.18 There is also a one-day Overview training on Safe & Together. 379 registered to attended this, of whom 268 attended (attendance rate of 71%) across the five sites.

7.19 In addition, there has also been other training provided. A range of bite sized trainings were held to address knowledge and training gaps identified including five webinar sessions and three rounds of half day works shops. 580 practitioners across all five sites attended this training. Webinars were delivered on:

- Responding to counter allegations/ Respect Toolkit
- Working with perpetrators
- Confidence in discussing perpetrator programmes with families
- Unconscious biases and working with perpetrators
- The invisible perpetrator and busting myths around information sharing

Additionally, three rounds of half-day workshops on:

- Working with perpetrators
- Responding to counter allegations/ Respect Toolkit

Demographic information

7.20 Demographic information is recorded on each service user, the following data is based on the 76 referrals. Key aspects include:

- 97% are male, 3% are female (the question was ‘Not set’ in 8 cases, and these have been excluded from the above)
- 99% are heterosexual, and 1% is identified as ‘don’t know’ (either the Case Manager did not know or the service user was unsure) (the question was ‘Not set’ in 8 cases, and these have been excluded from the above)
- The nationalities with the highest number of service users are shown below:

Table 9: Highest attending nationalities

Nationality	Number of service users
English	27
Polish	4
Sri Lankan	3
Jamaican	3
Spanish	2
Portuguese	2
Pakistani	2
Irish	2
Bangladeshi	2
Afghan	2

- These figures imply that the nationality of the service user was English in at least 36% of cases (out of 76 participants, nationality data was not obtained in 11 cases), with the proportion being 42% if missing data is excluded.
- The six main ethnic groups are shown below. 56% of service users were White, 18% Black, 13% Asian, and 12% Mixed or any other ethnic background. This indicates that the programme is meeting the needs of a large number of ethnic groups – the proportion is approximately in line with the overall rate for London of 40% from an ethnic minority¹⁷.

¹⁷ <https://www.trustforlondon.org.uk/data/geography-population/> accessed 24th August 2022

Table 10: Top 5 ethnicities of service users

	Number	%
White: British	22	29%
White: Other	16	21%
Not Stated/Other	13	18%
Black / Black British: Caribbean	8	11%
Asian / Asian British	4	5%
Total	76	

7.21 The table below shows the age of service users assessed at the point of cases opening (note that two service users did not provide data on their date of birth, and so are excluded).

Table 11: Age of service users

Age range	Number	%
16 to 19 years	2	3%
20 to 24 years	3	4%
25 to 34 years	24	32%
35 to 44 years	28	38%
45 to 54 years	15	20%
55 to 59 years	1	1%
60 to 74 years	1	1%
Total	74	100%

Benefits and challenges:

- 7.22 We have identified several actual or at least potential benefits and some key challenges from our qualitative and quantitative analysis. Further work is planned to measure the extent to which these impact on outcomes for families affected by domestic abuse and to elicit the views of participants since their voice is lacking from this report (see section 13).

8 Findings: benefits

- 8.1 We have identified several possible benefits of Restart through our discussions with interviewees and through case studies. Some of these are benefits that have been realised during the project, others were pointed out as potential benefits which might be realised once some of the initial problems have been overcome and the project has had longer to bed in.

Holistic family approach tailored to individual needs

- 8.2 The Restart approach is intended to be relationship-based, holistic and family-centred in its approach; this was touched on during many of the interviews with interviewees seeing this positively and feeling that this has to some extent been achieved. The assessment carried out by Case Managers is seen as comprehensive and is intended to address the needs of all members of the family including those who use abuse and, through information obtained from the PSW and CSC, the victim-survivor and children as well (guidance on the assessment of those who use abuse is clearly set out in the manual). One practitioner told us:

'It's much more on the radar, this idea of, I guess, having a more assertive approach to working with the kind of whole family so...sort of proactively actually thinking about and talking about work with each member of the family, rather than just thinking of these cases that kind of keep coming around.' Practitioner, focus group.

- 8.3 Restart was seen by the majority of interviewees as a positive example of a people-led, family-centred programme. The fluidity and adaptability of it around the needs of individuals was seen by many as a strength by both practitioners and strategic leads:

'I think there's been a lot of fluidity in the project and it's organically developed and going in the direction that it's meant to go in. And the fact that it's allowed for that flexibility has been a huge benefit. You know, it hasn't been rigid... So, the fluidity that we've been allowed, and the organic development, like I said, has benefited project hugely as a pilot. It's a pilot, and I understand that with pilots, anything can happen. Things can change...and we have to allow for that.' Delivery partner, focus group.

- 8.4 It is hoped that the Restart approach will help to address the cycle of abuse though this is difficult to prove given that it would require a much longer-term cohort study to follow-up people who use harm in subsequent relationships. Several interviewees referred to the fact that, under the current system, there is

frequently a cycle of abuse with the same families referred repeatedly to CSC since the underlying reasons for the initial referral remained unresolved. They hoped that Restart would lead to this cycle being broken resulting in fewer serial perpetrators.

[normal practice is where] 'Mum's going to separate from abusive perpetrator, we're happy we safeguarded this one family, but now he's going to start dating the woman around the corner. So, we ain't actually solved nothing, we've just moved the problem on and we're waiting for another victim to come up basically, because we've not done any positive intervention or change at all.' Frontline practitioner, children's social care, focus group.

- 8.5 We found that there were higher rates of referrals in boroughs where strategic leads were committed to people-led services, openness to innovation, and acknowledging families' 'fears of 'state abuse', with commitment to changing those systems¹⁸. One strategic lead told us:

[we've been] 'hearing very clearly back from particularly women who are both victims of domestic abuse and also feel... like the victims of state abuse because in fact they've been put through the system we have to protect children, which is experienced as coercive'. Strategic lead.

Whilst not an impact of Restart, this people-led, open approach to learning from public sector failings in terms of outcomes for families engaged in social work, has enabled Restart to bed in more successfully in this borough.

- 8.6 The Restart approach was also felt to be more likely to be adaptable to the needs of service users than other programmes. Several practitioners reflected on the benefits of being able to offer one-to-one support to the perpetrator rather than only group work. This was felt particularly important for a number of reasons: establishing relationships with services users, and engagement with minority ethnic families or families who have minimal English. One focus group attendee noted: *'those with language difficulties, ...cannot go to groups [it's] just not viable. So that has...made a huge difference to the successes of the project.'* Delivery partner, focus group.

¹⁸ For example, the London Borough of Camden has just been awarded an Excellent rating by Ofsted for its children's services. <https://news.camden.gov.uk/camdens-childrens-services-among-countrys-best-after-receiving-outstanding-rating-by-ofsted/#:~:text=rating%20by%20Ofsted-.Camden's%20children's%20services%20among%20country's,receiving%20'outstanding'%20rating%20by%20Ofsted&text=Camden%20Council's%20children's%20services%20have,best%20performers%20in%20the%20country>

- 8.7 The advantage of the Restart approach is, then, that it meets the needs of both the victim-survivor and the person using harm. The victim-survivor receives ongoing support both through CSC and through the Partner Support Worker while the person using harm will work with the Case Manager and hopefully then be referred to a longer term DVPP.

Positive culture change and practice in frontline staff

- 8.8 Several interviewees told us that there had been an improvement in the competence and confidence of frontline staff in dealing with domestic abuse in families generally and in those who use abuse specifically. This seems to be due to the joint working with the project staff and the Safe and Together training as well as input from the Implementation Leads, which includes case consultations and auditing of cases; for example:

'I've been able to go in and sort of establish and audit cases and sort of find where people's needs are, look to meet those and then also reintroduce the intervention project as something that can be offered as a solution for some of those problems.' Implementation Lead, focus group.

'I think a real success has been the confidence level of practitioners, this is from discussions and from the management feedback that they're seeing that practitioners are more able to go have conversations with perpetrators, where they weren't, and more confident to have conversation about harms'. Implementation Lead, focus group.

- 8.9 This was also clear from the practitioner survey results:

'Really helpful to have perp resources and training, I feel like this has been really missing in my career. I've been on loads of trainings around V/S & safeguarding but the approach to perps feels like a real gap.'

'Since undertaking the training I have not had an opportunity to work directly with survivors, victims or perpetrators; however, I believe that the training has given me an opportunity to think about how I would be responding however not necessarily put it into practice.'

'I am able to change my thinking, the programme is rolling out and, still new to [Borough], I believe my colleagues are attending training and the thought processes and protocols in [Borough] are changing'.

- 8.10 The potential for the training to impact on other agencies was raised in several interviews, for example:

'What we see here, in [borough] sadly, is police officers referring the victim of the last incident, rather than looking at the wider history...What I'm hoping that the Restart programme will achieve and [what] the training will achieve is people looking at the bigger picture, not just going on, you know, the victim's reaction to a particular incident, [but services to] look at the bigger picture of...what's going on, look at the history, look at the coercive control element.' Community safety officer, focus group.

8.11 Consequently, it is possible that the provision of training to other agencies could lead to a more holistic approach. It is recognised that in some cases of domestic abuse, it is not always straightforward to identify the victim-survivor and co-partner violence is a recognised type of abuse. In one case brought to our attention, the person identified as a victim-survivor was in reality the perpetrator and this is not uncommon. The potential for the training, including the additional workforce development training delivered as part of Restart to upskill workers around counter-allegations and identifying primary perpetrators, could be investigated further during the remainder of the pilot.

8.12 There have undoubtedly been some positive practice changes arising as a direct result of the project even though these may be difficult to measure, for example:

'Overall, the Council has been kind of encouraged, forced to think more widely and differently about the whole family. So, in those cases, we've had some really good, wide-ranging, thought-provoking, system challenging conversation. So, we've done things we wouldn't normally do.' Strategic lead, interview.

8.13 However, the Implementation Leads make it clear that Restart generally and they specifically are not there to provide all the answers themselves but to help practitioners to build up their own expertise and capacity to deal with complex situations involving perpetrators. This is also seen as one way of finding longer term solutions, for example:

'Social workers, rather than thinking, OK, maybe I can do this piece of work with this father, for example, rather than thinking who can I refer him to and then I won't have to do anything about it again... Practitioners are realising that if they don't manage to engage someone, if they're not successful in terms of being able to.... there's still value in terms of you having tried and how you record that and how you document that which is such a key part of the model.' Implementation Lead, focus group.

The point about recording information differently from in the past was recognised as being important in several interviews.

- 8.14 The new approach engendered by Restart and the Safe and Together training was also seen as a less adversarial and 'abusive' way to provide support to victim-survivors and their families. One senior manager described victim-survivors feeling like 'the victims of state abuse'. Interviewees, particularly those from CSC told us that Restart, with its support for the whole family, was better than the traditional approach which was described as being to 'separate and isolate' families which was seen as potentially damaging to victim-survivors. One of the disadvantages of this approach was seen to be the risk of having children removed if the couple do not wish to separate. As a consequence, some felt that Restart has potential to lead to better relationships between families and social workers because it was 'less coercive' and as a way to build positive and trusting relationships with families. One frontline practitioner in middle management told us:

'Historically we've kind of taken the position of, if you don't leave him, we're going to child protection, you're not safeguarding your children and almost mimicking the behaviour of perpetrators in terms of controlling behaviour, abusive language. And I think that's really important to try and build that basis of a relationship to enable parents to engage with you to trust you. And to actually have that belief that you're actually here to support them and do the right thing rather than almost trick them into another sense of insecurity.' Frontline practitioner, focus group.

- 8.15 There was a wealth of evidence from interviewees and survey respondents about the fact that practitioners are starting to think differently as a result of the training. The Safe and Together training was introduced during the current project to train 400 social workers on how to hold abusive parents to account. The training has been well-received by interviewees who felt that, despite being a considerable commitment in terms of time, it was worthwhile and had led to a change in their practice. A number of survey respondents commented on this:

'I am able to change my thinking, the programme is rolling out and still new...I believe my colleagues are attending training and the thought processes and protocols... are changing.'

'Since being on the training, it has helped to have open discussions with social workers and colleagues about using this approach when working with domestic abuse. It has given me the confidence to challenge other professionals, improve my documentation and work with perpetrators.'

8.16 Several focus group attendees mentioned the Safe and Together training as one of the key successes of the programme, commenting’

‘there’s a lot of awareness being raised around domestic abuse in the various boroughs and in various ways with the various leads and the Safe and Together model and that training. And, you know, that kind of systems change with social workers and educating social workers...that’s been hugely helpful.’ Delivery partner, focus group.

8.17 Within our survey, 75% of respondents also felt the Restart model had changed how they thought about domestic abuse. The below table outlines the impacts that practitioners reported due to Restart.

Table 12: Impacts reported by practitioners

Changes to how I think about and respond to domestic abuse	75%
Changes to how I think about the impact on children and young people	70%
Changes to how my colleagues think about the impact on children and young people	55%
Changes to how other services think about domestic abuse	55%
Changes to how services respond to domestic abuse	55%

This was further supported by Safe and Together implementation leads, one of whom commented: *‘I am noticing a difference in how survivors are being treated and the type of services that are being made available and [a] movement away from the ‘failure to protect’ language.’* Implementation Lead, focus group.

8.18 There was some evidence that this was starting to change practice even if it did not lead to direct referrals to Restart, for example:

‘This [Restart] is quite new, in terms of having something and just the fact they’re talking about it...What it means is that those conversations are happening, and people are thinking about it with all of their cases, and recording and documenting differently, which is the real change, which I think is so important, because it’s that, that has massive wide-reaching effects.’ Implementation Lead, focus group.

‘I’ve been doing some work with early health practitioners who have really struggled with having these sorts of discussions with survivors. I think a real

success has been the confidence level of practitioners, this is sort of from discussions and from the management feedback has been that they're seeing that practitioners are more able to go and have conversations with perpetrators where they weren't, and more confident to have conversations about harms.' Implementation Lead, focus group.

- 8.19 Interviewees spoke positively and indeed enthusiastically about the effect that the project has had on their relationships with other agencies (and, in some cases, with other parts of their own agencies). Multi-agency and multidisciplinary working were recognised by many as essential elements of this project and the view was expressed that this would have some impact on their practice in working with other agencies. Some spoke enthusiastically of working as a team to deliver Restart. As an example, this approach was seen to impact on a case whereby a victim-survivor had been wrongly identified as a perpetrator. A focus group attendee said:

'Because we work in that multi-agency, multiple partners [way]...we all get together quite regularly. We had a case where we had a female perpetrator, and in discussing this matter...with our partners and then with the borough, and then with various practitioners, we were able to identify that...she was the victim.' Implementation Lead, focus group.

- 8.20 Linked to this is an improved partnership between agencies and different parts of the local authority. This was cited by several interviewees as a positive development since it brings together Children's Services, housing and the agencies involved in Restart, for example:

'We've done a lot of work recently to kind of strengthen the way that housing and social services work together...It's been good to kind of get to know colleagues in Social Services and get to work with them a bit more closely.' Strategic lead, interview.

We were also told by a senior manager that the project provides an opportunity to link more closely with other statutory partners such as the NHS and police.

Improving safety and outcomes for families

- 8.21 Nearly all interviewees felt that the Restart approach has much to commend it and has potential for achieving systemic change and improving outcomes for families by bringing about increased accountability of those perpetrating the abuse. This was in spite of the reservations expressed about the delivery and complexity of the programme (see section 9). For example:

'I think it has potential in really unmasking a lot of the actions and harms that perpetrators do, and really changing this idea of 'let's close the case', because the perpetrator doesn't live in the home.' Implementation Lead, focus group.

'If we can deliver the programme in the way that Cranstoun intend us to, I think there's huge potential there.... but will it work every time? Probably not. But will it help some families? Absolutely.' Frontline housing staff, focus group.

There was also general support for the programme which seems to have an instinctive appeal, as one interviewee put it:

'There's nobody I have spoken to about Restart that does not have that Wow!' Front line practitioner, focus group.

8.22 Although many felt that Restart had the potential to keep families safer, there was little quantitative evidence of this having happened so far. There was, however, anecdotal evidence including case studies which were highly positive, particularly in securing the commitment of service users to longer term behavioural change. In case study 3 (see Appendix 2), for example, the perpetrator has committed to a behavioural change programme – whilst the victim-survivor does not feel safe enough, even with a non-molestation order in place, to remain in her home, the commitment to the behaviour change work is a positive outcome. Overall, 15 of the 76 referrals have resulted in referral to a behavioural change programme (20% of the total) as follows:

- 11 have been referred to Men & Masculinities group programmes (run by Cranstoun)
- 1 has been referred to DVIP
- 3 have been referred to Rise Mutual's DVPP

It should be noted that not all of the 76 cases will have reached the stage at which they might have been referred to a DVPP since this will include a number who do not engage at all and some who are still within the four-week early engagement and assessment period.

8.23 All participants and survey responses who spoke positively about the programme felt that the shifting housing narrative and practice brought about as a result of the accommodation pathway is beneficial, particularly when thinking about longer term trauma and disruption caused to the family by the abuse. One survey

respondent told us *'Looking at the perpetrator moving out will be an improvement as less disruption for the family'*.

8.24 Two people who used harm responded to our survey; they both positively responded to the programme, stating that they felt they had *'much less conflict since project involvement'* and that *'I am able to have a better relationship with her'*. However, without comparable data from victim-survivors, we are unable to speak more about their partners' sense of safety or to identify objectively any reduction in risk levels. It is hoped that further evaluation will elicit a greater number of responses (see section 13).

8.25 The most helpful aspects of Restart for these two men are outlined below.

Table 13: Most helpful aspects of Restart

The emotional support I've received (2 agreed)
Strengthening my relationships with my partner/ex-partner (2 agreed)
Positive impact on my children (2 agreed)
Helping me to understand the impact I have on other people and to change the way I react (2 agreed)
Helping me to understand my housing options and rights (2 agreed)
The practical support I've received (1 agreed)
Helping me to find somewhere to live (1 agreed)

8.26 One respondent to the survey told us Restart has helped by *'learning to accept that I can separate/co-parent respectfully, feel supported by people involved did not realise I could accept support.'*

8.27 There was recognition that those who use abuse would want to change through the intervention and that this was, for some, an opportunity to do so, for example:

'Especially if they've got kids, whether they're with their partner, they want to build a relationship, even if it is just for the child's sake. If they're not together, just to have that mutual respect for each other to help raise their child, and obviously if they're together, they want to make their relationship better for each other and for their child.' Case Manager, interview.

- 8.28 Some of the case studies showed that because specialist perpetrator workers were working alongside social work, situations that were dangerous were flagged and escalated, and in some cases, re-opened. One case study tells us:

'The Case Manager has held two consultations meeting with the social worker and updated the social worker throughout the intervention – this case has highlighted concerns with the process within CSC. The Case Manager articulated these concerns, particularly around potential collusion with the father by the Social Worker. Furthermore, when the Social Worker explained that the case was closing due to no further safeguarding concerns, the Case Manager escalated our concerns over this. Due to escalation in risk, the case was handed over to the Service Manager to liaise with CSC.'

- 8.29 There were several examples given of service users in whom the four-week programme had led to behaviour change through the intervention of the Case Manager, or at least a willingness to consider the impact their behaviour is having, and to accept referral on to a DVPP (either group or an individual programme delivered by Cranstoun or another agency). This applies whether or not the service user was still living with the family.

'And for the guys I've worked with, a lot of them have said that it's helped them communicate with their partners better and to even build a relationship where they're probably wasn't a relationship before and just kind of know how to deal with conflict and kind of learn more stuff about themselves and why they've acted like that and what they want to change, what they kind of want to see for themselves in the future.' Case manager, interview.

- 8.30 During our observations at case management meetings, it was also clear that the four weeks allocated to behaviour change is often, in practice, best used as a period of relationship building between service users and case managers or partner support workers. As one focus group attendee notes;

'Because if we're asking perpetrators to move out their home for four weeks, and then possibly longer-term solutions, are they just digging their heels and saying, I'm not moving out of this family home? I'm willing to work with you, but I'm not moving. And that comes down to how you sell it, doesn't it?... you are asking families to make big changes in their structure, in their dynamic in their parenting...it's a big thing.' Frontline practitioner, focus group.

- 8.31 The work of the Case managers (or VPPs) is evidently crucial to the impact of the programme – their expertise in dealing with perpetrators is valuable not only for its potential in changing an individual’s behaviour but also as a source of advice for the other practitioners dealing with the case. The relationship with the social worker is key to achieving the best outcome for the family, particularly since the social worker can help to help them engage where there are problems in doing so, for example:

‘If I feel I’m struggling with that engagement, I’ll just revert back to the social worker so they can they be aware that they’re not engaging. Can you help with the engagement side of things and just kind of leave it with them until I get some feedback.’ Case manager, interview.

Advantages of the accommodation pathway

- 8.32 The perceived benefits of the accommodation pathway are set out in a separate section, see section 10.

Flexibility of the intervention

- 8.33 The flexibility allowed by the intervention was welcomed. Whilst intended to be a four-week intervention by the Cranstoun team, there is flexibility in this which is necessary since it may take some time to engage with or even contact the service-user:

‘It hasn’t been rigid: ‘it must be four weeks and then they’re out the door’... The fluidity that we’ve been allowed...has benefitted the project hugely.’
Delivery Partner manager, focus group.

- 8.34 One case study which illustrated the flexibility in applying the intervention involved a service user who engaged fully with the assessment process but had concerns about starting group work. One-to-one sessions were therefore arranged as an alternative which enabled the Case Manager to start behaviour work and to tackle his denial and partner-blaming stance. This flexibility was also evident in our interview with a Case Manager who said that it might take more than four weeks to complete the assessment and that, if the service user then finds it difficult to engage in a group activity, they will offer a 12-week intervention on a one-to-one basis which works well. This is particularly effective in those who do not speak English well enough to join the group work and who require an interpreter.
- 8.35 During our fieldwork, we found differing responses from practitioners to the project, with some practitioners thriving with the fluidity and flexibility afforded by

the pilot, and others finding the 'learning by doing' approach more challenging. As two focus group attendees noted:

[they keep] saying it's a pilot, you know, we're here to learn, we're here to grow. We're here to listen to ideas, which I think this is how we need to think of it, there is no straight way to go through housing.' Children's Social Care, focus group.

'Whenever you start something new, it can be a little bit messy, maybe?' Children's Social Care manager, focus group.

9 Findings: challenges

- 9.1 A number of challenges were identified during the interviews which are summarised below:

Set-up and mobilisation

- 9.2 Although mobilisation was slow in some boroughs, we were told by several interviewees and within the surveys that it felt rushed. It should be noted that the programme started in August 2021 and that the impact of Covid-19 was still being felt at that time so this may have had some impact. For example, there were still few opportunities for face-to-face meetings. In addition, the funding requirements (i.e: with funding initially approved for only a year) meant that there was pressure to mobilise quickly, which meant that mobilisation and delivery of the intervention were happening at the same time. Insufficient time was built in to the mobilisation period to allow for the complexity and challenges of implementing a project on this scale. We were informed that Cranstoun were being required to pick up referrals, for example, before their service manager or accommodation support worker were in post.

'I think the way the pilot had to start made it so that it was difficult to clearly communicate to all of the partners exactly what we are and how we work together....We didn't have the time to figure out the communication plan, the recruitment, what our name is and then communicate with the local authorities, we had to do all of those things at exactly the same time which I think just creates more problems down the line...It's a problem of funding restrictions...pressures...time limits that make it so you can't properly mobilise and communicate and do all of those things.' Representative of partner agency, focus group.

A survey respondent told us that:

'The project was still getting up and running while clients [were] coming into the service.'

- 9.3 One interviewee attributed the difficulties to the short-term nature of the funding which inevitably placed pressure on the team to deliver quickly:

'And when the funder is saying do it within this time period and get these results, then you've got a lot of pressure on you to do that, and it leads to problems down the line. Which means you can't deliver the results you want. So, you know, there's not as many referrals right now is probably a symptom

of the problem which is how it got started.' Representative of partner agency, focus group.

- 9.4 Communications during the setting up of the project were drawn to our attention as an issue (see also paragraph 9.49):

'All the kinds of communication stuff that you would choose to do at the very beginning, they had to do six months down the line when they finally got everybody in post and a fully functioning team.' Representative of partner agency, focus group.

Recommendation 1 Time and capacity for setting-up Restart: We recommend that if Restart is scaled up and rolled out to other local authorities, sufficient time should be built in from the start to allow for proper preparation, the partnership to form and the vision to be developed collaboratively.

Culture and attitudes including training

- 9.5 Although the emerging culture changes resulting from Restart were identified as a benefit (see paragraph 8.8 et seq), it was recognised that the changes in culture and attitudes that are needed for it to succeed will take a considerable time to achieve and embed throughout services. The change in attitudes was alluded to by several respondents as a challenge, with recognition that this is the start of a complex process and that the project should run for a minimum of three years to allow time for this to happen.

- 9.6 Some noted that attitudes such as victim-blaming attitudes persist and deter victim-survivors from working with social work teams. One survey respondent noted *'There is a culture in among social workers to blame the victim for not leaving the abusive relationship.'* A number of focus group participants also noted the challenges of victim-blaming cultures and practices, for example:

'Some social workers that don't engage appropriately, still have a victim-blaming approach rather than a victim-centred approach at times....I think culture-wise, in general, it's not just police officers [who victim blame], it's all professionals, then mistakes are made right across the board. But sadly, mostly that what I see here, it's the police. And that's the position that we're in. But it's a learning need.' Front line practitioner, focus group.

- 9.7 Similarly, some participants raised that for some practitioners, investment in perpetrators may be seen to take resources from victim-survivors, which would be

particularly problematic if the programme was scaled up whilst there exists an “acute lack of funding” for victim-survivor services:¹⁹

‘I get why people feel apprehensive about housing...perpetrators but they are people, they deserve a roof over their head.’ Case manager, focus group.

9.8 One of the ongoing challenges for any perpetrator programme is that there is no way to ensure abuse is going to end through the intervention, and without longitudinal assessments of the perpetrators involved, it is unknown whether behaviour change is sustained beyond the intervention and the oversight from services. As some focus group attendees noted; *‘You can put people in programmes, do they really change? Who knows? They might go back a week later, and, you know, assault somebody.’* Frontline practitioner, focus group.

9.9 The lack of experience of working with perpetrators was raised in several interviews and this was more evident in some of the boroughs where perpetrator programmes had not been commissioned previously. The Restart manual and the Safe & Together training both address this issue, but putting it into practice is nevertheless challenging for practitioners whose main business has previously been to support victim-survivors and their children who have never worked with perpetrators directly before. Even where there is strong commitment to doing so, the challenges involved should not be underestimated. Views from practitioners included:

‘I think the problem is that many of us haven’t worked previously with perpetrators per se. We need to be more involved with fathers from the first instance at Early Help and speaking with perpetrators, challenging their beliefs and making them accountable for their actions. All too often we expect the victim to take the safeguarding responsibility without addressing the cause’ and

‘What I’ve learned not to do is to use...words like abuse, perpetrator, it’s all about changing, making different parenting choices...because a lot of them, it’s to do with contact issues if they’re not together...so, what do you want in the future of your children? How do you want your children to see you?’
Frontline practitioner, focus group.

9.10 It was also strongly emphasised that different local authorities engaged differently with Restart. One focus group attendee, for instance, spoke of the importance of

¹⁹ <https://domesticabusecommissioner.uk/early-findings-from-our-mapping-show-a-huge-discrepancy-of-services-across-england-and-wales-and-an-acute-lack-of-funding-that-prevents-services-being-able-to-meet-demand/>

strategic management support as well as middle management support, in clarifying the referral process for frontline workers, and in explaining how Restart differs from other perpetrator intervention programmes and how housing stock should be allocated.

- 9.11 We noted, as a minor issue, that the issue of the language used within the Safe and Together training materials was raised by a minority of interviewees. Since these are American and this is a licensed programme, there were felt to be some differences in the language which some people found off-putting; terms such as ‘batterer intervention’, for example, are not commonly recognised in the UK. We recognise the difficulties in amending any training materials given that this is a licensed and trademarked training programme.²⁰ Whilst it may be possible to learn from other areas of the UK who have embedded Safe and Together in how to navigate this challenge (most notably Edinburgh City Council), the Scottish approach to domestic abuse defines it as a gendered violence between partners or ex-partners, rather than gender-neutral or as inter-family abuse. These differences mean that whilst it is important to learn from other areas, resources and training for practitioners should reflect the English context. The definition of domestic abuse used in the UK and incorporated into the Domestic Abuse Act 2021²¹ is broader than the definitions used in the US or Scotland and now includes the impact on children who see, hear or witness domestic abuse.
- 9.12 Whilst feedback on the training for those who had completed it was highly positive, some interviewees expressed the view that agencies other than CSC (such as police and NHS practitioners) would benefit from participation and that embarking on the training as a joint exercise would help to foster even closer interagency relationships and understanding. We were told that Housing Officers might also benefit from the training, but it was thought to be too detailed and not targeted enough for them to benefit as the training currently stands. The one-day overview training on Safe and Together²² would be suitable for Housing Officers and other agencies.
- 9.13 Similarly, interviewees in CSC considered that all social workers and senior managers should participate in the training since it would give them more of an

²⁰ See <https://safeandtogetherinstitute.com/about-us/about-the-model/>

²¹ See <https://www.legislation.gov.uk/ukpga/2021/17/section/3/enacted>

²² The one-day overview training provides participants with an introduction to, and overview of, the Safe & Together™ Model. The training provides participants with information about creating a domestic violence-informed child welfare system, the principles and components of the Safe & Together™ Model and information about the framework behind competency-building in child welfare around domestic violence. (Taken from Safe and Together website.)

understanding of the importance of working with perpetrators and the systemic changes which this could help to achieve. One focus group attendee commented:

'I think the Safe and Together training should be compulsory for social workers. There shouldn't be like a choice, they should just have to do it.'

Delivery partner, focus group.

- 9.14 Whilst the low completion rate (for the Core training) was disappointing, those who had attended spoke highly of it and felt it was beginning to make a significant impact on their professional practice. It is difficult to measure the impact of the training but it was recognised that this is an essential step in achieving the systemic changes needed if Restart is to succeed. The 63% who partially completed the course may also have gained sufficient knowledge to enable them to start to change the way that they work with families and may be able to complete the training at a later stage. It should be noted that the core training is now moving from online to four days face-to-face training although whether this will increase the completion rate is uncertain.
- 9.15 This undoubtedly reflects the pressure on social workers and the broader workforce pressures which are impacting on recruitment and retention of staff. Many focus group attendees described the difficulty experienced in their carving out time to complete the important Core training. However good the training is, it will not benefit people who are too busy to complete it. Looking at other areas where Safe and Training has been rolled out, such as across Edinburgh City Council²³, may be helpful.

Capacity of services to deliver Restart

- 9.16 The pilot has taken place during a period of considerable and growing uncertainty with local authorities facing pressures. These include recovery from the pandemic, rising demand (particularly in CSC), fiscal pressures, poor morale and a high staff turnover, increasing complexity of cases and, recently, the fall-out from two serious case reviews which have raised questions about the quality of Children's

²³ See <https://www.edinburgh.gov.uk/domestic-abuse/safe-together-edinburgh#:~:text=The%20Safe%20and%20Together%20model,abuse%20and%20concerns%20about%20children.>

Social Care^{24 25 26}. The Restart pilot is therefore being delivered during a difficult time with social workers coming under considerable pressure on a daily basis. This has manifested itself in a number of ways and may help to account for the poor response rate for the survey, the difficulty for some in completing the Safe & Together training and the reluctance expressed by some interviewees to take on what they perceived to be additional work and new ways of working. In particular, several interviewees raised the difficulty caused by social workers wanting to, and coming under pressure from management to close cases, even where there were ongoing problems in the family and the underlying issues had yet to be addressed, for example:

'Social workers desperately want to close cases and to refer on, that's what they're desperate to do, because they're you know, drowning in cases and work.... But, of course, no-one's done any work with the person causing the harm, there's not been any kind of meaningful partnership work with the family.' Implementation lead, focus group.

- 9.17 Other focus group attendees noted that time constraints and information overload has also limited social workers ability to take on board the Restart programme, despite the efforts of others within the Boroughs, with one commenting:

'[we]continue to raise the profile and put it on people's radars .. we're conscious just how busy social workers and teams are...they get bombarded with lots of bits of information...we'll do the team meetings and other things and people come to team meetings about Restart across the service, but then it's very easy for that just to people to note it, and then kind of go off and forget about it.' Representative of delivery partner, focus group; similarly

'social workers are inundated, they get 1000s of emails, do they actually read [the newsletter]? I sometimes think that they don't.' Delivery partner, focus group.

- 9.18 It was recognised that this can lead to a vicious cycle with the same families being referred repeatedly to CSC since the underlying reasons for the initial referral

²⁴ <https://theconversation.com/child-protection-in-england-here-is-what-social-work-experts-know-must-change-in-the-system-182072>

²⁵ <https://www.gov.uk/government/publications/childrens-social-care-2022-recovering-from-the-covid-19-pandemic/childrens-social-care-2022-recovering-from-the-covid-19-pandemic>

²⁶ See National Review into the murders of Arthur Lobinjo-Hughes and Star Hobson, The Child Safeguarding Practice Review Panel, 2022

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/A_LH_SH_National_Review_26-5-22.pdf

remained unresolved. There were several examples provided of the project practitioners (in particular, the Safe and Together Implementation Leads) intervening to try and prevent case closure. In one case study, for example (Case study 1 in Appendix 2), CSC wished to close the case despite concerns about continuing safeguarding concerns.

- 9.19 This is understandable given the pressures that social workers are under, and there was a view that CSC in some local authorities has a target-driven culture with insufficient time available for training. It was also recognised that leaving the cases open may be more resource-intensive, at least in the short term, since it is an acknowledgement that further work needs doing. Restart is not intended to be a way of 'offloading' the case following referral, and this needs to be emphasised.
- 9.20 During data gathering, many focus group attendees and interviewees also flagged issues around workforce retention, burnout and exhaustion and how difficult it is for social work teams to engage with new approaches. This was seen as partly related to having to manage multiple and complex cases, but also (by social workers) to the levels of paperwork required to refer service users onto Restart although the referral process has since been simplified. The normalisation of burnout and social workers exiting the profession may then present as a barrier to bedding in new approaches due to the lack of time and space to reflect on practice and the lack of support in dealing with complex cases. As one strategic lead told us, *'You've also got to take into account the turnover of social workers.'* Strategic lead, interview.

One focus group attendee told us: *'we're conscious just how busy social workers and teams are...they get bombarded with lots of bits of information.'* CSC manager, focus group.

- 9.21 The high turnover in staff has also proved problematic since incoming staff are not aware of the intervention nor of the roles of individual workers such as the Implementation Leads, leading to a sense of confusion around who does what (Focus group attendees). Restart can assist to an extent, by increasing the physical presence of both case managers and Safe and Together leads being co-located. However, this remains a key issue for the extension of the evaluation to consider.

Recommendation 2 Safe and Together training: We recommend that consideration should be given to ways in which the reach of the Safe and Together training can be extended to encourage a greater take-up and completion of the training by social work staff including senior social care staff. Frontline practitioners in other parts of the local authority such as

housing and other agencies such as the police and NHS should be encouraged to attend the one-day overview training.

Referrals

9.22 The number of referrals was lower than anticipated initially, although the level was significantly increasing by the time we wrote this report – there were 76 referrals up until 1st July 2022. The number of cases broken down by borough show considerable variation between the five boroughs.

9.23 There seem to be several reasons for this, including the amount of work and perceived complexity in making a referral, but also a lack of interest in the intervention as an option by staff at the social work ‘front door’ and a low level of commitment at middle management level. (This may also explain their reluctance to engage victim-survivors in completion of the survey.) We were told:

‘Actually, making a referral involves a huge amount of work. There’s a lot of paperwork that you have to fill in. And that’s probably a bit like, do I really want to do this?’ Social worker, focus group.

There also seem to be some misconceptions about the nature of the intervention and perhaps an overemphasis on the housing element which may deter some practitioners from making referrals to what is in reality a broader intervention with several components.

9.24 In some authorities, we did identify a reluctance to refer cases which might benefit from referral. The appointment of an IDVA in CSC in one had made a difference and was encouraging practitioners to refer to Restart.

9.25 The lack of a commissioned external DVPP to refer on to may be an obstacle – three boroughs have only started to commission a DVPP relatively recently. In Havering, for example, there had been no DVPP commissioned for many years until recently when Cranstoun were commissioned to deliver their Men and Masculinities programme. This had proved successful and formed a firm basis on which Restart could then be based.

9.26 At present, referrals can only come from Children’s Social Care and this was flagged by some focus group participants as a barrier to referral rates:

‘The only...way is a referral is children’s social services, it would be really nice to... educate some of the police officers.’ Representative of delivery partner, focus group; similarly:

'There's only one referral partner at the moment, which is Children's Social Care, which obviously narrows down the field significantly.' Delivery partner, focus group.

- 9.27 Whilst there is as yet little evidence to identify or demonstrate which families are more likely to benefit from the intervention, some interviewees considered that it was more likely to help those who wish to stay together. It was felt that the provision of alternative accommodation with the behaviour modification aspects of Restart, even on a short-term basis, may help to provide a respite for families and provide an opportunity for reflection during the four-week intervention. This should be addressed during the next phase of the evaluation.

Recommendation 3 Referral to Restart: We recommend that the central team should consider ways of encouraging referrals if these remain lower than expected, looking at the reasons identified and examining whether the referral process could be simplified. The wider dissemination of positive findings from the project and successful case studies might help to allay any concerns and publicise what can be achieved, supported by Restart champions.

Recommendation 4 Suitability for referral: The next phase of the evaluation should try to establish through monitoring outcomes which families are most suitable for the intervention and who is most likely to benefit from referral. For example, it would be useful to know whether outcomes may be better in families wishing to stay together or in those who are separating and how the abuse profile changes throughout the different intervention stages.

Engagement of families

- 9.28 If the perpetrator does not wish to engage, the intervention cannot proceed as it is based on consent. The training available on engaging with those who use abuse (including in the Restart Early Intervention and Accommodation Manual and the Safe & Together training) may increase the participation of service-users by skilling up frontline practitioners who have no previous experience of this approach. There is also an incentive to engage for those who wish to maintain contact with their children, to resume the relationship with their partner (where appropriate) and for those who wish to become better parents.

9.29 The risk of ‘disguised compliance’ was, however, seen as a risk by some since service users could show willing by participating in the four-week intervention but have no real intention of changing their behaviour.²⁷ This possibility increases the need for professionals to risk assess and communicate with the other professionals involved throughout (it also shows the importance of longer-term monitoring on behaviour change). This is one of the areas the Safe & Together programme can help to address, with its emphasis on understanding the victim-survivors’ lived experience and the need for any plan to be victim led and informed by understandings of the perpetrators’ pattern of abuse.

9.30 If victim-survivors do not wish to engage with Restart, it is difficult to proceed or at least less likely to achieve a satisfactory outcome as there is a need to ensure any work undertaken is led by victim-survivors’ wishes and safety considerations. In at least two of the case studies that we saw, it was difficult to engage with the victim-survivor despite the best efforts of the Partner Support Worker. Engaging both the victim-survivor and the perpetrator rather than one or the other and showing how they and the children may all benefit is therefore preferable. The Partner Support Worker has a key role to play in this.

9.31 Challenges also exist around the perception and lived experience of families and their willingness to engage with statutory services, particularly for racially minoritised families. Research tells us that for many minoritised groups, there is a real fear that engaging with any services may result in the removal of their children. This fear was highlighted by several focus group attendees around social work practice and culture:

‘[in social work we had] that culture of you do this, or we’re taking your kids. And unfortunately, all you’re doing is you’re coercive controlling a victim into making a decision they’re not ready to make [regarding separation].’
Frontline practitioner, focus group.

9.32 Another challenge identified by some participants was the lack of specific support for children and young people. We were told:

²⁷ Some professionals noted the risk of service users exhibiting ‘disguised compliance’ by agreeing to participate in the four-week intervention but have no real intention of changing their behaviour. It was recognised by professionals within the sector who work with service users that this is always a possibility and thus the need to risk assess and communicate with the other professionals involved throughout. Similarly, it was noted victim-survivors can also sometimes be labelled as showing ‘disguised compliance’ when for example CSC conditions are imposed on them. This is one of the areas the Safe & Together can help to address which emphasis understanding the victim-survivors lived experience and the need for any plan to be victim led and informed by understandings of the perpetrators pattern of abuse.

'In my ideal world, I'd have another layer. And I would have children's counselling, children's intervention, working with children's understanding, and also educating them about healthy relationships, because their example has been unhealthy.' Frontline practitioner, focus group.

'There's a huge gap with domestic abuse provision for children generally, and certainly within this project.' Frontline practitioner, focus group.

- 9.33 One of the advantages of this would be that it could help to reduce the risk of intergenerational transmission of domestic abuse by supporting children who have experienced trauma as a result of the abuse. Unfortunately, it was not feasible to capture the voices of children and young people during our evaluation (see section 7) but it is hoped that the next phase of the evaluation will include an effective means of eliciting feedback and assessing the impact of Restart on their wellbeing (see section 13). The voice of children, young people, victim-survivors and (where feasible) those who use abuse should be sought actively and heard in delivering Restart.

Recommendation 5 Support for children and young people: We recommend that consideration is given to providing specific support for children and young people as an integral part of the intervention, perhaps by having a dedicated practitioner as a resource for local authorities as there is for victim-survivors/partners. This could be done centrally as a resource for all the boroughs.

Recommendation 6 Stronger monitoring of outcomes: various monitoring and evaluation tools already exist with the Safe and Together Training, the four-week early engagement and the in-borough DVPPs. However, there is a need to strengthen (and potentially link up) monitoring processes so that we gain a better picture and understanding as to how outcomes, particularly those which measure risk for families and behavioural change in perpetrators, are changing over time as a result of different intervention arrangements.

Complexity and clarity of purpose

- 9.34 The complexity of Restart was raised by several interviewees as a challenge which deterred them and their colleagues from engaging fully. They found it difficult to understand the different layers of the interventions and how the components fit together, making buy-in from them and their colleagues difficult. Some practitioners found it difficult to understand who was responsible for what and the boundaries between the different components of the intervention, particularly as boroughs offered different longer-term behaviour change programmes to follow

on from Restart (e.g.: DVIP, RISE, or Men and Masculinities), as well as programmes that focused on varying levels of risk.

'I was very lost because there are so many layers to Restart and the programme, getting my head around it and not being involved in conversations from the start, was a bit of a tricky place to be.' Frontline practitioner, focus group.

'Maybe there's been some confusion because it's a model that comprises so many different aspects. There's Safe and Together, there's accommodation, there's support for the person using violence and abuse. I think sometimes boroughs have just been overwhelmed and not really understood the model fully. And that's feedback we've had in the community of practice groups as well.' Representative of partner agency, focus group.

- 9.35 Adaptations made to the operation of the programme after it started appears to have added to the confusion felt by some front-line practitioners:

'I think the actual project has gone through too many changes since it's come in. And it's been difficult for us as receiving people who are receiving the service to keep up with those changes, and to kind of understand what is happening now.' Frontline practitioner, focus group

However, this may also be due to the project building on the recommendations of previous evaluations around having a distinct identity as well as growing organically and adapting in response to emerging evidence and needs.

- 9.36 Implementation Leads explained to us that they spend some time explaining their role and the different components of Restart and Safe and Together to colleagues, for instance:

'I have to spend a lot of time explaining, you know, where I sit that I'm not doing an intervention, I don't work with families, I'm there to support social workers working with the whole family.' Implementation lead, focus group.

In boroughs where there is a high turnover of social care staff, this may cause some frustration since incoming staff will know nothing about the programme and will have to have this built into their induction.

- 9.37 Since the pilot is operating in five different boroughs, there is the added complexity of each borough having its own systems and different approaches. One of the boroughs has had considerable financial difficulties and the project has therefore been implemented during a period of considerable internal upheaval

with high staff turnover and workforce capacity issues (see paragraph 9.16 above). In the same borough, there appeared to be a lack of collaborative working which is essential to the successful delivery of Restart. The Implementation Leads and other project staff have to be flexible in their approach and to integrate their own ways of working with the local authority's system.

- 9.38 There was some evidence of a lack of clarity about the aims and objectives of Restart leading to poor commitment and buy-in from frontline practitioners. Communications were regarded as unclear by some interviewees and there was confusion evident amongst staff as to the difference which Restart could make:

'I was kind of led to believe that it was sort of taking the perpetrator out of the home, working with them, giving them that breathing-space, and then potentially, for them to go back. Obviously, since then, on our side is we've been working with clients who can't go back, but don't necessarily need a homeless application. So yeah, it's been a little bit shaky. Like it wasn't explained to me properly, the outcomes of it.' Frontline practitioner, focus group.

'I'm constantly confused, because when we're discussing the layers, for the introduction to things, I have to sort of think back and think right, we've had that conversation and we're moving on to another conversation.' Frontline practitioner, focus group.

- 9.39 The way in which the project is presented may be a factor in this, since some assumed that the project would be focused on accommodation; for example:

'I think that's because Restart was seen primarily about housing and accommodation. And I think that's always been the kind of tagline, this sort of innovative housing pathway where perpetrators are housed rather than victims. Actually, there's so much more to it.' Implementation lead, focus group.

- 9.40 Whilst the project and its predecessor were intended to achieve early or at least earlier intervention for families, we were informed that this is not necessarily the case. An analysis of the Severity of Abuse Grid (SOAG) data (see Table 5 in Findings and Analysis which shows those clients who received SOAG assessments) illustrates that some of the families referred were experiencing a high level of harm on referral (according to their classification) and that the abuse may have been going on for some time.

- 9.41 Some referrals made to Restart may therefore include some where the abuse is long-term and higher risk despite the fact that all the cases referred remain below the MARAC threshold; for example:

'We've taken on some...higher risk, not high risk necessarily, but higher risk referrals. And a lot of them are not early on in the process.....I was told it was early intervention. So, you know, and I said, what does that mean? And I was told it was, you know, the first few arguments, the first police call-out the first time there'd been a sign of physical abuse of, you know, all the firsts. It's not like that in practice. And it's very difficult for it to be like that in practice.' Delivery partner, focus group.

- 9.42 In areas where Drive is operating, this is perhaps less likely to be an issue since the most serious cases would be referred to Drive as a more appropriate intervention for high risk, high harm cases. In Sutton, for example, where Drive is operating, the Restart Case Manager has referred cases to Drive which were considered too high risk for Restart (or the associated DVPP which was available). In Westminster, where there is no high-risk intervention programme in place to refer people to, this was seen as more difficult since *'social workers [are] kind of scratching their heads not knowing what to do with their clients'* Delivery partner, focus group.
- 9.43 Different views were expressed about what constitutes early intervention, some taking the view that the fact that the family had been referred to Children's Services meant that it was already a high-risk case and therefore too late for early intervention:

'One is that I think it's interesting to me that the referrer is Children's Social Care, because it feels like in most circumstances, by the point at which social care is involved, and they have a social worker, it's gotten to the stage where it's high risk and requires high risk intervention, whereas this is advertised as an early intervention approach where that risk of domestic abuse isn't high.' Representative of partner agency, focus group.

Whilst this may be true of some families, it should be recognised that many who are referred will not be at high risk or require an intervention for those at high risk. For some families, domestic abuse may be one factor of many which has led to the referral.

- 9.44 It is feasible that, as the intervention and the training become embedded in the five councils and referrals increase, intervention may be initiated earlier, with practitioners more confident and better able to identify domestic abuse at an

earlier stage and to respond more proactively. This would need to be tested out in future work.

- 9.45 Some interviewees identified the risk that practitioners would refer to Restart with the intention of stepping away from the case and closing it. As one senior manager pointed out:

‘Once the intervention took place, Children’s Social Care were then stepping back and closing the case, which kind of fundamentally misunderstands the purpose of the project and, in a sense, this is not a demand management mechanism.’ Strategic lead, interview.

It needs to be clear to practitioners that their continuing engagement is key to the success of the intervention, that the intervention requires a team approach and that this is expected to pay dividends in the longer term.

- 9.46 The challenge of achieving behavioural change in those who use abuse within a four-week intervention was raised frequently, with many interviewees recognising that this is not feasible due to the complexity of cases and the difficulty in engaging with victim-survivors and the person who uses abuse. In practice, the intervention is frequently delivered over longer than four weeks (which we also cited as a benefit, see paragraph 8.40), particularly where it has been difficult to make contact:

‘So, I was told it was a four-week intervention. And I believed it would be a strictly four-week intervention. Obviously, it never is in practice’. Delivery partner, focus group.

- 9.47 Developing or revising a shared Theory of Change with all partners and practitioners in each local authority in order to develop a common understanding of change and success may be helpful. It may also be helpful to develop a staged, strategic plan for future programmes outlining how to engage with different local authorities depending on which conditions are in place, as participants have already started to identify the conditions needed to enable the programme to bed in.²⁸ We have outlined these in section 10.

²⁸ A useful reference point is the Tri-Ethnic Centres programming handbook on Community Readiness https://tec.colostate.edu/wp-content/uploads/2018/04/CR_Handbook_8-3-15.pdf and Victoria Health’s guide to encountering resistance; Strategies to respond to resistance to gender equality initiatives <https://www.vichealth.vic.gov.au/-/media/ResourceCentre/PublicationsandResources/PVAW/Encountering-Resistance-Gender-Equality.pdf> as tools to map “readiness” of local authority areas and what stages each of the boroughs are at.

- 9.48 The limitations of the intervention and also the fact that it is not strictly limited to a four-week period need to be made clearer in communications and in any future measurement of impact to help to manage expectations and build trust with practitioners. The flexibility allowed was welcomed given the time taken to engage with the victim-survivor and those using abuse.
- 9.49 It should also be recognised that Restart is a short-term intervention and the initial 4-week assessment period cannot be expected to achieve long term behaviour change, particularly where there are difficulties in engaging with the service user. It should be presented as the start of a longer-term process of engagement, in particular with the service user (though the victim-survivor will also frequently continue to be supported by a Partner Support Worker during Restart and during the longer-term DVPP).
- 9.50 Communications was raised by a few interviewees as an issue where further work was needed to inform staff and bring them up to date with developments. This was addressed differently in each borough, with some including information about the project in regular bulletins. But some interviewees said that they needed and had requested a flow chart to illustrate the structure of the project and had found this difficult to obtain. This was a particular issue when the project started (see 9.4):

'One of the things we sought to do from the start is to get that buy in from our director and also lead...housing as well.' CSC manager, focus group.

- 9.51 Whilst it is clear that Restart is meeting need, given the range of domestic abuse cases which present to CSC, it is important to have a range of interventions which can be applied as one component of an overall domestic abuse strategy. This is the case in one local authority (Camden) where Restart has formed one component of a much bigger strategic piece of work. Some of the participating local authorities have little specific provision for domestic abuse perpetrators which may make it more difficult to find longer term solutions at the end of the four-week intervention period. Restart should not be expected to fill this gap.

Recommendation 7 Communications Where Restart is being set up, we recommend that there should be a clear communication plan in place before the project begins, with dedicated resources, and throughout the project so that staff are kept informed of progress. The accessible guidance already developed should be more widely disseminated and included in induction training for new social workers. Communications should clarify:

- the aims and purpose of the intervention, the remit, roles and responsibilities of the key agencies and stakeholders;
- that the intervention is not always ‘early intervention’ and that the intervention period can be extended beyond four weeks should the need arise, particularly where it is difficult to engage with the person who uses harm and/or the victim-survivor;
- that a team approach is essential to deliver Restart; thus it will be unusual for a case to be closed once a referral has been made until the intervention is complete;
- that Restart is intended to be one element of a suite of domestic abuse interventions for families which are available in local authorities, with clarity as to how these fit into local domestic abuse strategies.

Communication materials may need adapting in each of the five boroughs to show how it dovetails with local systems. It may be helpful for the central team to work with each local authority (and any new ones if it is rolled out) to produce a Theory of Change to ensure that the aims and objectives are clear and realistic during the remainder of the pilot, and that there is a shared vision and understanding of what success looks like.

Limitations of the accommodation pathway

- 9.52 The accommodation pathway is an integral and perhaps the most novel element of the Restart approach. See section 10 for an analysis of the benefits and challenges of the accommodation pathway.

Funding uncertainty and sustainability

- 9.53 It was clear from several interviews that delays in securing an extension to the pilot impacted on delivery since there was some doubt about whether Restart would continue. This was due to the funding cycle which led to funding only being available one year at a time which deterred some from engaging fully in the programme, for example:

‘the idea of...eight months felt like it was a bit of a kind of token effort really, but then with the new funding, that has felt like a real opportunity now, where we’ve been able to really build on what we’ve already...started.’

Implementation lead, focus group.

'I think one of the challenges is how short a timeframe it is...and you're asking areas to really buy in and to utilise these things and push it and ...when you don't know if you can trust a pilot to stick around, how much do we want to invest in that relationship and putting it within a referral pathway if it's going to disappear in five months?' Representative of central team.

'I agree the sustainability stuff is huge in a project like this because I think it affects the buy-in from the boroughs as well in terms of income. What is the point getting on board with this new model when actually you're going to be gone in a few months? and I think that's some of the feedback that implementation leads had early on.' Representative of partner organisation, focus group.

- 9.54 The short-term nature of the funding inevitably led to some cynicism about the project and doubt as to whether it was worthwhile for practitioners to invest their time and energy into it. Although the project has been extended to March 2023, this is insufficient time for a project of this complexity to become embedded in everyday ways of working and for frontline practitioners to develop confidence in its delivery and to test out the changes in practice they learn about in the training. It is also a short time to measure the impact on families since some of the measures which the intervention aims to influence are long-term in nature.
- 9.55 Similarly, the short-term nature of the funding has also meant that it has been harder to tell if the programme works, as one strategic lead told us; *'do something for five years, you'll probably really be able to see the benefit of it'*. Strategic lead, interview.

Recommendation 8 Sustainability: We recommend that, if possible, the funding period for Restart should be extended to a total of three years to allow time for it to bed in, for practitioners to develop confidence in applying these new skills and changes in practice and to test its longer-term impact.

Interagency and partnership working

- 9.56 Close partnership working is essential for Restart to work effectively. Although we identified this as a potential strength of the programme (see paragraph 8.19 and 8.20), there were also issues identified in the way in which agencies worked together. This was not just different agencies but also different parts of the same organisation which need to work closely together to deliver Restart. For example, there was seen to be a gap between Children's and Adult Social Care, and between Social Care and Housing departments in some local authorities. Although ASC was seen to have a more limited role in relation to supporting victim-survivors (representative of partner organisation) than CSC, it was acknowledged that there could be closer collaboration which could benefit the victim-survivor.
- 9.57 Similarly, in one borough, communications between the different parts of the agency were said to be poor, with little routine contact or regular meetings between housing and CSC even though collaboration was essential to the success of the project. Although the Community of Practice meetings are a helpful way of sharing the learning, these are not intended to address local issues or help to forge local relationships which are needed for the scheme to bed in.

Recommendation 9 Partnership arrangements: We recommend that where suitable, opportunities for intra-borough meetings are arranged locally so that practice can be shared at a local level. This will bring about better communication and shared learning between the partners and provide an opportunity to develop and deliver a shared vision.

Changing systems

- 9.58 The Restart pilot is taking place in the context of a significant time of change in domestic abuse policy and services (the new Domestic Abuse Act 2021 was enacted during the course of the project) and greater efforts being made at national level to move away from victim-blaming approaches and to make perpetrators accountable for their actions²⁹. We also noted a change in the language used in relation to domestic abuse which some interviewees cited, with practitioners at Sutton Council, for example, moving away from talking about perpetrators and victim-survivors to people who use abuse and people who experience abuse.

²⁹ See Tackling Domestic Abuse Plan: HM Government, March 2022, in particular, Pursuing Perpetrators.

- 9.59 Several focus group attendees and interviewees told us that *'I think what we're working towards is thinking...this is a systems change model.'* Representative of partner organisation, focus group.

'Like the success of the programme to me would be...a change, a visible change in the way that perpetrators and victims of domestic abuse are responded to, from statutory services, predominantly social care and housing...trickled through across the local authorities and into other statutory services as well...the training is available wider than just social care and, and housing...less of the of the onus on victim survivors, less of the language around failure to protect, more around failure to appropriately parent and more around accountability placed on perpetrators of the impact that their behaviour is having on their children and on their family rather than the impact that the perpetrator behaviour is having and what she can do to stop that because it's not her responsibility.' Representative of Strategic organisation.

- 9.60 If Restart is going to be embedded or rolled out, it was recognised by interviewees including senior managers that whole systems changes are needed to change the way that perpetrators are seen and engaged with by Councils and other services. This will inevitably take some time and is difficult to achieve given the pressures on busy frontline practitioners and the pressure from both funders and staff to see early results. Within the survey and focus groups, a number of participants flagged that it was 'too early to tell' what impact the programme had on either services or service users.

'Sometimes I think we are I feel quite impatient on the project. And I want to see results immediately.' Delivery partner, focus group.

'I think probably our children's services needed some more intervention training, at the beginning of the promotion of Restart, and maybe it would have streamlined through the services better.' Frontline practitioner, focus group.

- 9.61 Changing complex systems which have been in place for some considerable time is not going to be achieved in the short term and is undoubtedly complex. It requires time, patience, commitment and imagination and this can be difficult at a time when services are under pressure in terms of the fiscal environment and workforce pressures. Restart is attempting to change more than one system as well as professional practice established over many years and embedded in a legislative structure which may not be conducive to the changes underway. Many

interviewees acknowledged and indeed welcomed the systemic changes underway and were keen to play their part in making these happen.

Recommendation 10 Changing systems: We recommend that any communications about Restart make it clear that it is aiming for long-term systemic change which can only be achieved through commitment at all levels within a local authority and other agencies.

10 Accommodation pathway

Context

- 10.1 The accommodation pathway sets Restart apart from many other interventions for domestic abuse perpetrators. Our findings on this are therefore presented in a separate chapter to look at how the aims and objectives have been met so far and at some of the challenges in doing so. The purpose of the accommodation aspect of the Restart Project is to address the housing needs of families who are being supported through Restart. In particular, the purpose is to provide housing pathways and support for perpetrators to safely leave the family home, either temporarily or permanently, so that survivors of domestic abuse, including children, can have 'space for action', and safely remain within the family home.
- 10.2 An objective of the project is to test out the learning as far as offering accommodation is concerned, add to the evidence base and inform future practice. Housing panels meet in each local authority on a weekly basis to consider referrals within five days of an assessment that identifies a housing need. This is an integral component of the intervention and are important in reviewing the options from the family's point of view. In the authorities which had had no candidates for the accommodation pathway at the time our initial interviews were held³⁰, mock housing panels were used to simulate and test out what the issues would be in following the pathway and to build confidence in the staff who would implement it should the need arise.
- 10.3 Each local authority committed to providing two placements specifically for Restart clients. This can consist of short term immediate or emergency accommodation for up to four weeks, longer-term temporary accommodation or longer-term accommodation (between six months and two years). In addition, the intention was that short term placements would also be found for service users for up to four weeks with help being provided to finding longer term provision where needed.
- 10.4 The offer of accommodation is intended to keep the victim-survivor and family safe, enabling them to stay in their own homes by removing the person causing the harm, thereby minimising disruption to their lives. The accommodation offered may provide a short-term respite for the family, with the perpetrator being able to return at a later stage, or it may be a stepping-stone to his moving away more permanently. The accommodation aspect may also support families where the perpetrator may have already been removed from the family home or have

³⁰ This has now changed – every participating council has now made at least one referral.

insecure housing which could impact on the safety and housing security of the survivor, and the perpetrator's ability to engage with behaviour change and other offers of support.³¹ There is an obvious risk involved that is not present with traditional approaches such as refuges in that the perpetrator knows where the victim-survivor lives.

- 10.5 It is assumed that in instances where the victim-survivor would remain at high risk if she stayed in her own home, she would not be referred to Restart since this is not intended to be used in cases where there is a high risk of serious harm or homicide towards the victim-survivor. It is recognised, however, that not all victim-survivors will wish to remain in their homes, and this is determined on a case-by-case basis depending on their expressed needs and wishes. The (draft) Restart accommodation manual makes it clear that housing options provided to the perpetrator will also include housing support being provided to the survivor to maintain their home or to leave it if they would prefer to do so. One of the case studies provided illustrated that not all families will feel safe staying in their home when the perpetrator knows where they live. Victim-survivors who do wish to leave the family home (but do not wish to or are unable to seek refuge) could still be offered support through Restart.

Take-up of the accommodation pathway

- 10.6 So far (until 1st July 2022), a total of 11 housing referrals have been made, of which two were undergoing assessment. Table 7 in paragraph 7.15 provides a breakdown by borough. It is therefore early days in terms of assessing the outcomes of the accommodation pathway. However, we sought views from people delivering Restart to see whether they felt this was beginning to make the difference or had potential to do so once it had been implemented fully. It was initially thought that around 30 perpetrators would seek hotel accommodation and around 10 would require support to access longer term accommodation³², equating to around 25% of participating families, but the intention was that this should be tested and reviewed through the pilot.
- 10.7 In practice, this has turned out to be around 14%. Some interviewees said that they and their colleagues found this approach difficult in that it appears on the surface to reward and even incentivise abusive behaviour and could be seen as colluding with those who perpetrate harm, as one frontline worker lead put it: *'why would we reward someone for their bad behaviour?'* (Community of Practice meeting 17th May) We noted that take-up of the short-term accommodation

³¹ Taken from Restart manual.

³² See accommodation guidance page 3.

support was higher during its predecessor programme (which took place during the lockdowns due to the Covid-19 pandemic). The take-up during the Restart pilot has been fairly low so far, with considerable variation between local authorities. Some of those we interviewed had therefore had little direct experience of the new pathway. One Housing Needs Officer spoke of her disappointment that she hadn't been allocated a case at the time she was interviewed but this may have changed since the time our interviews were conducted.

- 10.8 Several explanations were given for this being lower than the expected level which was in any case an estimate. There is £57,000 funding available for the emergency accommodation. The options for accommodation are more limited since the end of the lockdowns during the pandemic. It was recognised that the high rate of accommodation provision during the previous programme was due to the impact of the lockdowns, with large numbers of families under strain and needing to be separated very rapidly. This is no longer the case, which may account for the housing needs being lower than anticipated. The Restart Pilot Dashboard shows the housing needs of service users; the latest data suggests that this is 17%, the second highest need after Children, family or parenting at 22%³³.
- 10.9 We have included two case studies provided at Appendix 2 to illustrate how this has been delivered.

Benefits

- 10.10 Many interviewees, particularly those in CSC but also in housing, saw this as a significant step forward towards achieving victim-centred services. It was seen to have potential to minimise the disruption commonly experienced by those fleeing domestic abuse and having to seek alternative accommodation, including in refuges, frequently in other areas. We were told:

'So, I think kind of reframing it in terms of the perpetrator being the one to move. I think it's a bit of a step change really and although it's come from the idea of assisting perpetrators move home, giving them housing assistance can be controversial – if that does kind of reframe the balance of sometimes the victim-survivor not being the one, that they can retain the home, then that's probably a positive stat.' Strategic lead, interview.

'For us, it's about focusing on enabling survivors to be able to stay safe within their own home and put the responsibility of leaving on perpetrators...recognising that perpetrators will find it difficult to be

³³ See Restart Pilot National Dashboard Quarter 4.

responsible for their behaviours and address them when their basic housing needs aren't met.' Partner organisation, focus group.

- 10.11 The offer of temporary accommodation also provides a solution, at least on a temporary basis, for perpetrators whose shame of using harm may deter them from moving in with family and friends. As one of the service managers told us:

'Dads who were sofa-surfing and wanting to return, we thought that there was more give in saying to them actually, we could offer you something outside if you don't want to return if we can find you somewhere to live. And also, the shame probably in going to your friends or family or saying that you cannot return home because you've perpetrated abuse against your partner is quite shameful, I suppose.' Frontline housing manager, focus group.

- 10.12 From the case studies provided to us, it was also clear that someone who perpetrates abuse can use his homelessness or potential homelessness as a form of coercive control over the victim-survivor, coercing her to let him stay in the family home. Providing accommodation, initially on a temporary basis, at the same time as the four-week intervention to address his behaviour, can help to overcome this. This is a highly significant potential advantage from the point of view of the victim-survivor and needs testing further.

- 10.13 Even where the accommodation pathway was not utilised, it was suggested that the fact that alternative accommodation might be available changed the nature of the conversation with families in a positive way. There was also evidence that it was starting to change practice and attitudes despite the complexities, for example:

'And normally we wouldn't do anything for him whatsoever. And why use up our priority resource when we struggle to house victims? So, we've taken a completely different view. We said, like these experts and specialists are saying to us, the victim-survivors will be both safer and happier and so will their child if he leaves the household and we have to facilitate that because he has the ability to do that under his own resources.' Strategic Lead, Interview.

- 10.14 Although it was seen as early days, some interviewees did feel that the intervention was showing signs of early success, for example:

'I think we have created a shift in the way people think about the housing needs of the family and the fact that we should be considering how the perpetrator can leave the family home. And I think even thinking about that

was an option at all is coming a long way. Because I think in many areas, they still have a very blinkered view that the survivor should be the one to leave. They should be the one to go into refuge.' Representative of partner organisation, focus group.

- 10.15 Given that the intention has been to learn from the intervention as to what approaches are likely to work, this appears to have been successful:

'Additionally, the next thing that I think is positive is that we're really doing the work of trying to figure out how you make that work in practice, and what exactly you can offer perpetrators within the remit of housing legislation and what local authorities can practically offer and what the impact of that is on the family, we are actually testing out what does and doesn't work. So, I feel like, even if we don't successfully house a lot of perpetrators because I don't even think that's the end goal, we only may house a few because there are only maybe a few that need it. I think we have gained a lot of learning about what does and doesn't work and why.' Representative of partner organisation, focus group.

- 10.16 It was also seen as important by some interviewees not to present the accommodation option too early on in the intervention since, as one Case Manager pointed out to us, she didn't want perpetrators to think that the main point of the engagement is to get accommodation. This could lead to them disengaging as soon as they had been rehoused.

- 10.17 Considerable effort has been made to look at the different options open to local authorities and how some of the potential regulatory stumbling blocks could be overcome. It was, however, noted that some of the difficulties were less challenging than anticipated, for example:

'One thing that has been interesting to me is that I think we assumed that in the vast majority of cases, the tenancy would be in the perpetrator's name or it would be a joint tenancy and it would be hard to extract the perpetrator from that situation. But actually, in a fair number of the cases either it was a social tenancy in the survivor's name and the perpetrator had no legal rights to the property or it's a PRS tenancy in survivor's name and again, the perpetrator had no legal rights to the property.' Representative of partner organisation, interview.

Challenges

10.18 One of the main challenges for the project is to change the mindset of housing practitioners who may balk at placing people who use harm above people on the housing list who have been waiting for accommodation for some time. Although this is new, it was pointed out that this is not unprecedented in that ex-offenders, for example, are offered accommodation on leaving prison. In order to achieve the systemic change that is needed to deliver Restart, the housing and homelessness workforce need to understand the rationale behind this, recognising the intention to keep the victim-survivor and her children safe and to improve outcomes for the whole family. However, we found in several interviews that the traditional approach may be entrenched in some staff; for example:

'There is a waiting list for privately-rented accommodation as well. So, for these people to be sort of leapfrogged over everyone else, there has been a little bit of disdain, until it's been explained that that is to protect the victim.' Frontline practitioner, focus group, and

'The days of saying to perpetrators...you're not homeless, just go back and stop beating your wife needs to change....They can't only be only the victim can apply as homeless because that's not fair on the victim. She should have options and choices but someone's got to lead the way on that because it's culture. It's very deeply engrained culture within homeless services which isn't homeless services' fault.' Strategic housing lead, interview.

10.19 In addition, it was also recognised that it would not be feasible to offer all perpetrators of domestic abuse alternative accommodation and that it would therefore be difficult to prioritise who should be eligible:

'And if I'm going to stand up in front of all my equivalents across London, they'll say, oh well, let's just accept every single perpetrator. There will be so many to rehouse, they're going to laugh me off the stage effectively. We've got to have strict parameters, especially in the London context.....Giving him his own Council tenancy is really unpalatable culturally, he's the perpetrator, he's in the wrong, why should we help him?...that's culture and I think it's understandable to some extent.' Strategic housing lead, interview.

It should be noted, however, that service users would not be placed in social tenancies in this pilot unless they qualify for this in their own right.

10.20 Explanations put forward by interviewees for the low rate of referrals include the culture change in allocating housing to perpetrators of abuse who might otherwise

have been expected to remain in their home or to be considered homeless if they left. Offering alternative accommodation, even on a temporary basis, to perpetrators of domestic abuse represents a considerable change in the mindset since it could be seen as a reward for 'bad behaviour'.

- 10.21 It was pointed out to us by one local authority, Camden, that they have around 2500 single people on their housing register at any one time; rents are 40% or so above average rents in London. It would be difficult to offer accommodation (whether in the private rented sector or in the supported adult pathway) to many people given those pressures. This has not been a problem so far as few referrals have been made but it was anticipated that it might be difficult should too many referrals be made. Similarly, Westminster have made two tenancies available for the project – any demand above that level would be difficult to meet both financially and politically, particularly because the process for those who use abuse is simpler than for others facing homelessness:

'We've essentially agreed that once a referral comes through, housing won't come and apply any of those statutory tests that you would do around someone who's maybe threatened with homelessness. And we will just kind of fast track them to our private rented sector team. And I think speaking honestly, if we were to commit large numbers, it could become quite politically difficult to justify why we were in essence prioritising perpetrators of domestic abuse for a service that other people wouldn't get.' Strategic housing lead, interview.

- 10.22 The lack of buy-in from senior and middle management was also considered to be a factor deterring housing officers from engaging with the project, particularly when housing stock is so low, and in the post-pandemic landscape, hotel options have changed significantly since the beginning of the pilot. One focus group attendee told us:

'Obviously housing is a huge issue for everybody.....we don't have anything set aside [for this project].' Frontline practitioner, focus group.

As noted previously (see paragraph 10.3), each of the five boroughs had committed to providing up to two tenancies, although this can be difficult to find in practice given capacity constraints.

- 10.23 Interviewees emphasised that, whilst the accommodation pathway is integral to Restart, the intervention is far broader and this is just one element of it. It is seen as advantageous to have it as an option where needed:

'It's great that it's on offer, just the fact that it's an option that you can talk to a family about immediately...that it's just not on the adult survivor and children. So, I think there's value in it, even when it's not being used.'

Implementation lead, focus group.

- 10.24 It was also suggested by some focus group attendees that perpetrators' expectations of housing may not match what is available to them; the majority would prefer to be offered social housing whereas this is difficult given the high demand and limited supply. They are therefore more likely to be offered temporary accommodation in the Private Rented Sector (PRS). This may have an impact on how the housing pathway is used:

'What everyone wants [is] self-contained accommodation. And that's what everyone thinks have the right to, so it's just about managing those expectations early on.' Frontline practitioner, focus group.

'This is just a general housing problem, but people tend to have higher expectations about what we can do than what we can actually do. So, majority of our clients are assisted into privately rented accommodation, because social housing waiting times are so long.' Frontline practitioner, focus group.

The case studies illustrate how important it is to manage expectations at the point of referral. Understanding early on what the accommodation offer is likely to be for perpetrators is key to this. This has been recognised (for example, at the Strategic Steering Committee meeting held on 7th April 2022) – it should be clear that one of *'the aim[s] is to change the relationship dynamic, not to give a short cut to solve a personal housing need'*³⁴. This does need to be made clearer to families by practitioners early on when the intervention is explained to them.

- 10.25 It is also necessary to establish relationships with local providers of accommodation in the Private Rented Sector at an early stage since their involvement and co-operation will frequently be needed to enable families to move. This was emphasised in two of the case studies:

Case one: where the victim-survivor wanted to move location but this required the approval and support of the housing provider which was difficult to obtain;

Case three: the family home was a secure tenancy in the perpetrator's name – even though the perpetrator agreed to sign his tenancy over to the victim-

³⁴ Restart Strategic Steering Committee meeting held on 7th April 2022.

survivor, it proved difficult for the accommodation panel to engage the private social housing provider to facilitate this. Due to this, rather than exploring the possibility that the tenancy could be directly signed over to the survivor, lock changes and additional security measures put in place, the victim/survivor has received the support of a family solicitor to seek a tenancy transfer. She has also been supported by the Partner Support Worker with emotional support, benefits applications, and support to gain a non-molestation order and to advocate for housing needs through the housing panels and direct advocacy. The perpetrator has been supported to prepare to access longer term accommodation, and as he is in full-time employment, he was able to access longer-term accommodation.

The legal complexities and restrictions were also cited as an issue by some interviewees as a further limitation on councils using the accommodation pathway. We were told that the homelessness and housing legislation have been in place for a long time and emphasise the priority of accommodating victim-survivors, making it more difficult to adapt to rehousing the person who is causing abuse although there are ways of doing so.

10.26 The complexity of removing those who use harm from the family home was cited, including the legal issues resulting from the homelessness legislation. This was seen as a possible impediment to the Councils' ability to remove them, particularly in instances where they were unwilling to leave and worried about the risk of losing their tenancies if they do so. There is also a risk that perpetrators who take up the accommodation pathway may be seen as intentionally homeless and therefore considered ineligible for rehousing. Since perpetrators may not wish to identify themselves as such, it was pointed out to us that one of the major blockages is that someone who is using abuse may try to regain access to their home and avoid admitting to the abuse, by saying that his partner has 'kicked him out'. In addition, lawyers may advise perpetrators not to give up their tenancy. In one case that was discussed at a housing workshop meeting and presented in a case study (see case study 3 in Appendix 2), the perpetrator was willing to give up his tenancy leaving it for his partner and children, but was told that the only legal route to do this was for the victim-survivor to obtain a non-molestation order, which he found frustrating.

10.27 Housing legislation around priority need (which is one of the tests a homeless person needs to pass in determining their entitlement to help with housing) was also raised by a number of focus group participants as a complex aspect of the intervention, some citing the limitations of the under-35 cap on housing benefit which means that perpetrators under 35 offered PRS accommodation will only be offered a room within shared accommodation. This makes this option unpopular

and problematic, since perpetrators under 35 would be expected to share accommodation which may be unsuitable for fathers wishing to maintain contact with their children. The Restart Accommodation Process guidance points to the importance of avoiding placing a burden on the survivor to facilitate contact in the family home³⁵. This was raised in one of the case studies as a wider issue that would need to be addressed. However, since the under-35 cap for victim-survivors of domestic abuse has only recently been removed, it is unlikely that this will be changed for perpetrators of domestic abuse in the near future. Several focus group attendees and survey respondents also regarded this as a structural barrier to change:

‘There is a need to bypass statutory homelessness assessments which can cause delays.’ Survey respondent

- 10.28 One further issue raised was the difficulty in providing support for those with no recourse to public funds (due to their immigration status) using the accommodation pathway. Although they are able to use Restart’s emergency housing fund, they will have fewer options available to them in the longer term since they will not be entitled to social housing or benefits. There is no obvious solution to this issue but it is something that the central team are well aware of. One Case Manager pointed out that this was a struggle.
- 10.29 The next stage of the project should examine in more depth some of the barriers and enablers for people using the housing option and what difference this makes to the family’s outcomes. The impact of any external factors such as the influx of refugees from Ukraine and the cost-of-living crisis should also be looked at with a view to seeing how they impact on the availability and affordability of accommodation options within the programme.
- 10.30 In terms of some of the structural challenges the project has come across, the central team may wish to consider linking the findings of this work with their own policy and campaigns focused activities. This would include work to remove legislative barriers that may prevent service users from taking up the accommodation offer (no recourse to public funds, priority housing, and shared accommodation for under-35s, for example).

Recommendation 11 Accommodation pathway: We recommend that:

- the limitations of the pathway should be made clear from the outset to avoid raising expectations or unrealistic expectations for families including the fact

³⁵ Restart Accommodation Support Process, page 2 (Child contact and care) [now superseded, this does not appear in the refreshed guidance].

that Restart does not offer a fast track to social housing for perpetrators of domestic abuse. This should be set out clearly in literature on the project including training materials;

- further work is carried out to assess some of the practical issues involved in implementing the housing pathway such as (1) enabling those who use abuse to maintain contact with their children and (2) enabling those who have no recourse to public funds to be further analysed and reviewed at the Strategic Steering Committee.
- it is necessary to establish, build and maintain relationships at an early stage with the largest local providers of privately registered social housing since these providers may be housing the victim-survivors and perpetrators being supported and may make housing transitions easier;
- the next stage of the project should examine some of the barriers and enablers for those using the housing pathway and what difference this makes to the family's outcomes. The finding that around 15% of families may use the housing pathway should be built into funding assumptions for the project.

11 Conditions needed for programme to bed in.

11.1 From our interviews, we have identified some of the conditions that would seem to be needed in each local authority for the programme to bed in successfully. We hope that this it will be useful in any consideration of rolling out Restart to other areas. As one strategic lead said about the success of implementation in his own borough: *'I suppose the conditions were right.'* Strategic lead, interview. Our initial findings based on what interviewees have told us include the following conditions for programme success:

- Strategic support and leadership for people-led approaches to public service and innovative practice. Support and leadership within the LA are essential for success. Implementing a pilot across five different local authorities with very different priorities, political climates and facing different issues is in itself complex. Securing commitment from senior leadership in every local authority is therefore key to delivering the pilot.
- Time to have strategic conversations in the set-up stage including with stakeholders to secure buy-in, secure commitment, build a partnership and formulate a vision and theory of change together. The local authorities that did this were likely to have higher referral rates and higher buy-in from staff and a sense of a shared vision as to what Restart was about. These local authorities also tended to prioritise attendance at our interviews or focus groups.
- Established relationships with the major providers of Private Rented Sector accommodation in each borough early on should be a priority in rolling out Restart to other local authorities.
- Participatory and consultation spaces for groups who have experienced the social work system to feed in their views to the local authority and influence commissioning and strategic development. Areas that recognised the trauma that the current system can cause for families were more likely to have high level buy-in and support from frontline staff.
- Commitment from senior and middle management to exploring what can be achieved through Restart and providing support for their staff, ensuring that they have the capacity to deliver. Building relationships within the local authority and with partner agencies is key to successful implementation. It was suggested by focus group participants that in local authorities where there was pressure to take on more cases and close cases rapidly due to workforce pressures, they were less likely to promote Restart or encourage referrals. There needs to be buy-in to the delivery of Restart at all levels and a 'golden thread' in terms of the commitment and the messaging from senior leads down to all front-line practitioners.

- Space and time for social work practitioners to reflect on practice and long-term engagement with families. This was reflected in the ability of case workers to see the benefit of longer-term engagement with families, as well as a willingness to work with perpetrators directly, and to take a relationship-based approach to their work.
- Having a range of interventions for domestic abuse available covering the full range of risk to include interventions for those who use abuse as an integral part of the Violence Against Women and Girls strategy. In those areas where services were more widely available, there seemed to be more of a commitment to achieving the systems changes needed for Restart to succeed.
- The Safe and Together implementation leads are an essential part of the programme and help to embed Restart in the five local authorities. Similarly, having champions to promote the use of Restart³⁶ has proved helpful where take-up has been low.

Recommendation 12 Conditions for scaling up Restart: We recommend that the conditions above and others which the central team could readily identify are mapped and scored in each area which is considering implementing Restart to show the state of readiness for Restart. This could follow the model of a maturity matrix.³⁷

³⁶ There are, for example, five or six in Havering.

³⁷ See, for example, an example of the Early Intervention Foundation's maturity matrix <https://www.eif.org.uk/resource/eif-maturity-matrix-speech-language-communication-early-years>

12 Costs and benefits of the Restart programme

- 12.1 In this section, we consider the costs of the Restart programme, before assessing the impact of the programme on outcomes, the benefits of that impact, and the ratio between costs and benefits. It is important to highlight that it is not possible to fully conclude value for money at this early stage in the development of the new model, when business as usual delivery has not yet been established. More time is needed for data points that will inform a clearer picture for value for money to emerge. Therefore, all findings and messages here are caveated as emerging learnings rather than conclusions. Our interim assessment has focused on the service delivery aspect of the programme, rather than the provision of training. The reason for this is that, although the costs of the training can be calculated, it is difficult to measure the benefits accruing as a result of the training at this stage.
- 12.2 Our assessment relates to the financial year April 2021 to March 2022 to match our available financial data. This covers a pre-implementation phase from August 2021 to the end of October 2021, prior to implementation starting from November 2021³⁸.

Costs of the Restart programme

- 12.3 We draw on data on costs during the financial year 2021/22 provided for us by the accounting team at SafeLives. Costs have been accrued by the Drive Partnership (£165,000), Respect (£206,000), Cranstoun (£208,000) and DAHA (£37,000), amounting to a total of £616,000.
- 12.4 These costs include both training and client-based work. We have derived an indicative assessment of unit costs for client-based work by:
- Clarifying which aspects of costs relate to training, which to client work, and which to preliminary phase work – we have excluded costs on preliminary activities from the analysis;
 - Assessing the relative proportions of direct costs for training (46%) versus client work (54%) over the year 2021/22, and then allocating overheads (costs of the Drive Partnership during the implementation phase) in line with these proportions;

³⁸ This is a slight simplification as the case opening date for the first service user for the implementation phase was 28th October

- We then divide costs for client work of £199,460 by 44 service users, to obtain a unit cost of £4,533 in relation to service users. Note that because a variety of activities were undertaken by Restart staff, our assessment of unit costs on training will not be available until the extension phase of the evaluation.

12.5 Table 14 below summarises our calculations. Note that we have focused on the specific service delivery functions of the Restart programme, and so we have excluded costs relating to paying for places on a DVPP, and to evaluation costs. We have further made a distinction between one-off pre-implementation costs, and ongoing operational and overheads costs. Lastly, it should be noted that the estimate of unit costs of service provision if DVPP is included is based on an altered allocation of overheads (59%: 41%) between service provision and training after including DVPP spend among service provision direct costs.

Table 14: Indicative assessment of costs of the Restart programme

	Training and engagement	Service delivery	Total
<i>Preliminary phase (Aug 21 to Oct 21) - set-up costs</i>			
Respect, Cranstoun, and DAHA	£26,135	£76,100	£102,232
Drive Partnership			£12,145
Total preliminary			£114,375
<i>Implementation (Nov 21 to Mar 22)</i>			
Respect, Cranstoun, and DAHA	£179,840	£168,940	£348,780
Drive Partnership (excluding DVPP and evaluation)			£56,175
Implementation costs including estimated share of overheads	£205,490	£199,460	£404,950
Unit costs (excluding preliminary phase)		£4,535	
Unit costs (including DVPP)		£6,640	

Benefit of the Restart programme

- 12.6 The Restart programme has both short-term and longer-term consequences for families. When further data is available, we will look to review the effects of Restart and follow-up programmes versus the counterfactual of some undertaking follow-up programmes alone, and some receiving additional support prior to DVPP.
- 12.7 Such impact data will then be assessed against three types of benefits that occur through the reduction of domestic abuse:
- The wellbeing of the victim-survivor is improved due to a reduction or cessation in the level of abuse
 - A lessening of the loss of earnings and productivity of the victim-survivor as a consequence of reduced trauma
 - Reductions in public sector costs (in relation to organisations varying from the A&E services of the NHS, to the criminal justice service).
- 12.8 In reviewing the potential benefits from effective activity to reduce domestic abuse, we have updated analysis from the 2019 Home Office study (Oliver, R. et al)³⁹. It examines the economic and social costs of domestic abuse and so provides a starting-point for consideration of the issue.
- 12.9 Limitations of that study include the exclusion of costs relating to children victim-survivors – though we have looked to make an adjustment for this gap (in relation to Children Services costs, though medium-term and long-term effects for children in terms of wellbeing and educational and employment prospects are not included) - as well as the substantial flaw that there is not ‘full consideration of the number of injuries incurred by victims during their abuse’. Together these imply that the assessments should be treated as indicative, particularly since although the Home Office study⁴⁰ notes (p9) that the estimated costs ‘relate to the number of victims within a particular period (financial year ending 31 March 2017)’, it makes the caveat that effects over a wider time period are included – ‘... Even if the duration of harm exceeds or predates this period, the full costs (including costs outside of this period) to people who were victims during this period are included.’

³⁹ Home Office, The economic and social costs of domestic abuse, Research Report 107, see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/ho_rr107.pdf

⁴⁰ Ibid.

- 12.10 We will look to review the figures with a view to providing a more robust assessment in the extension phase of the evaluation.
- 12.11 Indicative estimates of wellbeing loss, economic productivity loss and increased public sector costs per victim-survivor based on that Home Office study are shown below in Table 15, updated to 2021/22 prices and also including Children’s Services costs.

Table 15: Estimate of wellbeing loss, economic productivity loss and increased public sector costs (2021/22) per victim-survivor

Wellbeing, productivity and public sector cost per victim-survivor of domestic abuse	
<i>Wellbeing</i>	
Physical and emotional harm	£27,070
<i>Economic productivity</i>	
Lost output	£8,070
<i>Public sector</i>	
Health services	£1,335
Misc victim services	£100
Housing services	£315
Police costs	£720
Criminal legal	£190
Civil legal	£80
Other	£10
Total	£37,890

12.12 As noted earlier, we have looked in addition to make an indicative allowance for costs of children’s services. We make the indicative calculation that domestic abuse leads to requirements for £398m spend on Children in Need and £457m spend on Children Looked After.

- In relation to Children Looked After, costs are based on £5.70 billion annual spend on Children Looked After (from 2020/21 local authority revenue out-turns), increased by 3% to 2021/22 prices as per the ONS GDP deflator⁴¹ scaled

⁴¹ See www.ons.gov.uk/economy/grossdomesticproductgdp/timeseries/l8gg/qna

by 35% (new entrants as a proportion of Children Looked After)⁴², scaled further by 22% (the proportion of cases relating to family stress and dysfunction).

- In relation to Children in Need, our indicative estimate is based on 598,000 referrals to Children in Need during the year ending March 2021⁴³, scaled by 19% of cited factors behind Children in Need requirements relating to domestic violence, multiplied by £2,980 case study cost per child in need.

12.13 As there were some 590,000 families affected by domestic abuse in 2020 (according to ONS data estimating 8.08 million families with dependent children in England⁴⁴, and a 7.3% proportion of domestic violence prevalence for females⁴⁵), this suggests a cost per family of the order of £1,340 (based on £792m costs divided by 590,000) - though it should be noted that this may well be an underestimate requiring refinement, since the prevalence of domestic violence is higher for young age groups, and younger women are more likely to have dependent children.

12.14 Together, the Home Office figures plus indicative estimates relating to Children's Services represent a unit wellbeing and productivity loss and increased public sector cost of the order of £39,230 for domestic abuse. However, this figure would be higher if the cohort is more harmful than the average case of domestic abuse in England and Wales; we will consider further analysis on this point in the second phase of this evaluation.

12.15 The key issue is the effect of the Restart programme on that figure of £39,230, taking into account the extent to which the programme can ameliorate the extent of domestic abuse compared to a counterfactual in which no intervention took place. We discuss a rough-and-ready "break-even" point at which benefits exceed the cost of Restart below.

⁴² <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2021>

⁴³ <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2021>

⁴⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/familiesandhouseholdsandhouseholds>

⁴⁵

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2020>

Break-even point for Cost benefit ratio of the Restart programme

- 12.16 We have estimated the cost per case of Restart as some £4,535. This cost relates to activities based in London, and so in order to present a fair comparison against benefits figures that are based on national figures, we either need to scale up the benefits figures to London values (for instance by adjusting the lost output figures to London wages levels) or scale down the costs to national levels.
- 12.17 We have chosen the latter for simplicity, and so therefore we scale down the Restart costs by an illustrative 15% - to £3,855 per case - to present an estimate of the Restart pilot's costs if undertaken outside London.
- 12.18 It then follows that the break-even point at which the reduction in wellbeing, productivity and public sector costs outweighs the costs of Restart is of the order of 9.8% (since $£39,230 * 9.8\% = £3,855$). In other words, if the Restart programme reduces the of adverse effects of its service users by 9.8%, it has achieved a social value that is equal to its intervention costs.
- 12.19 It also follows from the above analysis that the break-even point at which the reduction in public sector costs outweighs the costs of Restart is of the order of 94% (since $£4,085 * 94\% = £3,855$). This is a high bar, and perhaps reflects the relatively high unit costs of Restart in terms of its four-week programme for service users – almost three times the average cost of a DVPP programme of £1,590⁴⁶ at 21/22 prices. This is due to the additional and multi-systemic support (including one-to-one support) provided as part of Restart which are not included in DVPPs which are frequently delivered in groups.
- 12.20 A key question for the extension of the evaluation is the extent to which domestic abuse is reduced in practice when the wider effects on follow-up programmes and consequent behaviour are taken into account.
- 12.21 It should be noted that the benefits and costs discussion so far has been restricted to service delivery. A further issue to be considered in the extension of the evaluation is undertaking an assessment of the benefits of the training programme on public sector worker behaviour and consequent outcomes for victim-survivors.

⁴⁶ Based on estimate of cost of £1,500 in the Safe Lives report "A Safe Fund: costing domestic abuse provision for the whole family" (p15), scaled up by 6.1% to reflect the GDP deflator between 2019 and 2021/22

13 Conclusion

- 13.1 We found that there was much to commend Restart and its potential to provide a holistic, victim-centred approach to families who have experienced domestic abuse. We saw signs of genuine commitment to systemic change in the way that local authorities deal with these families and a clear opportunity for more collaborative partnership working between the different agencies. There was strong support for the testing of an innovative approach to enabling families to stay in their own home with those who use abuse encouraged to commit to longer-term behavioural change. We hope that further work will enable the impact to be measured including the impact on those who do follow the accommodation pathway (see Future work and recommendation 12).
- 13.2 Although Restart has been running in five London boroughs for nearly a year, it is early days to reach a conclusion about its actual impact and whether it has met its aims and objectives. Some staff have still had little direct experience of the intervention and, at the time of speaking to us, were unable to give feedback about their views on its likely impact. Measuring the long-term impact of the intervention has also not been possible within this timeframe; nevertheless, interviewees were generally positive about what has been achieved.
- 13.3 Our findings are limited in terms of what we know about the impact of Restart on trauma, risk and harm as we were unable to hear directly from victim-survivors or children and young people, and had feedback from only two service users; we therefore did not have a robust means of measuring outcomes. Whilst this limited our findings to some extent, our discussions with 25 participating practitioners and stakeholders provided us with considerable insight into their views about Restart, its potential impact and their perspective on the benefits and challenges over the last year. We have also gained valuable insight into the multiple and complex demands on practitioners' time, and identified some of the gaps in the intervention (particularly around securing the voice of service users in assessing outcomes), but also the extent of the boroughs' commitment to implementing the project.
- 13.4 One advantage of the Restart approach that was emphasised in our field work is that it is seen as less adversarial and as less traumatic for victim-survivors than current practice. It therefore has the potential to lead to improved relationships with CSC staff since victim-survivors feel less threatened and afraid of their children being removed. We saw encouraging signs that the intervention has the potential to stop the 'revolving door' associated with domestic abuse, with the

same families reappearing on caseloads and the same perpetrators moving on to use harm on other victims.

13.5 Safe and Together training and implementation has been well-received and helped to win the hearts and minds of practitioners, with signs of a resulting shift in culture and practice in social work responses and recognition of the need for systemic change. Whilst it was seen as comprehensive and of high quality, the downside is that it is inevitably time-consuming and a significant commitment for busy staff. This is reflected in the low completion rate. The potential for this being rolled out to other professional groups was welcomed by many interviewees.

13.6 The housing pathway was seen as an important element of the intervention, even where it is not actually followed. However, it is important that this is not seen as an end in itself, particularly since around 15% of service users have pursued this option (in line with the overall 15% in whom housing was identified as a need). Achieving behavioural change and reducing risk for the family in this way was seen as a far more important – and arguably achievable – end-point. Nevertheless, enabling families to stay in their homes where it is safe for them to do so would be an enormous step forward and far less disruptive and traumatic. As one senior manager put it:

‘And if this programme helps even a handful of victim-survivors to stay in the home that they’re settled in whereas they may have felt that they needed to be the ones to leave if it hadn’t been for this programme’s intervention, then I think this programme has been a success.’ Strategic lead, interview.

13.7 An equally important aim which we believe has been partially achieved was to strengthen the evidence base and learn from the project to see if the model presented a workable solution and was scalable. Much has been learned from the project in the first year and we have spoken to many highly committed practitioners who have achieved a great deal, sometimes in challenging circumstances given the pressures facing local authority staff.

13.8 There was a strong consensus amongst interviewees that Restart has the potential to keep families safe and to improve outcomes for families as well as to start the process of behavioural change in people who use abuse. There were many examples and case studies of those using abuse agreeing to participate in longer and effective evidence-based behavioural change DVPPs (such as ‘Men & Masculinities’) and this is undoubtedly critical to the success of the programme:

'I think it's a great springboard to the longer-term group Intervention programme, and that's where ... a lot of work is done.' Partner organisation, focus group.

We found that 15 people who use harm have been referred on to a group programme (20% of the overall number referred). This is in addition to the number who received one-to-one support following the four-week intervention. The next stage of the work (see 13.2) will look at this in more depth.

- 13.9 However, whilst the programme is beginning to bed in, mobilisation has taken a long time despite the earlier programme which served as a firm foundation. The low rate of referrals in some boroughs is thought to be a reflection of this and, arguably, a lack of commitment at middle management level. This may help to explain the low rates of return for the survey tool – if staff were enthusiastic about participating, they may be more likely to encourage victim-survivors to complete the survey. However, we acknowledge that external factors may also have influenced the ability of boroughs to set up and implement Restart, including the impact of Covid-19 on staff, the cost-of-living crisis and the existing pressure on housing services exacerbated by the need to accommodate refugees.
- 13.10 The success of the programme is difficult to measure particularly when the voice of the victim-survivor and their families is missing from the debate and when long term outcomes are unknown. Success for the programme, however, appears to mean different things to different boroughs and to different stakeholders. For some, success looks like staff knowing about the programme and putting the Safe and Together training into practice with referral numbers at this stage not being a criterion of success; for others, it means high referral rates and uptake of the accommodation pathway. Echoed throughout our findings was the sense that success at this stage looks more like *'a good understanding of what Restart is and what it's trying to achieve and who the different workers are.'* Representative of partner agency, focus group.
- 13.11 From the funders' point of view, they hope to see leadership and support for the programme at a senior level so that it is taken up across the authority with a view to achieving longer term change. They also wish to establish an evidence base to show what works in taking a fundamentally different approach to families experiencing domestic abuse and to help decide whether this is a scalable intervention:

'I see the role [of Restart] is more about encouraging that innovation and adding to the evidence base....you want to galvanise others, to convince them that this is the practice that they should adopt, and that they should

then invest in their workforce to influence outcomes.....I think its role is around innovating, allowing that room for good practice to be developed and evidence-based practice and then put it out there and say...we think this is important, this meets our strategic priorities.’ Strategic organisation, interview.

13.12 Others commented that success is:

‘All internal partners, you know, the IDVA, the services, are all working collaboratively for the best outcomes.’ Frontline practitioner, focus group.

‘Our successes would be the practitioners actually understanding that there’s something else on offer something else they can actually refer to access support from, and the word is starting to spread.’ Frontline practitioner, focus group.

Although the majority of interviewees were committed to the project, many had concerns about implementation and the complexity involved. Some frontline practitioners expressed their lack of understanding about Restart and how its components fit together, as well as the roles and responsibilities of those involved, with some misunderstanding the aims and objectives exemplified by a desire from social workers to close the case following referral. Restart can only be delivered successfully if a team approach is taken with everyone understanding the objectives for an individual family clearly and agreeing how they are best supported. The complexity (or 'multi-layered') nature of the intervention has undoubtedly acted as a barrier and been a source of some frustration for those working on it who inevitably spend their time explaining its purpose to practitioners. Nevertheless, there was some evidence of a team approach in some boroughs with the project staff working closely with staffing in housing and CSC.

13.13 As with many innovative projects of this kind, sustainability is an issue. Although the funding period has been extended, the long-term systemic change which is the goal here takes time to achieve, particularly given the large number of staff involved in delivery – though perhaps not on a regular basis – and a high turnover. A three-year funding commitment would allow time for proper testing and measurement of long-term outcomes.

13.14 We found a potential gap between the 'promise' and delivery – the project has been presented as a four-week programme focusing on early intervention and accommodation. It was not always appreciated that the four-week programme is intended to be the start of a longer process and should not be seen as the entirety of the Restart programme, or the Safe & Together approach. However,

practitioners repeatedly told us that four weeks is not enough time to do the work, and that they did not perceive it to be early intervention given how many victim-survivors present with a moderate or high abuse score. This may have an impact on the way in which practitioners perceive the project, and may prevent them from engaging fully in the programme if they feel it is unlikely to work in the timeframes set. In reality, there is considerable flexibility around the four weeks with each case considered on its merits and important longer-term work initiated during the four-week period including referral to a DVPP.

- 13.15 Lastly, given the tight financial constraints faced by the public sector, it will be important to assess the extent to which 'delivery' and impact on outcomes does exist, particularly since the Restart programme (in respect to support for service users) is expensive compared to funding a DVPP without the additional components included in Restart, and quantitative assessments in respect of the value of training are not currently available.

14 Future work

- 14.1 The extension of funding for the Restart project to March 2023 provides an opportunity for further work. This should enable a strengthened quantitative analysis and additional qualitative analysis.
- 14.2 The additional quantitative analysis will include further work on the outcomes, the identification of a suitable counterfactual and a refinement of our calculations of unit costs. More robust statistics on impact should be feasible based on data on victim-survivors and service users who took part in the four-week intervention early on. The identification of a suitable counterfactual will enable us to compare the outcomes of Restart with 'business as usual'. A better evaluation of the impact of the intervention would also be feasible based on a follow-up of the cases referred during the early part of the project to assess whether the longer-term impact of Restart for families have been achieved. Further work will be done to examine the numbers of people who use harm who go on to participate in a longer-term intervention.
- 14.3 It would be helpful to collect more information on the use of the accommodation pathway to address some of the specific outcomes on accommodation. This has not been feasible so far given that the numbers who have followed the pathway so far have been low. The intention would be to find out whether there is a need for a perpetrator accommodation option and to examine the barriers to the current re-housing options.
- 14.4 Since the survey instrument did not prove to be a successful way of eliciting the views of victim-survivors, those who use abuse or children and young people, further qualitative work should be conducted to ensure that their voice is heard. A good starting-point would be to work with staff to explore how these views would best be obtained and fed into the project. Ways should be found of building such feedback into the ongoing data collection for the project.

Recommendation 13 Further evaluation We recommend that a further evaluation is carried out to improve the quantitative and qualitative findings from this project and to inform future work in this area.

Appendix 1:

List of interviewees and focus groups

Deidre Cartwright: Senior Housing Manager, Standing Together (6 th July 2022)
Ross Harvey, Housing Department, Westminster City Council (4 th April 2022)
Sade Howard, Violence Prevention Practitioner, Cranstoun (27 th June 2022)
Shaun Flook, Head of Housing Needs, London Borough of Camden (29 th March)
Roisin Madden, Director of Children's Social Care, London Borough of Croydon (16 th May)
Martin Pratt, Deputy Chief Executive of London Borough of Camden (4 th April)
Focus Group 1 (25th April): Hannah Candee: Restart Programme Lead Amy Hewitt: Practice Adviser, Drive Partnership Frankie Mgbadike: IDVA, Advance, based at Westminster City Council Rachael Reynolds: Safe & Together Programme Manager
Focus Group 2 (25th April): Caroline Edgerton: Housing Needs Officer, Croydon Kakoli Kumar: Service Manager, Assessment Team, Westminster Lexi Alafouzo: Strategic Housing Lead for the Restart Pilot, Standing Together Deidre Cartwright: Senior Housing Manager, Standing Together
Focus Group 3 (26th April): Jonathan Lung: Service Leader, Children & Families, Croydon Diane Leavers: Specialist Domestic Abuse Support Worker, Sutton Sarah Strang: Community Safety Officer and MARAC Co-ordinator, Havering Danielle Hemming: Team Manager – Havering Adolescent Safeguarding Team, Havering
Focus Group 4 (5th May): Chetana KL Brar-Mander: Service Manager, Cranstoun Sabrina Karim: Accommodation Practitioner, Cranstoun Asher Ansell: Advice and Prevention Team Leader, Encompass Sade Howard: Violence Prevention Practitioner, Cranstoun
Safe and Together Implementation Leads: Respect (23rd May): Raanaa Javid Christina Tomprou Rupert Bagenal
MOPAC Cathy Hickey: Programme Officer – Violence Against Women and Girls Lisa LeMasson: Programme Manager – Violence Against Women and Girls

Appendix 2: Case studies

Case Study 1: Mike (42) and Edie (39)

Referral information:

Mike (42) was referred to Restart by his social worker due to concerns about his use of abuse against his wife, Edie (39). The couple share two daughters, (15 and 12) and a son (2), although it has since been confirmed that Mike is not the father to their son (2). Mike's domestic abuse towards Edie was raised with professionals, when the eldest daughter saw her school nurse due to self-harming and a referral was made to CAMHS. The daughter disclosed the situation at home and a referral was also made to children's social care. The younger daughter is also vocalising a desire to self-harm. Since learning that their son is not biologically Mike's, Edie has left the child in the care of her family in Uganda and returned to the UK and the family home. Both children at home have clearly stated that they would like to remain at home with their father, and do not wish to have contact with their mother. Despite high levels of anger towards his wife, Mike would like the marriage to resume. Edie would like to separate, but the children to remain with her and once in place, have her son returned to her care.

During assessment, Mike detailed his use of abuse towards Edie, including controlling behaviour, verbal abuse and threats. Mike felt justified in this due to Edie's infidelity and subsequently telling him that he was the father of their son. Mike believed that the impact on the children and their mental health was due to their mother's behaviour. However, despite clear denial, minimisation and partner blaming, Mike does not want the marriage to end and would like Edie to return home and her son to return.

Support:

Mike did six sessions on the Men & Masculinities group, delivered by Cranstoun. Whilst engaging with group sessions, Edie left the home and was accommodated in social housing. Mike was not able to take ownership of the domestic abuse throughout these sessions and once Edie left, he stopped coming to group as he believed he was no longer a perpetrator. As CSC had closed the case, the case manager was concerned about the situation and offered Mike one-to-one sessions for safety reasons and to do some post-separation work. The case manager explains that Mike was 'stuck in the story' of how Edie had an affair and a child which was not his. Fortunately, more recently, after around eight one-to-one sessions since he left the group, Mike is able to understand that his behaviour is abusive and is making very small changes. The case manager believes this change is motivated by the fact that Edie left him and he wishes for her to come back.

The Case Manager has held two consultations meeting with the social worker and updated the social worker throughout the intervention. This case has highlighted concerns with the closure process within CSC. The Case Manager articulated these concerns, particularly around potential collusion with the father by the social worker. Furthermore, when the Social Worker explained that the case was closing due to no further safeguarding concerns, the Case Manager escalated our concerns around closure at this point as both daughters were still on the waiting list for CAMHS support, refusing to see their mother and at risk of being further

manipulated by their father. The case was handed over to the Cranstoun service manager to liaise with CSC.

Lessons:

Eddie is engaging well with the PSW and is also engaging with the Accommodation Support Worker at Cranstoun. Concerns were raised when she initially left the property to be rehoused but then returned from Uganda without her son, refusing to leave the family home without her two daughters. Eddie is engaging with her support plan and attending regular one-to-one meetings with her PSW. DASH risk assessments are being carried out to monitor risk and a referral to MARAC and for an IDVA is currently being completed.

Case Study 2: James and Emily

Referral Information: The Family Intervention Team referred the family to Restart in December 2021. The perpetrator (*James), and the victim-survivor (*Emily) have one child together, aged 1 years old. Emily has two older children (ages 6 and 10 years old)

In October 2021, James attended the address of the older children's father, as Emily and the children were staying there due to fears of violence from James if they returned home. James arrived at the property at 1am heavily under the influence of alcohol and created a disturbance on the doorstep, insisting he wanted to see his child. Emily attempted to ask him to leave as not to wake up the children, however James dragged her to the floor by pulling her hair and punched her in the face causing severe bruising and mild concussion. James has made threats to take his life when they have separated and attempted to get hit by a bus by standing in the middle of the road holding up traffic.

On this occasion, Emily called the police, and James was arrested and remanded in custody and advised not to return to the family home. Before this incident, he was not permanently living in the family home, but had been homeless for over 2 years, sofa surfing between the Emily's address and her brother's address. During this period of homelessness, James has also been in the criminal justice system, spending time in prison, before returning to sofa surfing.

Emily shared with the Partner Support Worker (PSW) at Cranstoun that James would use his homelessness as a form of coercion and control, often sitting outside her flat until she let him into the property. She felt blamed for his homeless status. Emily has a secure social tenancy in her name, which is not joint with the perpetrator. As James and Emily are not married or civil partners, James has no matrimonial rights to the family home.

Accommodation Support: After receiving information about James's housing needs and his continued homelessness, he was referred by the Cranstoun Case Manager, to the Accommodation Support Worker within the Cranstoun Team in April 2022. The delay in the referral was due to the Accommodation Support Worker coming into post in April 2022.

The Accommodation Support Worker (ASW) conducted an initial accommodation needs assessment with James to ascertain his current needs and circumstances (including housing, employment, finance, benefits, additional needs and vulnerabilities, access to behaviour management support), and then based on this assessment, the ASW made recommendations to the Housing Panel for immediate and longer-term housing solutions. Through this initial assessment, the ASW ascertained that in addition to the need for housing, James needed ongoing support with budgeting and managing finances to sustain a tenancy and contribute towards the children's support.

Ongoing housing panels were arranged for the family Social Worker, Accommodation Support Practitioner, Case Manager Partner Support worker (PSW), and LA Housing Operational Lead, where professionals come together to make joint decisions regarding how they will address the family's housing needs.

Following the initial assessment and housing panel discussions, the panel agreed that James would be offered immediate hotel accommodation funded by Restart. During this four-week period, James was also receiving support from the Case Manager to address his abusive behaviour and potentially engage in longer-term behaviour management programme. He was also receiving support from the ASW to manage budget and finance, to access universal credit and housing benefit.

After the 4-week period in Restart hotel accommodation, the borough placed James in four weeks of temporary accommodation, while sourcing longer term accommodation. The borough has committed to providing James with access to PRS accommodation, including first month's rent and deposit grant (to be repaid by James in small increments), and rent at local housing allowance rates, on a two-year contract. James remains in temporary accommodation provided by the borough Council until PRS accommodation can be sourced. In the meantime, he has moved on from the four-week assessment support through Restart and joined the Transform Behaviour Change Programme.

In addition to the actions taken to support James to access alternative accommodation, Emily has sought a Non-Molestation Order against James, and contact has been suspended between James and the children. Emily has disclosed that even with the NMO in place (which ends in July), she does not feel safe to remain in the family home and wishes to access alternative accommodation. During this time, she and the children have been staying with a friend. The Partner Support Worker has provided support to Emily alongside the Case Manager support offered to James. The PSW has conducted an initial assessment and provided emotional support and housing advice, feeding into the housing panel discussions. Emily confirmed that although she has a NMO in place, she still does not feel safe to return to her home with the children and wishes to access alternative accommodation, potentially through a management transfer.

James has also engaged well with his Case Manager and completed a number of one-to-one sessions both in person and over the phone due to work commitments. These has included:

- Safety planning/Time-out

- Physical abuse and the impact on victims and children
- Emotional abuse and the impact of victims and children

James has also received support around:

- Budgeting and finances
- Mental health
- Physical health
- Child contact.

Lessons:

- This case also highlights the need to engage early on the social housing provider. In this instance, the victim-survivor has a social housing tenancy, and wants to move location. This could be supported through a management transfer, however, without the engagement and support of the housing provider, this is not possible.
- It should not be assumed that by addressing the perpetrator's housing needs, it will be possible to prevent a survivor and children from moving to improve their safety. Instead, all responses should be survivor-led and informed. By addressing James' housing needs, it increased his ability to engage with his Case Manager and book onto longer term support programmes. It has also decreased the risk of James using his homeless status as form of coercion and control against Emily. By also providing Emily with support to access alternative accommodation, this only increases her opportunity for safety and housing security alongside these other actions.

Case Study 3: Julie & Greg

Referral information: This case was referred to the Restart Team by the Family Intervention Team in February 2022. The perpetrator, *Greg (aged 38) has been using long-term coercive and controlling behaviour, and emotional and economic abuse towards his ex- partner, Julie*, (aged 45 years), and towards their 3 children aged 3 years, 4 years, and 14 years. The perpetrator was asked to leave the family home by the police, when they attended an incident at the family home on the 3rd of August 2021, due to a neighbour reporting loud shouting and were concerned. The police noted that Julie was clearly upset while talking to officers, but the rest of the family were calm. The incident was logged as a non-crime domestic.

The Police interviewed Julie, they found that she initially stated that everything was okay however, on further discussion she became tearful and disclosed that she is struggling with two children who have autism and that her partner is financially controlling and becomes angry a lot. She stated that he isn't physically violent but shouts at her and the children. Julie informed the police of two separate occasions when Greg, has pushed his two young children

causing them to both hit their heads, one has led to them being sick. Greg and Julie did not seek medical attention for this. Julie later disclosed physical and verbal abuse from Greg, she also raised concerns that Greg has increasing anger issues and may be suffering with his own mental health difficulties. It is known that two of the children have autism and it has been reported that Greg may also struggle with this and that this causes additional stress to the family.

Following the information reported to the police, a referral was made by the police to CSC, and a section 47 was initiated. The perpetrator left the family home, and didn't return to the family home, but with nowhere else to stay, was living in the stock room at his place of work. The family home is a secure social tenancy in the perpetrator's name (with a local privately registered provider). As Greg and Julie are not married, Emily also has no marital rights to the family home. The perpetrator was referred to the ASW to address his immediate and long-term housing needs alongside the needs of Emily via the Partner Support Worker.

Accommodation support: The ASW completed an accommodation assessment with the perpetrator and presented his case at the weekly accommodation panel. It was decided that he would be placed in immediate hotel accommodation funded by Restart for a 4-week period. He shared with the ASW that he wished to sign his tenancy over to Julie, particularly as the children were living with her, and the younger are on the autism spectrum. However, it has been difficult for the panel to engage the private social housing provider to facilitate this, and in the absence of this, the victim/survivor has received the support of a family solicitor to seek a tenancy transfer. This first requires that the victim/survivor seek a Non-Molestation Order and an Occupation Order, which she is returning to court to do, and then to apply for a tenancy transfer thereafter.

Emily has been supported by the Partner Support Worker with emotional support, benefits applications, and support to gain a non-molestation order and to advocate for housing needs through the housing panels and direct advocacy.

In the meantime, the ASW has been supporting the perpetrator to prepare to access longer term accommodation, including submitting all required documents for affordability assessments and access to benefits. The perpetrator works full-time, earns a decent wage to be able to access longer-term accommodation. After two weeks in hotel accommodation, the borough placed him in LA temporary accommodation in preparation for placing him in specific studio accommodation for working people. It is an assured shorthold social tenancy for two years. He will separately need to be nominated for longer term social housing. He has since been placed in the accommodation. The perpetrator has not worked with the Case Manager much to address his abusive behaviours, however this will be readdressed once accommodation is established, as engagement with Case Manager is required for long-term accommodation support.

Lessons:

- Having the involvement of privately registered social housing providers is vital from the beginning and requires the LAs and Cranstoun to build relationships with their largest providers. This is because these providers may be housing the victim/survivors and perpetrator Restart is supporting and may make housing transitions much easier. In this case, the perpetrator and victim/survivor may have been able to work with the housing provider to sign the tenancy over to the survivor, provide lock changes and additional security measures.
- It should not be assumed that the perpetrator will be supported first with behaviour management and secondly with accommodation. In some instances, it may be more effective to support the perpetrator to address immediate housing needs, to be able to focus on behaviour management. As engagement with DA support programmes are a requirement for longer-term accommodation, this will provide an opportunity for support which we will monitor and evaluate.

Glossary and list of abbreviations:

ASC	Adult Social Care
CAMHS	Child and Adolescent Mental Health Services
DASH	Domestic Abuse, Stalking and Honour-Based violence risk assessment score
Drive	Drive is an intervention aimed at high-risk high harm perpetrators of domestic abuse who pose a risk of serious harm to people they are in intimate or family relationships with. It challenges and supports perpetrators to change and works with partner agencies like the police and social services to disrupt abuse. It is run by the Drive Partnership, see http://driveproject.org.uk/stakeholders/
DVPP	Domestic Violence Perpetrator Programme
IDVA	Independent Domestic Violence Advocate (or Adviser)
MARAC	Multi-Agency Risk Assessment Conference
Men & Masculinities	The Men & Masculinities Programme is intended to provide a safe space for men who have engaged in abusive, harmful and damaging behaviour within their relationships. Run by Cranstoun, it is a 24-week programme which focuses on behaviour, see https://cranstoun.org/help-and-advice/domestic-abuse/men-and-masculinities/
PRS	Private Rented Sector
PSW	Partner Support Worker
S&T	Safe and Together
SOAG	Severity of Abuse Grid/Violence
VPP	Violence Prevention Practitioner
VS	Victim-Survivor
VSW	Victim Support Worker