

Learnings from the implementation of the Drive Project across London.

An implementation and process evaluation
of the Pan-London Drive Project.

April 2025

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Acronyms

BCU	Basic Command Unit
CSC	children's social care
CYP	Children and Young People
DA	domestic abuse
DAPP	Domestic Abuse Perpetrator Panel
DCT	Drive Project Central Team
DV	domestic violence
IDVA	Independent Domestic Violence Advisor
MARAC	Multi-agency Risk Assessment Conference
MOPAC	Mayor's Office for Policing and Crime
MPS	Metropolitan Police Service
PAC	Prevent and Change (PAC) programme
SU	service user
VS	victim-survivor

Disclaimer

Since Social Finance as an organisation is a member of the Drive Partnership, we have taken steps to maintain impartiality and objectivity within this evaluation. None of the individuals who contributed to the evaluation are directly involved in the oversight or delivery of the Drive Project, and we have maintained a rigorous and independent approach to the analysis and reporting of findings. This report reflects on evidence gathered within the data collection period and the conclusions and recommendations offered are directly related to these findings only.

¹ Dr Olumide Adisa contributed to this project in her role at the Violence and Society Centre, City St George's, University of London. This work is wholly independent of Dr Adisa's role at MOPAC.

Executive Summary

The Drive Project is a domestic abuse perpetrator intervention that works with high-risk, high-harm, and serial perpetrators of domestic abuse to reduce harm to victims and families, through a combination of intensive case management and coordinated multi-agency response. In April 2023, with funding from the Mayor's Office for Policing and Crime (MOPAC), the Drive Project was expanded into a pan-London service for the first time. The Pan-London Drive Project is managed by the Drive Project Central Team (DCT) and delivered in partnership with Rise Mutual and Victim Support, alongside key local agencies such as the police, children's social services, probation, mental health services and housing.

This implementation and process evaluation examines how the Pan-London Drive Project model has been implemented in practice, the factors influencing its success, and its impact on multi-agency collaboration and responses to domestic abuse across London boroughs. Findings from this report will provide insights into the inputs and activities required to deliver a programme like the Drive Project in London, lessons learned from Drive Project's expansion and offer recommendations for refinement and scalability across London and beyond.

Methodology

We employed a mixed methods research approach, combining qualitative and quantitative data collection with secondary research to assess implementation fidelity, operational challenges and enablers, and systemic impact. Due to the geographic expansiveness of London, qualitative research was carried out in five out of 12 participating Basic Command Units (BCUs), selected to cover a range of implementation contexts.

Core components of the methodology included:

- **28 semi-structured interviews** with professionals from Drive teams, Independent Domestic Violence Advisors (IDVAs), multi-agency partners, and policing leads, as well as a small number of victim-survivors (VSs) and service users (SUs).
- **Four ethnographic observations** of four multi-agency meetings to analyse implementation practices and situate findings in their contexts.
- **An anonymous online survey with 50 responses** from professionals involved in delivering and contributing to the Pan-London Drive Project.
- **Quantitative data from Drive Case Management system** was analysed from between July-23 to August 2024.

Key Findings

Implementation of the Pan-London Drive Model

Between 1st July 2023 and 31st August 2024, the Drive Project engaged with 242 perpetrators (also referred to as 'service users'), 284 victim-survivors, and 459 children and young people across London. The evaluation found that The Drive Project is a flexible and context-specific model with the potential to strengthen local responses to domestic abuse.

To adhere to the core components of the Drive Project whilst implementing the intervention in a new and varied setting such as London, we found that several inputs and referral activities were required:

- The financial resources used to implement Pan-London Drive Project model were sufficient to set up referral mechanisms and begin accepting Drive Project cases in all boroughs but are considered minimal.
- A comprehensive training package was crucial to implementation, although we found that training could be improved by providing more clarity on programme outcomes and explanation of referral processes for partner agencies.
- Support and engagement from borough-level services and agencies were essential for establishing Drive Project referral pathways and governance structures during programme mobilisation and implementation, however, variation across boroughs affected speed of implementation and fidelity to the model.
- Task and Finish Groups established in each borough were effective structures to implement the Drive Project.
- Domestic Abuse Perpetrator Panels (DAPPs) were generally considered to be the most effective referral route for maintaining a perpetrator focus during multi-agency meetings and shifting towards more multi-agency responsibility for domestic abuse.
- The 1-1 support from Case Managers was seen as a uniquely beneficial component of the intervention.
- There were some challenges in coordination between local and Drive Project IDVAs, as the relationships and processes around this mechanism were confusing and unclear to some partners.

Factors Influencing Implementation Success

Several factors facilitated or hindered successful implementation of the Pan-London Drive Project, including financial resources, initial buy-in from local agencies, and local perpetrator intervention landscapes:

- The financial resources fostered sufficient conditions for the delivery of the Drive Project, however, it was felt that the maximum of 10 cases per borough may be too small to create meaningful system change.
- One of the most influential factors affecting the success of implementation was the initial buy-in from agencies. Areas with existing knowledge of perpetrator interventions and an acute local need for an intervention supporting this cohort were more accommodating and faster in adopting the Drive Project.
- Local perpetrator intervention landscapes and their integration with the Drive Project emerged as an important influencing factor in implementation and research illustrates a need for more thorough mapping of existing provision prior to implementation.
- The Drive Central Team and Practice Advisor role, who held overall responsibility for the mobilisation and implementation of the Pan-London Drive Project, were critical to successful implementation.

System-wide effects of the Pan-London Drive Project

The Pan-London Drive Project is encouraging a more holistic approach to perpetrator response and fostering shared accountability for domestic abuse across agencies, through information sharing and collective risk management.

- This has fostered new collaborative practices across agencies in London boroughs, such as improved information sharing.
- There is some indication that the multi-agency approach of the Drive Project facilitates boroughs' ability to support complex cases involving high levels of multiple disadvantage, such as service users who face homelessness, substance misuse, language and/or mental health problems.

- Co-location of Drive Project case managers in children's social services buildings or other agency facilities, has enabled increased collaboration and awareness of how the programme works and provided access to safe spaces for Case Managers to carry out in-person work.
- The Drive Project has coincided with adaptations to MARACs, moving them from monthly MARACs to daily police check-ins in some boroughs.
- Research uncovered an opportunity to generate more structured spaces for shared learning, through written implementation materials or structured spaces for BCUs to share lessons learned.

Recommendations

Based on the evaluation of the Pan-London Drive Project implementation, this report makes recommendations that are relevant for future strengthening and refinement of the model across London, as well as rollouts beyond London:

1. Consider increasing the number of case managers, and potentially Drive Project IDVAs, per borough to strengthen local system integration, manage workloads effectively, and reach more families.
2. Develop sustainable funding models for increased capacity to support both central Drive Project delivery and oversight, as well as partner agency engagement.
3. Invest in system-wide learning and knowledge sharing mechanisms with dedicated funding streams and staff resources.
4. Clarify and strengthen the coordination between local IDVAs and Drive Project IDVAs to facilitate shared understanding of the case management process for victim-survivors and more effective communication between agencies.
5. Explore new ways to support boroughs to set up DAPPs as fundamental system infrastructure with dedicated resources and embed DAPPs as the preferred referral mechanism for the Pan-London Drive Project.
6. Continue to deliver and develop cultural competency training and develop materials to support system-wide cultural competency.
7. Continue to learn from the successes of the Task and Finish Groups and consider how they should be most effectively structured and organised to facilitate a transition to local Drive Project governance groups once programme delivery has begun.
8. Develop and regularly circulate clear implementation and guidance documentation that explains how the Pan-London Drive Project works and the ways in which various roles contribute to case referral, case allocation, and support.
9. Strengthen early system mapping and preparation in new areas, including funding landscape analysis.
10. Investigate opportunities to strengthen the leadership and participation of non-criminal justice agencies within multi-agency collaboration to create a more balanced, holistic response.
11. Consider mechanisms for sustaining system changes beyond Drive Project funding.
12. Commission a cost-benefit analysis to assess the value for money of the Pan-London Drive model, evaluating both the impact of the scaled approach and outcomes for victim-survivors and service users.

1. Introduction

1.1 Background

[The Drive Partnership](#), formed by [Respect](#), [SafeLives](#) and [Social Finance](#), aims to transform the national response to perpetrators of domestic abuse. It's flagship intervention, the Drive Project was developed to address a specific gap in services, working with high-harm, high-risk and serial perpetrators of domestic abuse, with the aim of increasing the safety of victim-survivors and their families, and reducing the number of victim survivors.

In April 2023, funding from the Mayor's Office for Policing and Crime (MOPAC) as part of the Home Office's Domestic Abuse Perpetrator Intervention fund, enabled the Drive Project to be rolled out as a Pan-London service. This expansion follows the successful pilot of the intervention in the South London Basic Command Unit (BCU) between 2018-2023.

The Pan-London Drive Project was offered across all 32 London boroughs. It was implemented in 25 of the 32 London boroughs, and the remaining seven boroughs were covered by an alternative perpetrator intervention called 'Prevent and Change' (PAC). As the PAC program will end on March 31, 2025, implementation of the Drive Project in the last seven boroughs will start on April 1, 2025.

The mobilisation and implementation of Pan-London Drive was managed and overseen by the Drive Project Central Team, that sits within The Drive Partnership. The Pan-London Drive services are delivered by Rise Mutual and Victim Support, in close partnership with local agencies led by the police.

This implementation and process evaluation aims to develop a comprehensive overview of the Pan-London Drive model, and an understanding of the factors that enable or hinder its implementation. It also aims to explore broader systemic effects, including its influence on multi-agency collaboration and existing responses to domestic abuse.

1.2 Introduction to the Drive Project

What is the Drive Project?

The Drive Project is a response to domestic abuse (DA) that aims to increase the safety of victim-survivors and their families by working with high-risk high harm and serial perpetrators to disrupt challenge and change their behaviour. Each Drive Project includes a dedicated Independent Domestic Violence Advocate (IDVA) to support victim-survivors throughout.

The Drive Project consists of a whole-system approach, combining intensive case management with a coordinated multi-agency response, working across agencies including victim services, the police, probation, children's social services, housing, substance misuse and mental health teams.

The Drive Project focuses on reducing risk and increasing victim safety by combining the following types of intervention:

- **Disruption** (non-voluntary for the service user, indirect work) focuses on preventing abuse by using the criminal justice system and other agencies to impose obstacles and enforce consequences.

- **Support** (voluntary for the service user, indirect work) seeks to address underlying needs of the perpetrator, such as housing or substance misuse, to reduce barriers to behaviour change and increase safety for victim-survivors and children.
- **Behaviour Change** (voluntary for the service user, direct work) entails intensive one-to-one work with the Case Manager aimed at challenging harmful attitudes and fostering long-term behavioural transformation.

Through intensive individual case management, safeguarding and IDVA support for victim-survivors, alongside information sharing and a co-ordinated multi-agency response, the Drive Project aims to reduce the risk posed by high-harm perpetrators to change their behaviour and create shifts in local perpetrator response.

Previous Evaluations

Since its first pilot in 2016, the Drive Project model has undergone several evaluations indicating its potential for positive impact, including studies by the University of Bristol, University of Suffolk, and MOPAC. The evaluations demonstrate substantial reductions in physical and sexual violence, stalking and harassment, and coercive and controlling behaviour (Hester et al., 2019), as well as evidence of local and national level system change as a result of the Drive Project (Adisa et al., 2023). MOPAC's evaluation of the Drive Project pilot in Croydon delivered between 2018-2020 found that it was viewed positively by practitioners and identified maintaining buy-in and tailoring the approach to the local landscapes as key enablers of the intervention (Geogheghan-Fittall et al., 2020).

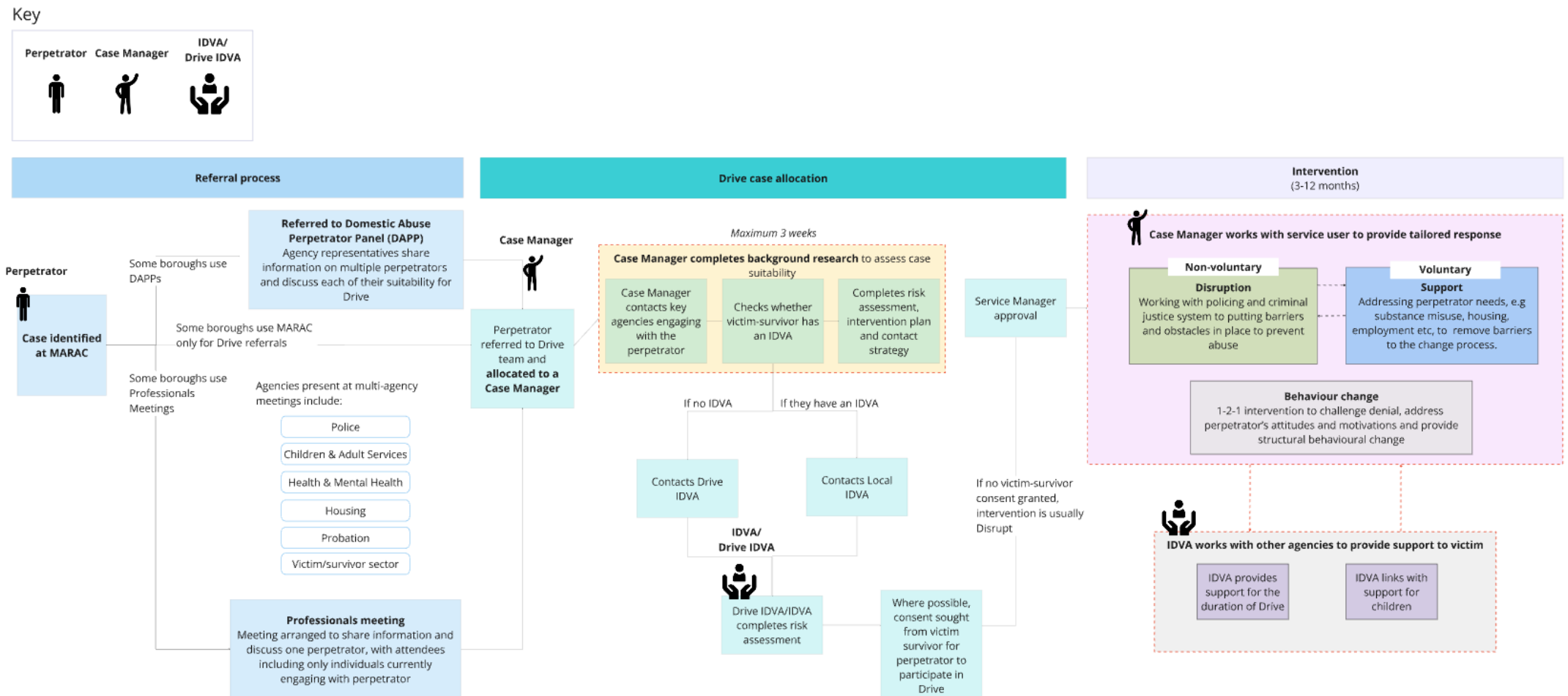
Given the evidence of the Drive Project as a potentially transformative perpetrator programme and positive responses from the South London BCU pilot, the Drive Project is now being rolled out across London boroughs.

This evaluation aims to take stock of how this process went, build understanding of how the model adapts and performs in these new settings, and gather actionable lessons learned.

The Pan-London Drive Model

Based on our findings, we developed a System Map (Figure 1) to illustrate how Pan-London Drive Project works in practice, including its core elements: referrals and panels, case allocation, and interventions.

Figure 1: System Map



Service users are referred to the Pan-London Drive Project through one or a combination of the following panel meetings:

1. MARAC (Multi-Agency Risk Assessment Conference)
2. DAPP (Domestic Abuse Perpetrator Panel)
3. Professionals Meetings

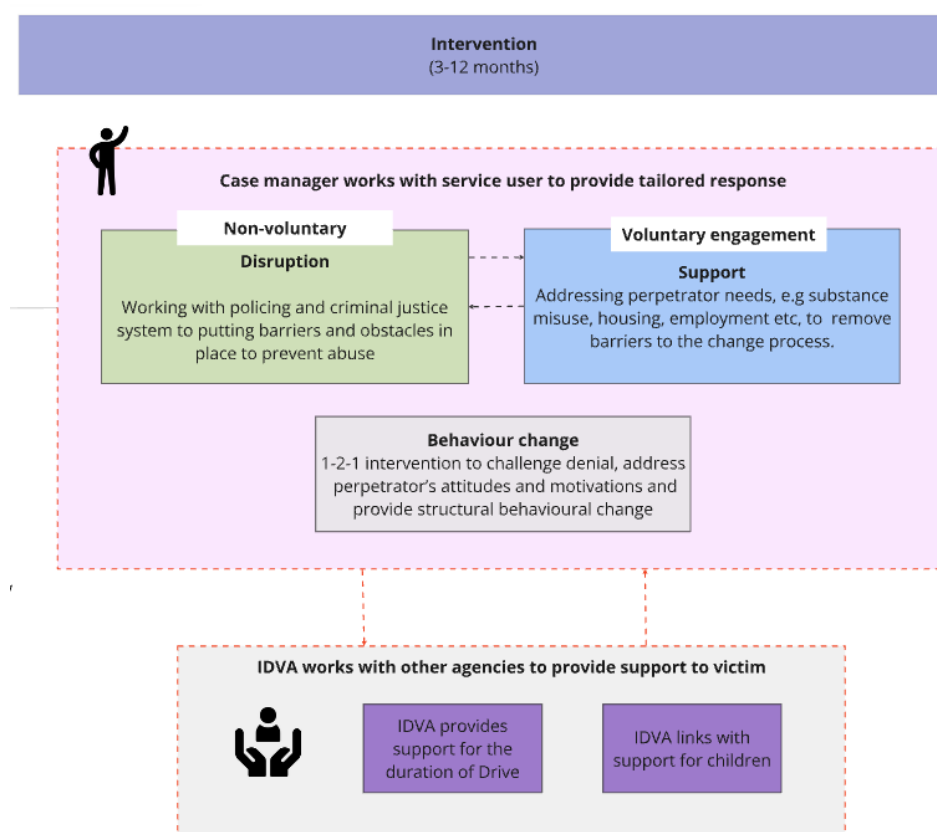
These structured, multi-agency panel meetings convene representatives from multi-agency partner agencies to share information about a family experiencing high-harm high-risk domestic abuse, assess risk, and assign actions to prevent further harm.

During the panels, Drive Project referrals are discussed in relation to a set of recommendations, that provide guidance on their suitability for the programme. These include assessment of risk to victim-survivors, perpetrators and children, type of abuse (including incident information, frequency and severity of abuse), and the presence of a 'lever of engagement'. A 'lever of engagement' might for example, refer to a professional with an established positive relationship with the perpetrator, through which a Drive Case Manager can be introduced to the Drive Project and vice versa.

Interventions

Interventions focusing on service users: The Pan-London Drive intervention lasts 3-12 months and includes three types of service user interventions: Disrupt, Support and Behaviour Change.

Figure 2: Interventions



Victim support: In the Pan-London Drive model victim-survivors of Drive service users should receive support from a Local IDVA or Drive IDVA throughout the course of service user engagement. According to the model, victim-survivors should receive support from a Local IDVA for up to three months, to support them through initial crisis management, following which they transition to a Drive IDVA, who provides sustained support for up to 12 months throughout the service user's journey with the Drive Project. IDVA support is tailored to individual victim-survivor circumstances, and includes activities such as safety planning, support with criminal processes, financial advice and support, housing advice and support, amongst others.

While direct interventions with the service user typically require victim-survivor consent to be obtained by the professional engaging with them, indirect work in the form of disruption activities can proceed without their consent. Throughout the intervention, effective collaboration between the IDVA and the Case Manager is essential to managing risk and ensuring the safety of both the victim-survivor and their children.

1.3 Systems approach to evaluation

This evaluation adopts a systems approach to account for the complexity of domestic abuse response systems, which involve multiple interconnected elements and relationships. Drawing on insights from a Social Finance systems change evaluation thought paper², this approach enables a comprehensive understanding of how different components interact with one another, shaping both the implementation of interventions and their impact. The systems approach has informed several elements of this evaluation, including:

- Development of research objectives
- Methodological research approach
- Analysis of findings in relation to one another and their local contexts

By considering the broader dynamics at play outside of the specific intervention that is being evaluated, a systems approach ensures that the evaluation captures the nuanced and systemic challenges inherent in responding to domestic abuse.

² Social Finance (2023) Navigating system change evaluation: white paper. Available at: <https://www.socialfinance.org.uk/assets/documents/Navigating-system-change-evaluation.pdf>

2. Evaluation Model & Methodology

This evaluation aims to provide insights into the implementation process of the Drive Project across London, including how the core components of the Drive Project were established and delivered in each area, the facilitators and challenges encountered, and the wider impacts on participating agencies and the local systems around perpetrator responses. The aims of the evaluation are explained in more detail in section 2.1.

To answer the evaluation aims, Social Finance adopted a mixed methods research approach, combining secondary research with primary qualitative and quantitative data collection. These methodologies are explained in more detail in section 2.2.

2.1 Evaluation model

The implementation and process evaluation aims to answer the following objectives and research questions, as outlined in the evaluation framework (Appendix 1).

- **Objective 1:** To develop a systemic understanding of the Pan-London Drive model, its fidelity to the Drive Project core components and its implementation process across participating sites, considering the influence of local contexts on the model's adaptation.
- **Objective 2:** To identify and analyse the factors that facilitate or hinder the successful implementation of the Drive model in the Pan-London context, considering the perspectives of key stakeholders and the impact of the intervention on participating agencies.
- **Objective 3:** To understand the system-wide effects of the Drive model, focusing on the impact on multi-agency partnerships, service delivery, and the interplay between the intervention and the existing agency responses in different boroughs.

The objectives outlined above reflect the systems change approach adopted in this implementation evaluation and situate the insights in a broader systemic context. They have been designed to uncover both how the inputs, resources and operational activities contribute towards the implementation of the Drive Project, as well as to understand broader systemic dynamics, such as Drive Project's potential to reach indirect beneficiaries, its impact on the wider system of actors around domestic abuse, and how it creates shifts in perspectives on perpetrator responses over a sustained period of time, beyond the delivery of the Drive Project.

Whilst the scope does not include assessing the Drive Project's impact on perpetrators or victim-survivors of domestic abuse, qualitative interviews with victim-survivors and quantitative data from Rise Mutual's case management system have been analysed to determine the extent to which the programme has been delivered as planned.

2.2 Data collection methods

The evaluation methodology combines primary research collected from qualitative and quantitative activities with secondary sources and datasets. This allowed us to develop a comprehensive picture and triangulate datapoints.

Each research methodology and sample has been carefully selected to meet the research objectives, balance practical limitations, and uncover the complexity of the questions at hand. The full overview of research methodologies can be seen in the Evaluation Framework, in Appendix 1.

Primary Research

The primary research activities aimed to understand the experiences and perspectives of individuals managing and delivering the Pan-London Drive Project, as well as service users and victim-survivors impacted by it.

Interviews

The team conducted 28 semi-structured interviews with key stakeholders involved in mobilisation and implementation of the Drive Project across London. Participants were selected to cover a variation of locality, professional roles, and familiarity with the Drive Project. Building on a list of key individuals provided to us by the Drive Central Team, snowball sampling was used to recruit participants. The interview sample is outlined in Table 1.

Table 1: Professional Interview Sample

Participant group	No. of interviews
Drive Central Team	3
Drive Fellow	1
Service Manager	2
Case Managers	4
Drive IDVAs	4
Local IDVAs	2
Multi-Agency Partners: Housing, Mental Health, Sexual Violence, Local Authority Domestic Abuse professional	7
VAWG Leads	2
Police Leads	3

Interviews with a small number of victim-survivors and service users were conducted by Drive Practice Advisors with experience in conducting sensitive interviews. The interview guides were

designed by Social Finance in collaboration with SafeLives, prioritising the agency and wellbeing of participants.

Observations

Ethnographic observations, which involves the qualitative research approach of studying people in their natural environment, were used to understand how the programme is implemented in practice and understand fidelity, i.e. the extent to which the programme was implemented as intended in the new setting.

The selection of sites suitable for observations was guided by conversations with the Drive Central Team. Sites were chosen to ensure breadth and variation, covering a range of referral pathways and including boroughs from different Phases of the programme rollout.

The team attended four observations of multi-agency meetings which serve as Drive Project referral routes, as shown in Table 2.

Table 2: Observation Sample

Panel observed	No. of Observations
DAPP	2
MARAC with DAPP embedded	1
MARAC	1

Observing multi-agency meetings allowed us to gather details of behaviours, processes and practices which affect the Drive Project's successful implementation. This includes observing and recording:

- how meetings are chaired and managed
- how actions and notes are recorded
- which agencies attend
- active participation of various agencies
- time management

This enabled researchers to form an understanding of multi-agency engagement, implicit or explicit hierarchies, practices and operational workflows that arise in local settings and support our understanding of the context-specific implementation approach. This also enabled the evaluation team to gain a deeper, more nuanced understanding of the challenges and enablers involved in delivering the Drive Project.

Surveys

An anonymous online survey received 50 responses from professionals with involved in the Pan-London Drive Project. Recruitment for the online survey was initially led by the Drive Central Team, who distributed it to all contacts involved with the implementation and delivery of the Pan-London

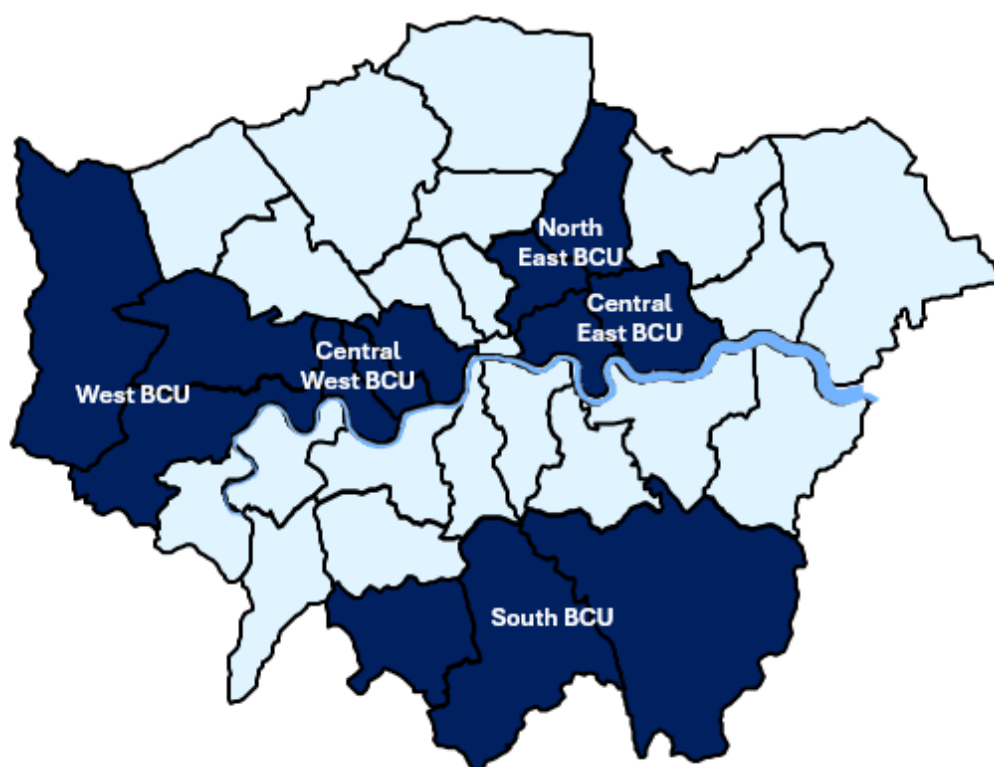
Drive Project. The final survey sample included participants from various BCUs and roles, as seen in Appendix 2.

The survey (Appendix 3) comprised of 25 multiple choice, Likert scale, and open-ended questions, with the addition of a question at the end to ask participants if they were interested in providing their email to be interviewed. The survey remained open for a total duration of eight weeks to allow for wide participation given slower response rates over the month of August.

Qualitative Research Sampling Strategy

Given the large scale of the intervention and limited resources available for the evaluation, we selected a sample of five of the 12 participating BCUs to conduct our research. The BCUs covered in our research were South Area, North East, Central West, Central East, and West as illustrated in Figure 3.

Figure 3. Map of sample area



Our sample considered variations in geographic spread, population demographics, phase of implementation, and number of cases, to capture the full spectrum of implementation experiences, whilst maintaining feasibility in terms of resource allocation and data collection.

Secondary Research

Secondary research sources consisted of information gathered from:

- **Drive Case Management Systems of Rise Mutual:** We analysed the quantitative administrative data, to provide information on case numbers, borough-specific information, demographic data on the service user and victim-survivor cohorts, and multi-agency engagement metrics.
- **Drive Project specifications and programme delivery documentation:** to gather insight into the specifications for Drive roles for Pan-London implementation, referral specifications and the phased roll-out across areas of London.
- **Evidence and learnings gathered from previous evaluations of the Drive model:** to understand core components of the Drive Programme, build on previous evaluation findings, and gather insights into the extent to which the Drive Project model has fostered local and national systems change (Hester et al., 2019; Geogheghan-Fittall et al., 2020; Adisa, et al., 2023)

2.3 Data analysis

Quantitative administrative data from the Drive Case Management System spanning the period from July 2023 to August 2024 was obtained in pseudonymised form from SafeLives' Research, Evaluation and Analysis team to protect the identity of service users and victim-survivors. Quantitative survey responses were analysed on Excel, generating descriptive statistics by using counts and frequencies to describe the sample.

The qualitative data was analysed using thematic analysis, a systematic method for identifying and interpreting patterns and themes within data. The interviews were transcribed using Dovetail, a platform that converts audio recordings into text, and in cases where participants opted out of being recorded, detailed notes were taken.

To strengthen the findings through a collaborative approach, the qualitative and quantitative data was triangulated in internal workshops throughout the analysis phase, to compare and synthesize insights from across data sources. This process allowed the evaluation team to validate patterns and resolve discrepancies, ensuring that the conclusions drawn were robust and well-supported by the data.

2.4 Ethics

The evaluation adhered to robust ethical standards to protect the safety and wellbeing of all participants and researchers.

- **Informed consent processes** ensured participants received comprehensive information sheets and provided signed consent forms as well as verbal consent before interviews. Participants were informed they could withdraw consent at any time without providing a reason.
- **Robust data protection and confidentiality** measures were put in place. Personal data was kept secure and separate from interview data, and participant identities were anonymised in reporting. Data sharing agreements were put in place with any third parties involved in the research.
- **To minimize the potential for harm, interviews with victim-survivors and service users were conducted by SafeLives using trauma-informed practices**, recognising and responding to signs of distress sensitivity and offering resources to participants. Interview participants were clearly informed that they may stop the interview at any time, take breaks if needed, or decline to answer any questions if they feel uncomfortable.
- **To prioritise victim safety whilst maintaining researcher protocol, we designed an escalation process defining reasons to raise concerns about potential risk to victim safety** during interviews with practitioners and panel observations, including examples of harmful language, victim-blaming attitudes, negligent behaviour from professionals, and who to report

these to if observed. The process emphasises reliance on professional judgment to assess situations that may be unclear.

- **Social Finance implemented an internal ethical review process.** While MOPAC and its Evidence and Insight Unit have internal processes that cover core aspects of research ethics, they do not have an ethics board that can provide review and approval to external organisations. To address this, our risk assessment covered mitigation planning, ongoing oversight by senior leadership and regular check-ins with a Critical Friends Group, as outlined in our 'Ethical Approach' document in Appendix 4.
- **The Critical Friend Group** consisting of academics and evaluation experts, met several times over the course of the evaluation project and provided invaluable methodological and ethical advice, contextual knowledge, and constructive feedback to enhance academic rigor.

2.5 Limitations of the methodology

The research approach combining interviews and observations with quantitative data and survey analysis provided a robust methodology for assessing the implementation of the Pan-London Drive Project. However, resource limitation posed several challenges outlined below.

- **Sample Size:** The Pan-London Drive Project was implemented in 25 of the 32 London boroughs, with the remaining seven covered by an alternative perpetrator intervention, 'Prevent and Change' (PAC). Due to the large geographical scope of the Pan-London Drive Project, we were unable to engage with representatives from all boroughs. Instead, decisions were made to select boroughs and participants based demographic makeup, role, and location. Our final sample of 28 interview participants and 50 survey respondents has implications for the generalisability of the results. Despite purposive sampling to ensure diverse representation, the sample may not fully capture the breadth of experiences across all 12 participating BCUs, particularly given the lack of representation of BCUs in Phase 3 of the roll-out. Sampling bias may also represent a limitation, as those who volunteered to participate may have had more positive views of the Drive Project model, potentially skewing the findings toward favourable opinions and underrepresenting critical perspectives from those less engaged or dissatisfied.
- **Service user and victim-survivor engagement:** Although gathering the views of service users and victim-survivors is crucial for conducting ethically sound research on domestic abuse, since this is an implementation and process evaluation, as opposed to an impact evaluation, we carefully weighed the potential risks against the benefits of their participation. Supported by the Critical Friend Group, we decided to recruit a small number of victim-survivor and perpetrators³, via the service delivery partner Rise and the Drive Central Team. However, both service delivery partners faced barriers in recruitment resulting in limited direct input from victim-survivors and perpetrators in the evaluation. While interviews were conducted, the small sample size provides an only limited understanding of the model's impact on those it aims to support.
- **Uncertain responses in some demographic administrative data:** The high number of "don't know" responses in administrative data concerning the ethnicity and sexual orientation of service users and victim-survivors raises concerns about data quality, potentially weakening the assessment of the model's reach and inclusivity.

³ The total number of victim-survivors and perpetrators engaged is not disclosed, to protect the confidentiality of participants.

3. Findings

3.1 Implementation process and fidelity

This section presents the findings addressing Research Objective 1, which aims to develop a comprehensive understanding of the Pan-London Drive model. The focus is on examining how mobilisation and implementation occur in practice, the inputs and resources required, the model's fidelity to the core Drive Project components, and the implementation processes across participating sites.

The section is divided into the following sub-sections:

- Introduction to implementation
- Theory of Change
- Resources and system infrastructure
- Training and knowledge
- Referral pathways and system integration
- Programmatic activities and adaptations

3.1.1 Introduction to implementation

Implementation model

As previously outlined, the Drive Project was implemented in 25 of the 32 London boroughs but was open to referrals from all 32 London boroughs. The remaining seven boroughs were covered by an alternative perpetrator intervention called 'Prevent and Change' (PAC). Referral pathways were established between PAC and the Drive Project to ensure that cases involving perpetrators who either move to a borough outside the PAC area or are linked to victim-survivors in non-PAC boroughs were referred to the Drive Project for support.

The implementation process for the Pan-London rollout was designed, led and delivered by the Drive Central Team, in collaboration with Service Managers, Senior Team Leaders, and key senior stakeholders within multi-agency services. It was designed to ensure consistent application of the Drive model while adapting it to the unique needs of each area. The Drive Central Team began Pan-London Drive Project roll-out in April 2023 in three phases:

- Phase 1: 4 BCUs mobilised between April 2023-June 2023
- Phase 2: 4 BCUs mobilised between July 2023-September 2023
- Phase 3: 4 BCUs mobilised between October 2023-March 2024

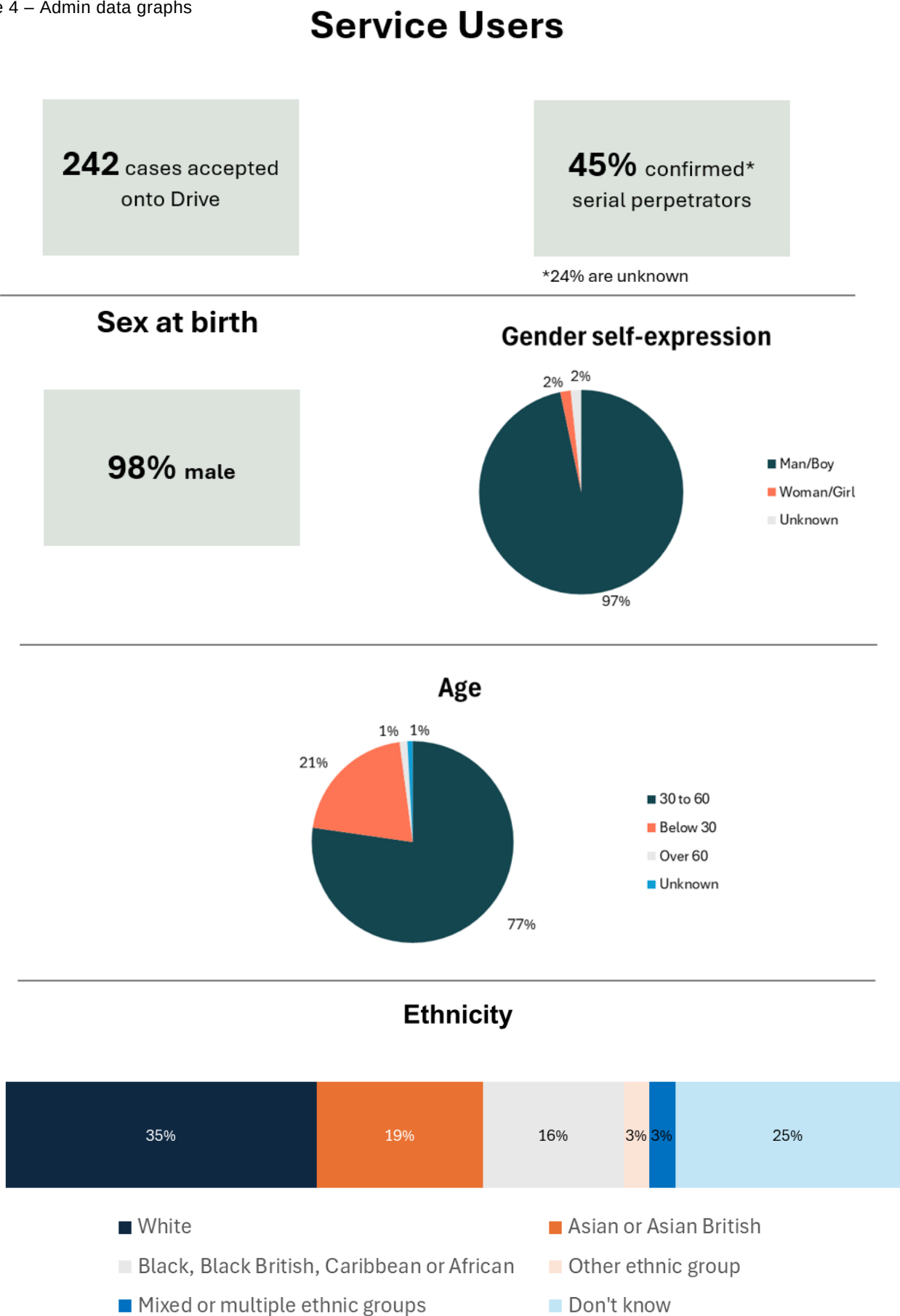
Delivery of the Pan-London Drive Project

Across London, from 1st July 2023 when the first sites went live to 31st August 2024, the Drive Project engaged with a total of:

- 242 perpetrators (service-users)
- 284 victim-survivors
- 459 children and young people connected to the cases

Figure 4 presents an overview of these cohorts in more detail.

Figure 4 – Admin data graphs



Victim-Survivors

284 associated
victim-survivors

75% not living with
the perpetrator*

60% not expressing
interest in staying with
the perpetrator*

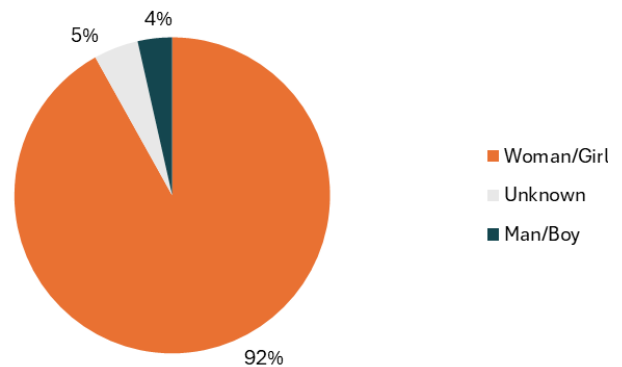
*out of the 240 that have
answers

*out of the 240 that have
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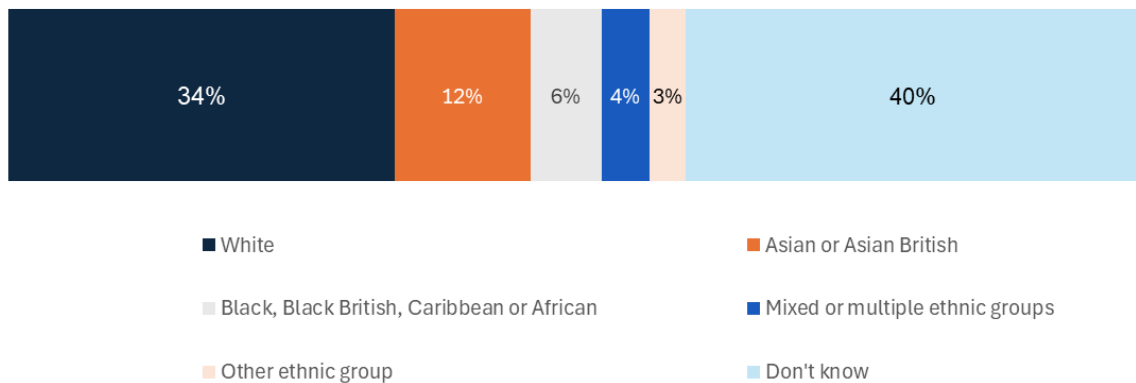
Sex at birth

96% female

Gender self-expression



Ethnicity



Children and Young People

459 associated
children and young
people

93% with current or
prior CSC involvement*

*out of the 422 that have
answers

Interventions received by service users

- **Administrative data showed 21% (n=51) of all Pan-London Drive Project cases included direct work⁴ with a Case Manager**, while the remaining received Support and/or Disrupt interventions. The Drive Central Team usually measures types of engagement at case closure and the benchmark expectation is that around 50% of all cases should receive direct contact from a Case Manager.
- **Data also shows that only 12% of closed cases received direct work**. According to interviews with the DCT, it is in line with expectations that the numbers are lower at this stage since the programme is maturing and still being rolled out in some boroughs. Although this research could not confirm whether the heavy workload among Case Managers played a role in their reducing their ability to conduct Direct work, as the program continues to roll out it would be valuable to monitor how the percentage of cases involving direct work evolves.

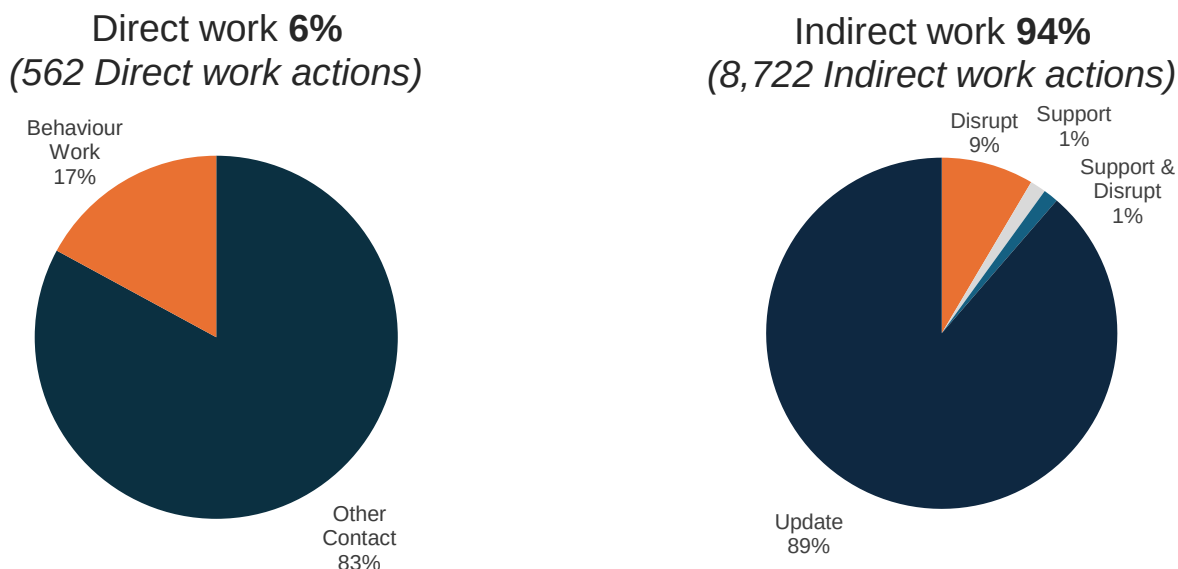
Actions taken by Case Managers

- **A significant amount of Case Manager time is spent on Support and Disrupt activities.** Data also showed all actions recorded by Case Managers from July 2023 to August 2024, offering insights into how Case Managers balance their time between direct work and indirect work provided to perpetrators. As seen in Figure 5, direct work constituted 6% of all recorded actions, with 17% being behaviour work and 83% covering general 'other contact with service users.' Indirect work dominated the number of actions recorded by Case Managers at 94%, reflecting the Drive model's strategic reliance on multi-agency coordination. The majority of indirect actions are categorized as Updates (89%), which involve ongoing communication with partners to manage risks and ensure case progress.

⁴ Direct work includes maintaining and sustaining contact, Direct support and Behaviour Change work

Figure 5: Case Manager actions

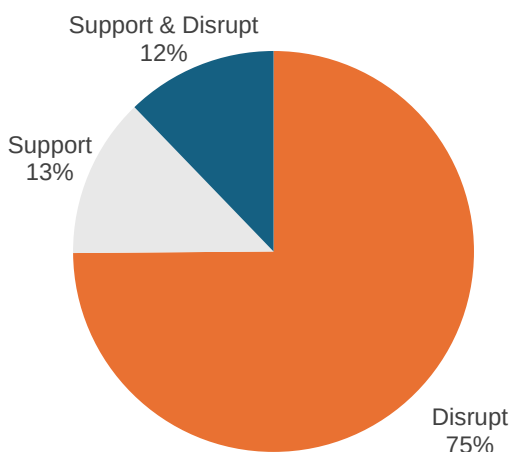
Pie charts of Case Manager actions



- **Disruption activities are the predominant approach used by Case Managers, representing 75% of the interventions**, as shown in Figure 6, excluding “Updates”. These criminal justice focused actions are designed to implement barriers, consequences, and systemic responses that prevent further abuse. Support and combined Support and Disrupt interventions account for 13% and 12%, respectively, reflecting a targeted effort to address perpetrators’ underlying needs, such as housing or substance misuse, to manage risk and increase victim-survivor safety whilst simultaneously creating conditions for change.

Figure 6: Case Manager indirect actions

Case Managers recorded indirect actions excluding updates (991 actions)

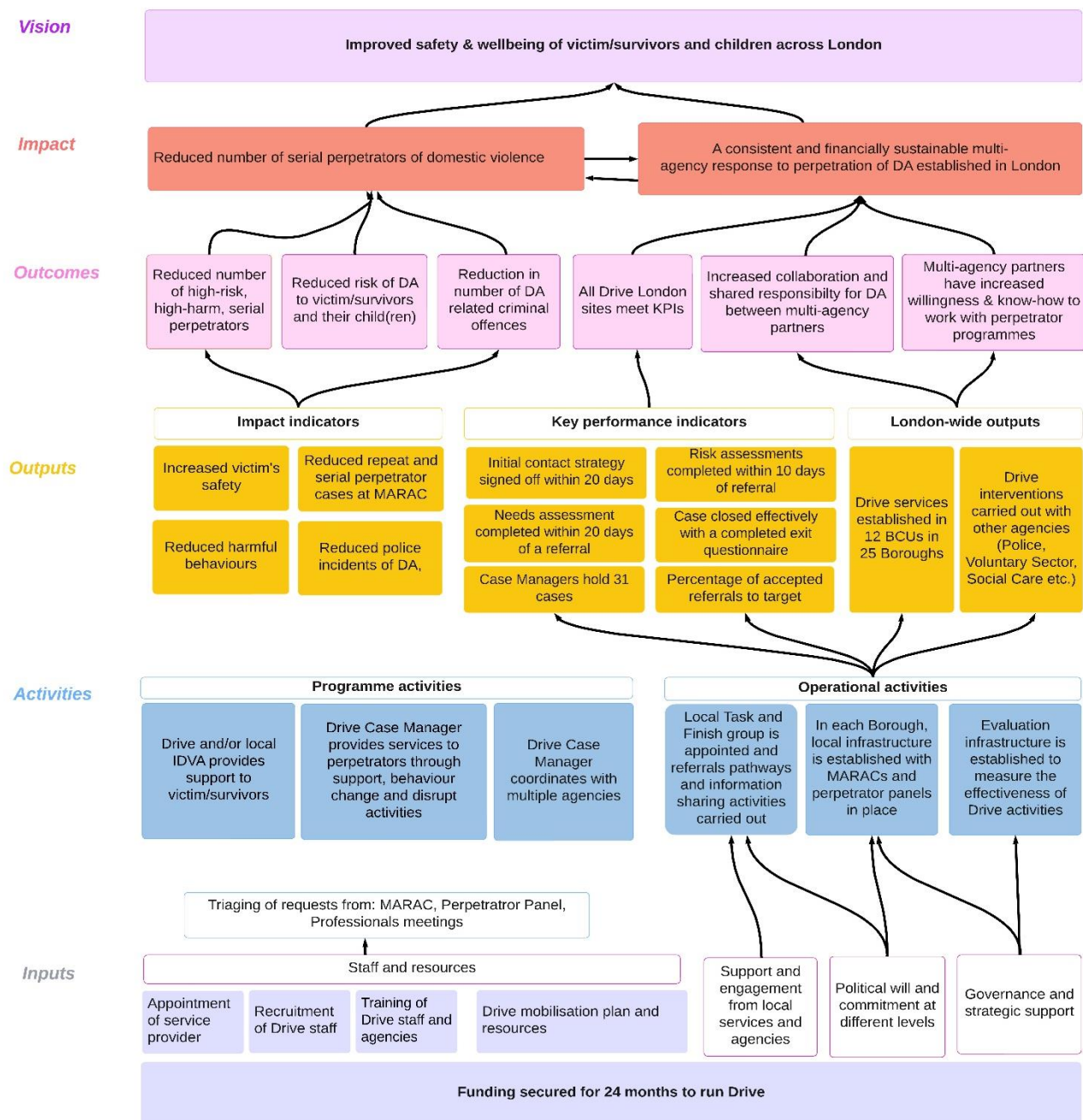


3.1.2 Theory of Change

We developed a Theory of Change (Figure 7) to understand and visualise how the inputs and activities involved in the implementation of the Pan-London Drive Project contribute to the intended outcomes and outputs. By mapping out the inputs and activities, we can outline what kind of resources need to be in place to successfully deliver the Drive Project, and what delivery looks like in London.

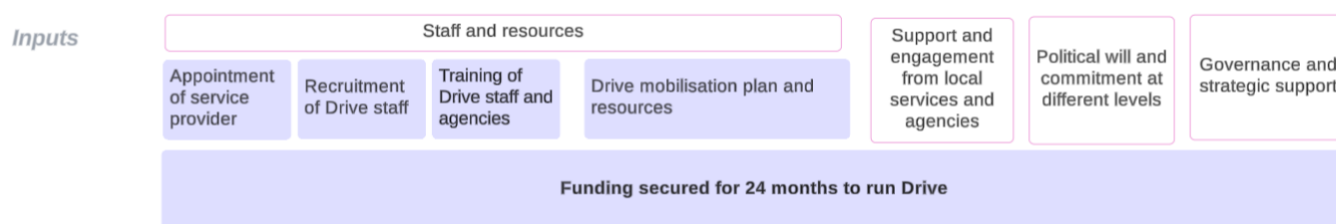
Figure 7: Theory of Change

Drive Pan-London Evaluation Theory of Change



3.1.3 Resources and system infrastructure

Figure 8: Theory of Change- Inputs



Funding and resources

The Drive Project was initially funded for delivery in London over 24 months, from April 1, 2023, to March 31, 2025. In December 2024, this was extended for one year until March 2026. The total funding for the initial period amounts to £2,394,939.

The funding supports various providers involved in delivering the intervention, with a breakdown of expenditure detailed below:

Table 3. Budget

Provider	2023/24 (£)	2024/25 (£)	Total (£)
Perpetrator delivery provider (Rise)	365,347	732,183	1,097,530
The London Victim and Witness Service (Victim Support)	158,933	361,774	520,707
SafeLives (on behalf of Drive Partnership)	226,369	170,423	396,792
Metropolitan Police Service (MPS)	82,380	82,380	164,760
Process and Implementation Evaluator	150,000		150,000
MOPAC staffing	32,575	32,575	65,150
Total	1,015,604	1,379,335	2,394,939

A major distinction between the Pan-London Drive Project and the Drive Project pilot model lies in the level of resources.

While the pilot model in South BCU allocated four Case Managers per BCU, Pan-London Drive only includes one Case Manager per BCU. While the caseload per Case Manager remains the same at 31 cases, the expanded geographical coverage of Pan-London has meant an increase in Case Manager's

workload due to the extended geography, as well as an increased number of panel meetings and increased number of stakeholders Case Managers are expected to liaise with.

The limited resources and increased caseloads pose significant challenges for effective service delivery, as staff balance high demands with stretched capacity. As one Case Manager explained:

“It's just I think the BCUS are huge, and I think in person does tend to work best...I think yeah, it just the distance you, you, you get in buses...some people are driving...you got to plan it, you've got to plan it really well”

Drive Project Case Manager

Mobilisation

The mobilisation of the Pan-London Drive Project required significant time and staff resources, and research uncovered considerable variation across boroughs in terms of readiness to adopt the programme and challenges faced.

The local variations in resources and capacity, readiness and appetite for the Drive Project, and existing system infrastructure, contributed to the Drive Project being implemented more efficiently in some boroughs than others, according to interviews with those overseeing implementation such as Practice Advisors and Service Managers. This variation in efficiency may also have impacted the total number of Drive Project cases accepted by different boroughs, as shown in Table 4.

The variation in case numbers across boroughs was explained by the DCT as a result of both operational and system-level factors. Lower case numbers in some boroughs were attributed to mobilisation challenges, such as issues integrating the Drive Project into the MARAC processes in Hillingdon, boroughs opting for selective case allocation due to existing in-house perpetrator programmes, or less multi-agency buy in and desire for a programme like Drive Project. In contrast, higher case numbers were observed in areas in which implementation was particularly effective and quick, buy-in from across agencies was high and/or boroughs were able to take on more cases due to the ‘floating capacity’ from the PAC programme.

Table 4: Total cases per borough

Area and borough	Total cases
Phase 1	139
South Area	44
Bromley	10
Croydon	25
Sutton	9
East Area	44
Barking and Dagenham	8

Havering	22
Redbridge	14
North East	26
Newham	12
Waltham Forest	14
Central West	25
Hammersmith and Fulham	8
Kensington and Chelsea	8
Westminster	9
Phase 2	80
Central East	25
Hackney	9
Tower Hamlets	16
South East	23
Bexley	10
Greenwich	13
Central North	20
Camden	15
Islington	5
North West	12
Barnett	7
Brent	1
Harrow	4
Phase 3	24
North	21
Haringey	11
Enfield	10
West Area	3
Ealing	1
Hillingdon	2

Staff involved in mobilisation, especially the Drive Central Team, highlighted issues such as data-sharing inconsistencies as a main barrier to efficient mobilisation. This created obstacles in establishing effective collaboration and hindered the smooth transfer of information between agencies.

“Some agencies or some boroughs didn't have an Information Sharing Agreement (ISA), it was amazing how many of them actually didn't have an ISA in place or nobody knew where the ISA was. So, there was a challenge there”

Drive Central Team

In some areas, mobilisation was supported by motivated teams, but existing systems and processes proved to be a barrier. Some areas took longer to complete mobilisation as they didn't have DAPPs set up, and others had greater appetite and need for the Drive Project than others.

“There has been issues locally in some areas where we are not mobilised and not taking cases”

Drive IDVA

In South BCU, prior experience with the Drive Project model thanks to the Pilot initially offered an advantage. However, transitioning to a scaled-back version that placed more responsibility on local authorities posed challenges, including resistance from agencies and difficulties in managing expectations given the reduced capacity for accepted cases.

Task and Finish groups, organized by the Drive Central Team in each participating borough, played a pivotal role in mobilising the Drive Project across the varied local contexts across London. The groups brought together lead individuals necessary to support the mobilisation of the Drive Project within the borough, including representatives from children's social care, mental health, probation, police, housing, substance misuse. The aim of the Task and Finish groups were to explore what the local landscape looked like, where the gaps were, how the Drive Project could fit in with existing systems and what development was required locally for Drive to establish suitable referral pathways. Once implemented, the groups acted as a governance meeting.

- **As a mechanism for effective mobilisation and implementation, the Task and Finish groups were considered to be effective and well organised, yet time consuming.** Interview participants widely praised Task and Finish groups as effective for introducing the Drive Project and fostering a better understanding of the model, despite the operational complexities. A Pan-London staff member explained:

“A lot of time was invested in ensuring everyone was aware of Drive. It was challenging because every borough operates differently, with varying escalation procedures and personnel.”

A Pan-London Drive Project staff member

- To overcome these challenges, staff focused on building local relationships, ensuring the right stakeholders attended meetings, offering case consultations, and maintaining consistent communication.

3.1.4 Training and knowledge

Training impact

Training has proven to be an effective method for enhancing engagement and improving understanding of the Drive Project model. Delivered by the Drive Central Team, training sessions focus on key aspects such as:

- the Drive Project model
- chairing and recording MARACs and DAPPs
- clarifying referral pathways and
- troubleshooting local domestic abuse interventions

The training was offered to all multi agency representatives, Case Managers and Drive IDVAs. It aims to ensure these practitioners understand how the Drive Project integrates with existing services and supports multi-agency collaboration. As explained by a member of Drive Central Team:

“There's lots of training and workforce development that's ongoing. We've got a set programme of workshops that we deliver to ensure that all the necessary partners have that awareness of Drive and understanding of perpetrator interventions.”

Drive Central Team member

Practitioners were invited to attend online training as the Drive Project was being rolled out in their BCU, but inconsistent attendance and high staff turnover across agencies has hindered system-wide learning. Of 50 survey participants, 30 confirmed they received training, 14 did not, five were unsure, and one declined to respond. Both survey and interview participants who received training expressed high satisfaction, as training was praised for increasing confidence in working with Drive Project cases, improving knowledge of referral pathways, and fostering stronger inter-agency communication. A Local IDVA expressed to have particularly appreciated the support from the Drive Central Team:

“When I attended a session around the Drive model, I would say that [the Practice Advisor] was really good at answering questions and actively reached out for meetings. That support was really helpful in setting everything up.”

Local IDVA

However, gaps remain. Survey result show that 11/28 (39%) of multi-agency partner survey respondents did not receive training, and these participants reported lower levels of understanding and engagement with the Drive Project. All respondents who stated they felt disengaged or reported poor understanding of the Drive Project had not attended training. Despite limitations to the survey, this suggests that the absence of training can negatively impact the understanding of the Drive Project, which may have a knock-on effect on the successful implementation of the model, with multi-agency partners particularly affected. This also suggests that consistent, widespread participation in training is a crucial factor to successful programme implementation and delivery and to support the Drive Project's aims in promoting effective collaboration and awareness of perpetrator management. This

reflects findings from the University of Bristol Drive Evaluation which highlights the need for practical training for Drive staff, police training to support embedding processes, and Drive training in each delivery area to effectively deliver multi-agency work (Hester et al., 2019)

Documentation & guidance

The Drive Central Team provided a brochure explaining the Drive Project and access to a folder of training resources to multi-agency partners involved with Drive, however, interviews with practitioners uncovered a lack of implementation and guidance documentation. While participants were satisfied with the training and the support provided by Drive Central Team, some suggested that more detailed documentation and guidance materials would have made for smoother mobilisation and implementation processes. A core issue is around barriers to understanding the complexity of the Drive model, with a participant specifically mentioning that the leaflet used to explain the model could benefit from being simplified. A Drive IDVA voiced similar concerns, suggesting:

“There should be a document explaining the processes from the referral point, from start of the intervention to finish, when you close a case. My manager had to write it and send it to the whole team as there was confusion around it.”

Drive Project IDVA

Interview participants felt that there is a lack of clear guidance provided, which captures the system complexity, leading to confusion about how roles and processes interconnect and how the Drive Project delivers outcomes, which can represent a significant barrier to programme buy-in.

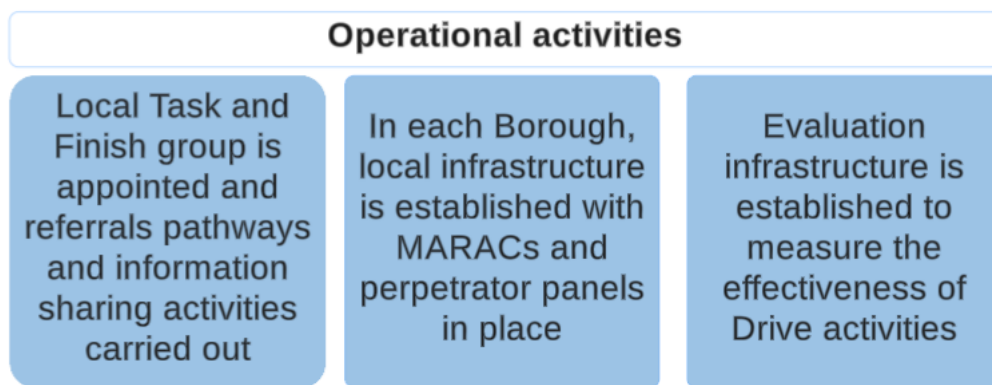
To address this issue, participants suggested reviewing current materials to develop a comprehensive manual or ‘How to Guide’. Providing stakeholders with step-by-step guidance covering mobilisation, implementation, and delivery could enhance clarity and consistency and ensure more effective embedding of the model.

Space for learning

While there is evidence of learning spreading between boroughs, this often relies on informal channels rather than structured processes. As one VAWG Lead reflected: "Would have been good to know what worked well from South BCU, alongside a clear implementation plan." This feedback from practitioners suggests a need for more formal mechanisms to share learning across the system, which could be incorporated into a space for learning where Drive staff also communicate programme outcomes.

3.1.5 Referral pathways and system integration

Figure 9: Theory of Change- Operational activities



Referral pathways

Referral pathways for the Pan-London Drive model were established across London to reflect local contexts rather than following a standardised approach. The choices of referral pathways were shaped by factors such as capacity, local leadership, existing partnerships, and the maturity of perpetrator response systems in each area. Among the boroughs, 11 decided to use DAPPs as their referral route, eight rely on MARACs, and the remainder used a combination of panel mechanisms.

The Drive Central Team played a pivotal role in supporting boroughs to establish referral routes that suited their circumstances. However, due to their limited resource, boroughs were required to lead the coordination of their borough's Drive implementation themselves, with support from Drive Central Team. Limited resources of DCT to support mobilisation and implementation was mentioned by participants as a reason behind slower establishment of panels in some areas, affecting operational efficiency. The limited support for setting up DAPPs under the Pan-London model further contributed to barriers, as explained by a practitioner with previous experience under the Drive Croydon Pilot:

"One of Pan-London's key differences is that areas are no longer supported in setting up their own DAPPs. This has meant that the development of a multi-agency network is not uniformed and consistent everywhere."

Practitioner

MARAC frequency

Some areas are moving towards daily MARACs, as opposed to monthly or bi-monthly, to facilitate addressing faster actions and interventions for victim-survivors risk. As one police lead noted: "Daily risk meetings mean risk is addressed on the day instead of waiting weeks, sometimes one month." The Drive Fellow supported this observation, citing increased likelihood of prosecution of perpetrators:

"We are seeing a shift in daily MARAC; they are running daily meetings in [borough], and it increases chances of prosecution as the earlier we get in the more successful we are in getting victims out of the situation."

Other areas are increasingly considering a shift in frequency of multi-agency meetings, as observed by a Sexual Violence Commissioner seeking to optimise the efficiency of interventions:

“We have gone up to weekly MARACs because of a rise in referrals. We might have to go daily to move things a bit faster; we need to speed up our responses.”

Sexual Violence Commissioner

Not all London boroughs have shifted to holding weekly or daily MARACs. However, in those boroughs that have, not all cases discussed necessarily progress to the monthly MARACs, which should still be taking place.

Whilst we observed this shift in MARAC frequency, its implications for the Drive Project remain unclear. As MARAC frequency varies, an important consideration for Drive will be ensuring that daily MARACs, which appear to be led by police and maintain a strong criminal justice focus, do not replace the multi-agency approach of monthly MARACs which the multi-agency work of the Drive Project relies on.

It is worth noting, that SafeLives' view ⁵ of a daily MARAC is that, while it has the potential to be effective, there is currently no evidence to support this in practice. According to SafeLives, for a MARAC process to be truly effective, it must operate in accordance with SafeLives guidance and align with their evidence-based '10 Principles of an Effective MARAC'. To date, SafeLives has not reviewed any daily MARAC model that fully meets these principles.

MARAC and DAPP effectiveness

Although MARACs benefit from being established and well understood by agencies due to their longevity in the sector, **our research concluded that areas with DAPPs demonstrate a more consistent focus on perpetrators and are perceived as more effective approaches to perpetrator management** by Practice Advisors, Police Leads, Case Managers and multi-agency partners alike.

- While MARACs are considered by some to be effective forums for Drive Project referrals, relying on pre-established processes to integrate discussions about Drive Project cases, others found adding Drive Project referral processes to be confusing, overly complex and time consuming.

⁵ SafeLives message on the practice of daily Maracs

A daily Marac model could be an effective approach to aligning the Marac process with other safeguarding processes where it offers a more timely opportunity to share information, expertise and work together to make decisions for actions that will reduce risk. However, our evidence shows that increasing the Marac frequency to daily in order to more effectively manage the demand of a high volume of referrals is not a viable solution. In all the areas we reviewed who have implemented a daily Marac model, their volume of referrals increased further.

For a Marac process to be effective it must operate to SafeLives guidance and within our evidence based '10 principles of an effective Marac'. Any Marac that does not achieve these principles will not be effective in safeguarding victims at the highest risk of harm, or homicide. So far, we have not reviewed any daily Marac that can effectively meet these 10 principles.

Therefore, although we believe a daily Marac model could be effective, we have yet to see any evidence that this is the case.

We would be interested to work with areas to continue to explore how increasing the frequency of the Marac could work without compromising the key principles we know make the model evidence based and effective.

- Some interview participants, Drive Case Managers in particular, reported that incorporating a perpetrator focus can be more challenging during MARACs. Their core focus on victim-survivors can limit time for information sharing on perpetrators, reducing their impact on longer-term perpetrator management.
- Observations showed that DAPPs facilitate the use of perpetrator-focused language, offering opportunities for system change and fostering greater accountability across agencies. Participants believed DAPPs to be a crucial element for the success of the Drive Project, as put by a Police Lead:

"If there wasn't a perpetrator panel, I wouldn't even know how they identify perpetrators suitable for Drive, so I don't know how areas without DAPPs can be effective at all."

Police Lead

While our research indicates that DAPPs are efficient referral mechanisms in themselves, our observations allowed researchers to identify some good practice for chairing these meetings:

- encouraged contributions from all agencies
- consistently reminded attendees of the need for a perpetrator focus
- used practical tools such as sharing the referral form on-screen to enhance case discussions.

Additionally, having a dedicated note-taker ensured that summaries of discussions and clear action points for agencies were recorded. These practices helped ensure DAPPs remained focused and productive, objectives that appeared harder to achieve in a DAPP embedded within MARAC. In this type of forum, it was observed that focus tended to shift back to victim-survivors, and, given the longer duration of the meeting, professional fatigue could come into play. A Case Manager suggested there is a need to establish processes for regular quality assurance of these meetings, to ensure chairs follow good practice.

3.1.6 Programmatic activities and model adaptations

Figure 10: Theory of Change- Programmatic activities



Balancing in-person and virtual engagement

Interviews with Case Managers revealed that their heavy workloads and lack of access to spaces for seeing clients have led them to using virtual meetings for some sessions with service users. The evaluation observed advantages of online work, such as reducing time spent travelling and facilitating workload management, however one Case Manager highlighted the need for more research into the impacts of online work to support practitioners to understand the risks, explaining:

“I think there's a lack of research about the how impactful online is in comparison to in person...I think there's probably a hybrid approach you can take where you can still have some face to face contact, not as often, which can help you manage your own caseload and cut down on some of the travel issues...I'm reluctant to do online only because I do think you are wholly reliant on that person adhering to what you've agreed in the first place, like being by yourself on your own, ensuring no one else is around, et cetera”

Case Manager

As shown in Figure 11, 77% (n=433) of recorded interactions by Case Managers with service users took place online, via telephone, text, videocall or WhatsApp

Figure 11- Online/In-Person Case Manager

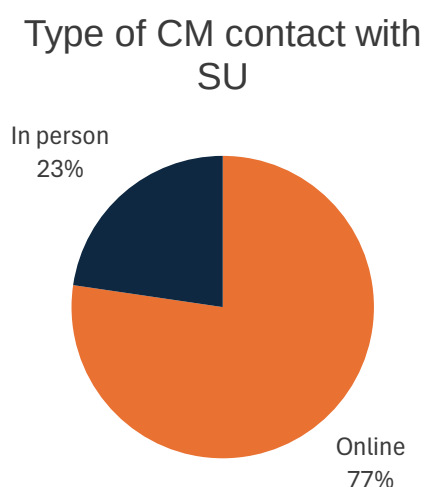


Figure 12- Online/In-Person behaviour work



However, as shown in Figure 12, this varies based on the type of intervention being delivered. For example, 61% (n=59) of behaviour work sessions are conducted in person, indicating that Case Managers exercise professional judgment in selectively utilizing virtual meetings.

IDVA and Drive IDVA mechanism

Although our research is based on a limited number of IDVA interviews, it suggests a deviance from fidelity to the model in relation to the practice and processes around the case management of victim-survivors. According to the model, Pan-London Drive Project victim-survivors should be assigned to a local IDVA- or allowed to continue with their existing IDVA for three months, after which their case

should be handed to Drive IDVAs who provide support until the service user case is closed. This transition from local IDVA to Drive IDVA was designed to:

- more easily integrate Drive Project processes into existing victim-survivor provision processes, allowing victim-survivors to continue working with their existing local IDVA, if applicable
- ensure Drive Project victim-survivors receive support for the whole duration of the perpetrator's involvement with the Drive Project (max.12 months), since local IDVA support is normally limited to three months.

However, our research found that this element of the model may not be working as designed. Key issues identified include the lack of shared understanding about how the mechanism works, and a lack of coordinated working between local and Drive IDVAs.

- **Lack of shared understanding:** Both local and Drive IDVAs commented on the challenge in understanding how this element of the model works. During an interview with a local IDVA, it became apparent that there is a lack of clear communication about the functionality of the IDVA mechanism. They explained they had only recently learned that local IDVA services were part of the Drive Project model:

"Until recently, I assumed all cases were allocated to a Drive IDVA. I only found out recently that that's not always the case, when a Drive worker contacted me asking if I was the IDVA for a specific case, because they couldn't proceed without my involvement. I didn't realise Drive also worked with other IDVAs outside of Victim Support."

Local IDVA

Drive IDVAs also reported finding this element 'confusing', suggesting that a document explaining the processes from referral- to start, to finish and when you close a case.

"It felt confusing, and I didn't understand it and I didn't get the relationship between the Drive Case Manager and the IDVA"

Drive IDVA

- **Lack of coordinated working between local and Drive IDVAs:** Evidence suggests that instead of a streamlined handover between local and Drive IDVA services, cases are often allocated independently to either Drive IDVAs or local IDVAs, with limited coordination between them. In addition, research with Drive IDVAs found little evidence that show a structured, timely and well understood transition of cases between local and Drive IDVA, as instead the services appeared to be working in silos. This fragmented process may risk leading to gaps in service provision, information sharing and confusion for practitioners.

Despite our relatively limited engagement with local IDVAs, evidence indicates that more clarity is required around this element of the model, in terms of how it works in practice, how it is communicated to services, and expected outcomes.

Information sharing and data

As a model which places multi-agency partnership work at its core, clear and good data sharing practices and the establishment of timely data sharing agreements are crucial elements to ensuring the smooth implementation of the Drive Project in London.

Data sharing agreements with each borough were coordinated by Drive Central Team and in most cases, integrated into the existing MARAC data sharing agreements. This approach was considered efficient and facilitated the fast establishment of data sharing practices at panels. Data sharing agreement with the Metropolitan Police (MET) was led by a police lead and signed on behalf of all 12 BCUs prior to delivery.

Feedback from a local IDVA service appeared to reflect a different experience, as they explained that they were expected to lead the establishment of data sharing practices and processes between the local IDVA and Drive Case Manager, resulting in delays and impacting their capacity.

“One of the initial things that we asked for was like, we looked to like information sharing agreements and what that looked like and we made requests to Drive. And they then also kind of looked at some templates as well, but we felt like a lot of that information was led by us as an organization”

Local Drive IDVA

3.2 Factors facilitating and hindering implementation

This section examines the key factors that influence the efficient and effective implementation of the Pan-London Drive Project. Using a systems change perspective; the evaluation explores the interconnected elements and outcomes within each influencing factor. As a result, these factors cannot be neatly divided into ‘barriers’ and ‘facilitators’ but instead highlight the complex, nuanced dynamics at play. This section delves into these aspects in detail, focusing on:

- Funding and resources
- Multi-agency dynamics
- Local context
- Operational support and system leadership

3.2.1 Funding and resources

Capacity of Workforce

High workloads for Case Managers and IDVAs have created some operational challenges. Interviews highlighted that some Drive staff feel overstretched, with Case Managers covering 1 BCU each (each with 2-3 boroughs) and holding up to a maximum of 31 cases, and IDVAs covering two BCUs.

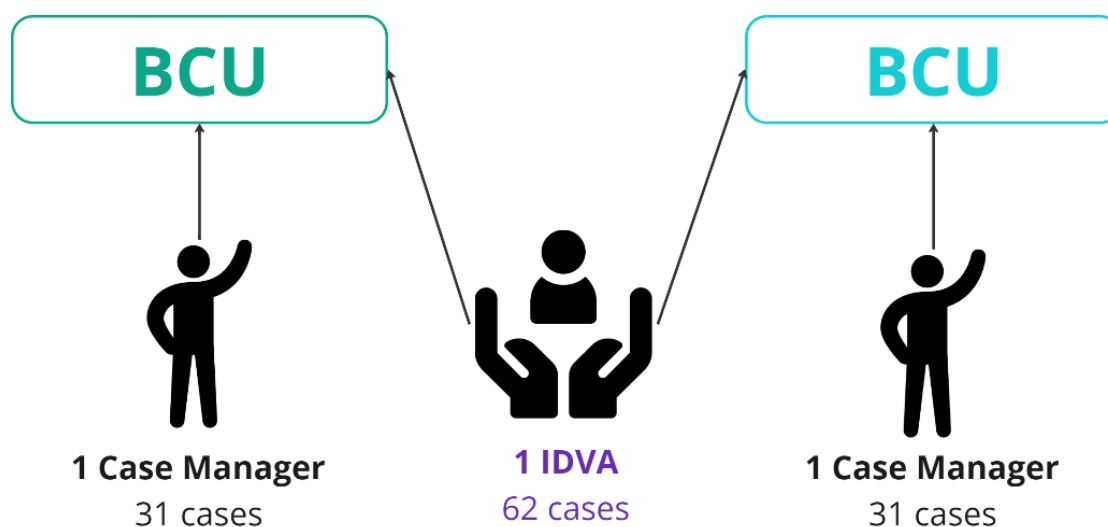
Service Managers explained that workload is high partly due to the complexity of Drive Project cases, since IDVAs need to adapt and change methods of engagement frequently to ensure victim

safety. The level of IDVA engagement required for the complexity of Drive Project cases may not have been anticipated in the model, as explained by a Service Manager:

“Drive IDVAs are overstretched, the number was decided thinking it was going to be a low-intensity intervention, but that’s not the case as it is crisis work a lot of the time. The caseload is not a realistic number.”

Service Manager

Figure 13: Pan-London workforce allocation



Both Case Managers and IDVAs highlighted the **challenge of large caseloads, impacting their ability to consistently attend crucial multi-agency meetings** like DAPPs and MARACs, putting them at risk of burn out, and affecting the quality of case coordination and risk management. Some interview participants suggested that ideally IDVAs should cover one BCU, as opposed to two, whilst others suggested that Case Manager caseloads should be capped at 25.

Capacity challenges were felt more acutely at the start of the Drive Project implementation, as delays in recruitment meant that tasks were picked up by existing staff.

Additionally, since BCUs comprise of large geographic areas over 2-3 boroughs, Case Managers face additional challenges managing their work effectively to account for travel time between boroughs or in-person engagement:

“The BCUs are huge, you have to plan really well depending on availability of who is there, location available to meet people.”

Case Manager

Interestingly, survey data revealed a different picture. Of 50 survey respondents (respondents include Case Managers, IDVA's and multi-agency partners- full list in Appendix 2), 30 reported that

workload was 'easily manageable' or 'somewhat manageable', 11 neutral, and 7 answered somewhat or completely unmanageable. Of the latter (n=7), 5 were multi-agency partners, who reported feelings of frustrations towards not being remunerated for the additional work that the Drive Project has brought onto their plate. The contrast between interviews and survey results could be attributed to the wording of the survey question, as participants may have reported finding their work manageable because they are continuing to carry it out, however, this does not necessarily indicate that they do not feel overstretched.

Resource allocation

Several multi-agency partners, including police, reported that the capacity for the Drive Project to take on cases is too small for it to generate meaningful impact, suggesting that **greater system-wide changes would require additional resource**. Currently, there is a maximum of 31 cases per BCU, roughly 10 cases per borough, depending on how many boroughs are in a BCU.

A Police Lead reported Drive Project to be a welcome intervention and in high demand in their area, but given the limited capacity they sometimes have to shortlist cases and "select two or three most deserving" cases. Another partner from children's social care, a crucial lever agency for perpetrator engagement, described a similar experience:

"We have been referring to Drive a lot, but we only have a capacity for 15 cases. It's not nearly enough."

Children's social care practitioner

On the other hand, a DAPP coordinator who was initially concerned about the cap on referrals, observed that the capacity for open cases had been managed so effectively by Case Managers that the cap never felt restrictive, suggesting that the Drive Project can also function on scaled back resources:

"When we heard there was a cap on referrals of 15 per borough, I remember thinking it was ridiculous, we could give them 15 cases in the next 10 minutes. But actually, it has not been the case, they are opening and closing cases to avoid going over the threshold. They have never come back and said, 'sorry we can't take on a case'."

Case Manager

Service users and victim-survivors interviewed also felt that the Drive Project should be widely available to more individuals who require this type of support, as the programme had a hugely transformative effect on their lives and futures.

"I think it's a great... great programme, and I hope so that it's going to go bigger and bigger every day, you know, because there's a lot of people that need the help."

Service user

"I would like to see more, like, of it advertised, like... because not many people really know about it, I don't think, do you know what I mean? So, I think, like, there's probably so many people that are suffering behind closed doors"

Victim-survivor

Perspectives on virtual and in-person work

As explained in the implementation section, Case Managers are increasingly relying on virtual engagement for Drive Project activities. According to the DCT, the Pan-London model was not expected to involve more online engagement than other models. However, they noted that recruitment challenges may have contributed to an increase in online activity, as Case Managers had to cover wider areas.

Findings from interviews suggest that Case Managers favour face-to-face for behaviour work sessions to facilitate relationship building, improve service user engagement and enable more accurate risk assessment. One Case Manager noted: "Online work is sometimes useful for people who work but makes it harder to read people's emotions." Another Case Manager emphasised the effectiveness of in-person sessions:

"Face to face contact is more engaging...service users are more focused and prepared: it's not someone parked in the street remembering they have a session on their phone."

Case Manager

Despite Case Managers largely preferring in-person contact, some highlighted the need to resort to online work due to the large geographic spread of boroughs:

"A lot of travel is required within my BCU, and it can be very difficult to manage time. If we weren't doing virtual, we wouldn't be able to do as much work with only 1 Case Manager per BCU. Some people think online is not safe because you don't know who's around, can't check body language, you don't know how they are feeling after, signal cutting off at inappropriate moments, people getting distracted by texts. All stuff that can be avoided in person"

Case Manager

Commissioning gaps

A key factor affecting Drive Project 's implementation is the **distribution and allocation of funding across the system**. Limited funding for partner agencies has created resistance in some areas, particularly if partners felt that existing perpetrator services had lost resources to accommodate Drive. As one Drive IDVA noted:

"There was one borough where we felt there was open hostility to Drive because their programme was no longer funded. Initially we overcame this with lots of meetings, supporting the Case Manager, we then raised with Drive Central Team who in turn raised it with MOPAC."

Drive IDVA

A particular challenge is that, while Case Managers and Drive IDVAs receive funding from the Drive programme, multi-agency partners are largely expected to support the Drive Project implementation **through existing resources and good will, creating sustainability concerns**. Besides, despite their integral role in the Drive Project delivery, local IDVA services are not receiving additional commissioned funding to support the programme. They are expected to work on the Drive Project within existing budgets while Drive IDVAs receive specific funding allocations. While the majority of local IDVAs emphasized that they saw the programme's value, the disparity of not being remunerated for the additional work required creates operational tensions and affects service coordination. As one local IDVA noted:

"We are not commissioned to deliver the service locally, but we have to regularly attend safety meetings with Case Managers, professionals meetings, panel meetings - we had to go to local authorities to ask if there were any resources for us."

Local IDVA

3.2.2 Multi-agency dynamics

Model understanding and communication

While the Drive Project model has been broadly welcomed across agencies for its flexible, perpetrator-focused approach and one-to-one work, some Drive staff reported confusion from other practitioners on how it operates, with one Drive IDVA noting:

"I don't think a lot of the professionals know what Drive is...they get a leaflet but until we speak to them, they don't really get it."

Drive IDVA

Multi-agency partners noted

- **Confusion about the model.** They reported uncertainty on the Drive Project's outcomes and how it works, despite training and communication efforts. This was reflected in some multi-agency partners' responses in the survey, citing that the referral and case allocation processes are "convoluted" and "time-consuming", causing delays to cases and direct work. While a few respondents felt that referral pathways were improving as agencies adjusted, others emphasized

inconsistent processes and limited agency representation at DAPPs, which make suitability assessments for the Drive Project challenging.

“Despite training and communication, Drive is a bit confusing to understand. There was lots of communication but your average professional who doesn’t have much time doesn’t necessarily get it, they think it’s a bit convoluted.”

Health representative

- **Multi-agency partners also found communication about case progress to be significantly limited if not inexistent**, making it very difficult to see evidence of programme outcomes. This lack of communication has contributed to a lack of understanding and buy-in. As noted above, the lack of clear documentation may have contributed to confusion about how the model works.

“To this day, I’m not sure what steps they actually do when they disrupt a perpetrator referred to their service.”

Multi-agency partner

- Written materials and guidance on the Drive Project for partner agencies was primarily delivered through a leaflet; however, interviews suggest that these materials, were **insufficient to convey the Drive Project’s complexity**. Some agencies find the referral pathways and operational processes particularly complex, and the relationship between MARACs and DAPPs remains unclear in some areas, contributing to system inefficiencies.

“Referral pathways have been an ongoing issue, the link between MARACs and DAPPs is not always clear.”

Case Manager

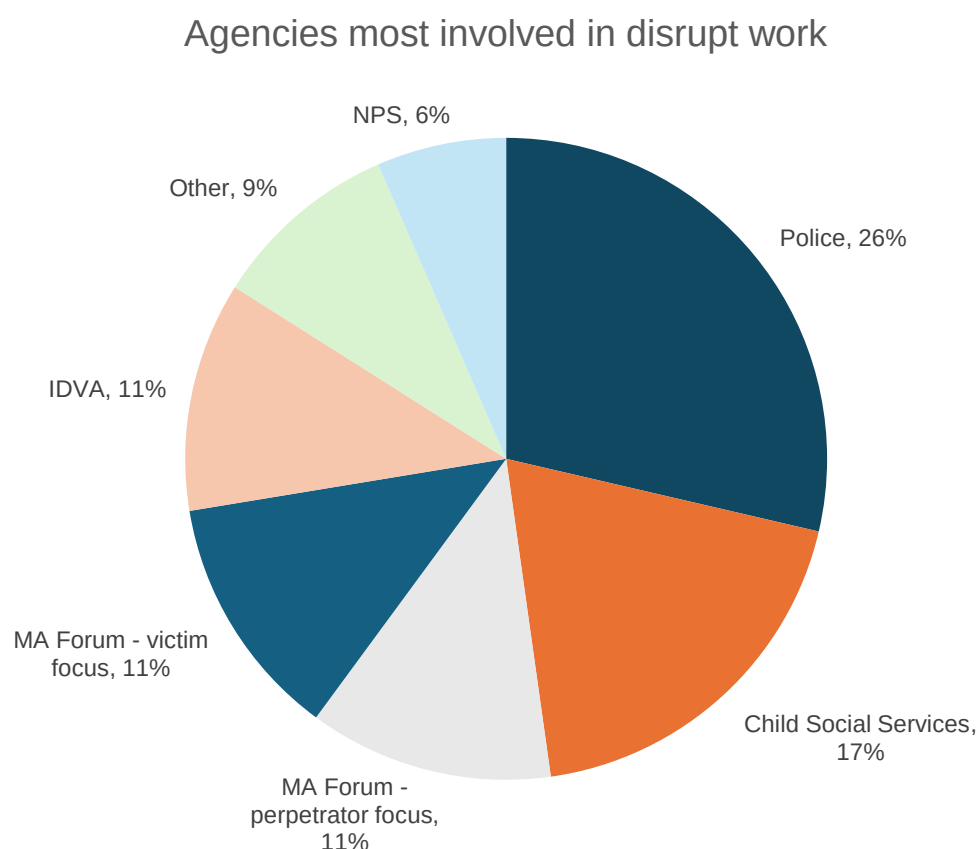
Variable buy-in and engagement

The Drive Project is broadly seen as a positive resource for local responses to DA perpetration, with 86% (n=37/50) of survey participants having a ‘somewhat’ or ‘very positive’ opinion on the Drive Project being delivered in their area. However, interview responses highlighted that **buy-in and engagement varies significantly across agencies and BCUs**.

Variation in agency participation reflects broader systemic gaps, such as the tendency for accountability for domestic abuse responses to be primarily held by the police and specialist domestic abuse services.

Some participants reported that agencies like children’s social care and probation are often difficult to engage due to limited capacity or competing priorities, complicating multi-agency cooperation. This is reflected in Figure 14, which shows that agencies most involved in Disrupt work include police, children’s services, and representative at multi-agency forums.

Figure 14: Agencies involved with Disrupt



Variation in multi-agency buy-in was also reflected in interviews, as one Case Manager said:

“Some BCUs are declining in terms of quality because of a lack of agency buy-in. In one of my boroughs, we have no housing and no probation attending multi-agency meetings. We also have real problems with children’s social care feeling like they are being asked to do too much.”

Case Manager

Several participants had a similar experience, showing that engagement of children's social care is inconsistent across BCUs. This mirrors findings from the University of Bristol Drive Evaluation that “challenges included: inconsistent attendance by some agencies; [and] some agencies attending only to hear ‘their’ cases rather than contribute to the whole process”. This can create a significant barrier for Drive practitioners when gathering relevant information from agencies in order to safely engage with the perpetrator. This process can take up to one month from referral at MARAC, and some Case Managers reported that during this time, cases can close in children’s social care, removing a crucial lever for perpetrator engagement.

“I am often reluctant to take Child In Need cases, as children’s social care often have closed the case by the time we want to engage, which makes it hard without levers.”

Balancing criminal justice perspectives

Whilst multiple agencies actively engage in Drive processes and meetings, some participants reflected on a dominant influence of criminal justice perspectives, which could be hindering the potential impact of the programme in London. Observations suggest that a more balanced, multi-agency approach, incorporating greater involvement from health and social care, could enhance effectiveness.

- A key insight was the successful operation of a MARAC chaired by children's social care, which demonstrated the value of leadership outside traditional criminal justice structures. This MARAC ran smoothly, maintained a victim-survivor focus, and benefitted from strong management by a social worker, highlighting the potential impact of social worker buy-in.
- A health representative also suggested broader leadership in MARACs, stating that health professionals could better address cases not known to law enforcement:

"I am worried about DAPP and MARAC being so police focussed, what about cases not being known to police? Health will know them, but we need to be leading the way, DA being closely linked to CJS is a bit outdated, we need to capitalise on the position of health."

Health representative

- A housing professional expressed similar concerns regarding current housing and perpetrator management practices as being overly punitive and police-led, highlighting the need for more resources, adding:

"If we had resources to re-house perpetrators it would help victim-survivors, puts buffer in place. Everybody knows that perpetrators with insecure housing will reoffend."

Housing professional

Information sharing

Key barriers to effective system working are becoming clearer, with data sharing emerging as a particular challenge, particularly with police and local IDVA services. A police lead shared that officers can sometimes be reluctant to share full background information on perpetrators and victim-survivors with Drive Case Managers, due to concerns surrounding protection of sensitive data. The participant shared the steps they are taking to address this barrier:

"I am working on giving officers more authority and clarity on what information they can share, as long as it is relevant to assessing risk. This is being addressed by revising the intelligence request form and providing refresher training to officers."

However, a Case Manager attributed reluctance to sharing information to a lack of buy-in from police, citing a rise in scepticism around the point of DAPP which they link to police not disclosing information that is key to the Drive Project. Another Case Manager highlighted the inconsistencies across BCUs in what police intelligence is disclosed:

"Most areas are not giving us PND [Police National Database] information, which is more detailed. PND information is useful for us: it could for example show allegations of rape in a different area that did not make it through the system. Not having access to this really impacts our work."

Case Manager

Some participants reported similar issues extend to local IDVAs, who they perceived as sometimes hesitant to share information despite the information-sharing training provided during the programme's mobilisation phase. Such gaps in information sharing can significantly hinder coordinated multi-agency action and limit the effectiveness of the Drive Project in managing risks for victim-survivors.

System champions

VAWG leads who understand both the Drive Project and local contexts have emerged as crucial facilitators of successful implementation. These **system champions help navigate local complexities and broker relationships between agencies**, and several participants believe that their ability to bridge the Drive Project's model with local realities has proven valuable for building sustainable multi-agency engagement. For instance, one VAWG Lead noted:

"A local Drive champion who understands the value of Drive and can identify and connect stakeholders, coordinate practicalities, it really is a great facilitator."

VAWG Lead

The value of this figure is underscored in existing literature for its ability to confer a sense of legitimacy, promoting earlier buy-in and facilitating information sharing with other statutory services (Adisa et al., 2023). Evidence from frontline workers supports these findings, with one Case Manager detailing the extensive impact of high-level strategic buy-in:

"We have had a much more significant impact in areas where there was a willingness to engage. In [one borough] there is a VAWG team, and I can go to the VAWG team who would support the case and will help it not to go back to DAPP. There needs to be high level strategic buy-in as well as professionals supporting the programme in practice."

Influence of hierarchy

Senior police buy-in emerged as a critical success factor, given the hierarchical nature of police organisations. When senior police leaders actively endorse the Drive Project, their support typically cascades down into stronger operational engagement and more effective multi-agency working. The hierarchical influence of the police ensures that when senior leaders prioritise participation, it sets a clear expectation for other agencies to engage. As one Case Manager explained:

“Police hold the key, their hierarchical nature means that if you have a respected inspector chairing [DAPPs] there is a want to contribute, agencies know it's not viewed positively if you don't attend.”

Case Manager

This dynamic emphasises the importance of strategic leadership in reinforcing the Drive Project's goals and fostering accountability across partners. Without such leadership, engagement and buy-in can waver, undermining the multi-agency approach required to address perpetrators and support victim-survivors effectively.

3.2.3 Local context

Local systems mapping

When the Drive Project is introduced without considering existing service provision, it creates tensions in the local ecosystem and affects buy-in from partners.

Participants noted that the implementation process sometimes felt misaligned with local realities. A Domestic Abuse Housing Lead described the Pan-London approach as requiring local systems to adapt to the Drive Project, rather than being tailored to fit local structures. This lack of alignment created capacity challenges in boroughs already managing stretched resources. Similarly, a Case Manager reported:

"Not sure how much research was done to map what was the set up locally, what services already existed, it could feel like something that was done last minute."

Case Manager

These concerns were echoed by survey respondents, with one participant from a later rollout phase expressing frustration at the limited time given to evaluate local setups and integrate Drive effectively.

Pre-existing provision

Existing local provision of perpetrator programmes can affect the implementation of the Drive Project and agency buy-in in different ways. The presence of existing perpetrator programmes in boroughs, or lack thereof, has created complex dynamics for the Drive Project's implementation, generating the need to strike a balance between leveraging existing expertise and fostering openness to new approaches.

Table 5: barriers and facilitators

	 BARRIER	 FACILITATOR
AREAS WITH EXISTING PERPETRATOR PROGRAMMES	resistance to changing established ways of working concerns about competition for resources confusion around overlapping services	existing partnerships and infrastructure in place wider knowledge of perpetrator focussed responses to DA
AREAS WITHOUT EXISTING PROVISION OF PERPETRATOR PROGRAMMES	limited knowledge of perpetrator focussed responses to DA which could result in scepticism	filling a gap in DA service provision

In areas with existing provision of perpetrator programmes and established infrastructure, the Drive Project has benefitted from **existing partnerships and infrastructure**, as well as **understanding** of perpetrator work. For instance, one Case Manager described the roll-out in North East BCU as extremely smooth, due to having an existing DAPP and “strong commitment from the start about perpetrator intervention”.

However, the implementation of the Drive Project in these areas also led to confusion for frontline workers negotiating **overlapping perpetrator services**. This overlap was particularly tricky to navigate for Case Managers, who cited confusion around referral criteria, programme alignment, and constant changes due to short-term funding. Similar concerns were also raised by a DA Housing Lead:

“Overlaps with existing perp programmes is sometimes tricky. Having to think about how to manage referrals and matching to the right service, where is the overlap, how can we make sure we are not repeating?”

Domestic Abuse Housing Lead

In these same areas stakeholders also sometimes displayed **resistance to changing established ways of working** and raised **concerns around competition for resources**. A Service Manager noted that some areas viewed the Drive Project as competition, requiring time and effort to address.



Case Study: Borough A in Central East BCU

In Borough A, the introduction of Drive faced challenges due to existing perpetrator work already embedded within the borough's multi-agency systems. Practitioners felt Drive duplicated existing multi-agency work without adding sufficient value, highlighting the importance of understanding and building upon local infrastructure.

“It feels like Drive is a duplication of the multi-agency work already being undertaken. It has taken time and resources but hasn’t provided an effective response that wasn’t already addressed.” – DA Practitioner

In areas without existing perpetrator programmes, the Drive Project was welcomed as it addressed a critical gap in provision. Practitioners noted that this facilitated smoother implementation and stronger buy-in, as there was a clear need for perpetrator-focused interventions to support high-risk domestic abuse cases.

“It was well received by children's services in [borough in North East BCU], it was welcome by everyone. We have a lot of DV homicides and high-risk DA in the borough, so I think everyone was really keen to have something like Drive.”

Children’s social care representative

Cultural competency

Implementation has highlighted broader system gaps in working effectively with minoritised communities, emphasising the need for improved cultural competency and tailored responses. As part of the implementation, Drive provided some training on cultural competency, however feedback suggests there is more to strengthen this element of the training package.

Key influencing factors according to interview participants include:

- **Cultural norms impacting service use:** In some communities, cultural stigma discourages reporting abuse, with families resolving issues privately. A police lead explained that some communities only contact the police in the most severe cases, reflecting both cultural stigma and lack of trust in law enforcement. Despite London’s ethnic diversity, practitioners noted a lack of training from Drive around communicating effectively with service users and victim-survivors from these communities.

- **Language and communication barriers:** practitioners noted that language barriers and a lack of awareness about available services can further complicate effective engagement. For instance, practitioners in one area emphasized the importance of interpreters and culturally sensitive communication to ensure victim-survivors and perpetrators can access support. A service user commented on the patience of their Case Manager when they were struggling with their English, underscoring the importance of culturally competent professionals:

“I think she helped me a lot, to find a permanent house, because I was homeless, and I was struggling with the English language as well.”

Service User

- **Practitioners’ lack of confidence engaging with diverse communities:** some participants reported that fellow practitioners can lack confidence engaging with service users from cultural backgrounds they may not be familiar with. A Drive IDVA noted relying on her own cultural understanding and experiences to navigate these challenges:

“Knowledge of how to approach this comes from practitioners’ own knowledge. A lot of this stuff I found out myself, I have my own cultural background and understanding so I managed to connect the dots. Traditional backgrounds can impact social rules, families get involved, I understood that.”

Drive IDVA

- **Diverse needs:** practitioners in North East BCU noted that high numbers of victim-survivors and perpetrators with no recourse to public funds, high levels of intergenerational abuse and forced marriage in their area, which require more specialised knowledge and support approaches, particularly when dealing with a sensitive matter like domestic abuse.

These findings highlight that due to the diversity of experience, culture and needs in London, there is a need for the Drive Project to provide structured guidance and training on cultural competency, as well as locally informed strategies that address diverse and complex needs.

3.2.4 Operational support and system leadership

Practice leadership characteristics

The Practice Advisor lead role with the DCT has proven vital helping navigate local complexities and broker relationships between agencies. Their ability to provide proactive, knowledgeable, and patient support has been widely appreciated by partner agencies, who considered these characteristics to be key for the role:

- **Proactive engagement:** actively reached out to agencies, scheduling meetings, training and addressing concerns promptly.

“I would say that [the Practice Advisor] was really good at answering questions and actively

reached out for meetings. So that was really helpful in setting it up."

Local multi-agency partner

- **Responsiveness to needs:** demonstrated a consistent willingness to answer questions and provide clarification, ensuring agencies feel supported throughout the implementation process.
- **Expertise in domestic abuse:** Their in-depth understanding of domestic abuse dynamics enabled them to offer tailored guidance, aligning the Drive Project's approach with local contexts.
- **Building trust:** By remaining patient and accessible, participants reported that the Practice Advisor fostered trust and confidence among partner agencies, which strengthens multi-agency working relationships.

However, the effectiveness of the Practice Advisor role appears heavily reliant on individual characteristics and relationships, which raises concerns about sustainability and consistency. Ensuring the long-term success of the Drive Project may require embedding this expertise and approach into broader systems rather than overly depending on an individual.

Central coordination

The Drive Central Team has emerged as a 'system translator', facilitating relationships between boroughs and supporting consistent implementation. Their role in coordinating task and finish groups and providing implementation support has been widely praised by local partners.

Survey respondents frequently highlighted the Drive Central Team's effectiveness in providing "consistent information and updates", with team members described as "approachable and helpful", "very supportive and responsive", and clear in their explanations of the Drive Project during meetings. This level of engagement has been instrumental in building trust and ensuring that agencies feel well-equipped to implement the model. Overall satisfaction with the support provided by Drive Central Team during the roll-out was reflected in other survey questions, with 38 out of 50 participants reporting being "very satisfied" or "satisfied", reflecting the central team's success in meeting the varied needs of local areas.

Awareness of Drive Project outcomes

Multi-agency partners expressed some scepticism relating to the outcomes the Drive Project can achieve, with concerns focused on the programme's ability to demonstrate its impact, the lack of effective communication on its impact, and questions about its approach to disrupting domestic abuse.

- **Communication of case updates and outcomes:** research found that once Drive Project cases are approved and interventions begin, information case progress and actions are not frequently shared across multi-agency partners, contributing to scepticism and confusion about the impact of Drive Project on preventing domestic abuse. Many multi-agency partners did not feel they had received enough communication on outcomes achieved by the Drive Project thus far, expressing frustration around not being looped in on what interventions Case Managers conduct after successful referrals at DAPP or MARAC, nor how this is impacting victim-survivors.
- **Some participants also voiced scepticism around the effect of Disrupt and Support interventions without Behaviour Change work,** given the ingrained nature of domestic abuse

perpetration. One police lead strongly voiced these concerns and suggested steps that could be taken to improve the communication loop:

"We need regular updates on how Drive is going, [police officers] should be able to assess how perpetrators are being managed and provide oversight. Updates could be at BCU level...doesn't need to be a meeting, could just be an email that shares information. They could update a folder with interventions for each perpetrator on a regular basis."

Police Lead

- **Programme duration and impact assessment:** some participants thought the programme had not been running for long enough to be able to effectively assess its impact, noting the need for long-term thinking to garner support for the programme. A MARAC coordinator noted the need for more robust processes to evidence and communicate the outcomes effectively, wondering: "how do we know service users aren't just changing their behaviour when being monitored?". A VAWG Lead familiar with the Drive Project since the Croydon pilot provided useful communication guidance on managing partner expectations:

"My advice to other boroughs is that you won't see results in 6 - 12 months' time, it's long-term work, there is a need to manage expectations."

VAWG Lead

Drive Fellow

What is the Drive Fellow?

The Drive Fellow is a role appointed to a senior ranking police officer, who brings domestic abuse expertise and knowledge, supporting to embed Drive into multi-agency working practices and secure buy-in. The role was identified as a key level of change to facilitate culture change and system change in the Systems Change Evaluation of Drive (Suffolk University, 2023).



While the Drive fellow position shows promise for improving system-level police engagement, its late implementation limited impact on mobilisation and partners familiarity with the role.

- **Delayed introduction:** One of the primary challenges was the delayed introduction of the role, as by the time the position was filled, referral pathways and operational systems were already in place in many areas. Many participants appeared to be entirely unaware of the existence of a Drive Fellow, despite recognising the potential impact such a role may have. A Case Manager who was familiar with the role expressed some concerns around its effectiveness in facilitating fluid information sharing with police:

“The Drive Fellow was a good addition, but I think the issue has not been resolved. A lot of police officers don’t want to take the position as it’s kind of an admin role. But you need to have a police officer that is checking emails. Police correspondence has been a huge issue.”

Case Manager

- **Informal role uptake:** What emerged from interviews is that a police lead had informally taken on tasks aligned with the Drive Fellow’s remit, such as managing communications with the Drive Central Team and coordinating with multi-agency partners. While this provided critical support during mobilisation, it also highlighted the importance of formally embedding roles like the Drive Fellow early in the process.

Clearer role definition and earlier implementation would likely have maximised the role’s ability to influence strategic planning and operational efficiency, addressing systemic barriers and enhance police engagement across the programme.

3.3 System-wide effects

The following section shifts our focus away from facilitating and hindering factors and instead focuses on the system-wide effects of the Pan-London Drive Project. This includes its impact on multi-agency partners, on service integration, and an overview on emergent outcomes for victim-survivors and service users.

3.3.1 Multi-agency impacts

Encouraging a holistic approach to domestic abuse/'Shared accountability

Our interview data indicates that the Drive Project is catalysing shifts in multi-agency working, particularly around information sharing, risk management, and intervention strategies for domestic abuse. The programme has encouraged agencies to adopt a more holistic approach to perpetrator support and fostered shared accountability across professionals.

- **Holistic Approach:** The Drive Project is encouraging agencies to think beyond traditional responses such as arrest and release by promoting a more comprehensive approach to perpetrator support. A housing representative noted that Drive "helped cultivate the view that it's not always arrest and release," emphasizing the importance of systemic support and prevention. This shift is enabling agencies to address domestic abuse as a broader societal issue, integrating tailored interventions for perpetrators within a wider risk management framework.
- **Shared Accountability:** The programme is reshaping how agencies collaborate, with risk management becoming a shared responsibility rather than falling solely on domestic abuse caseworkers. The Drive Project has encouraged third-party reporting mechanisms, helping professionals across different sectors recognize their role in addressing domestic abuse. As one Service Manager observed, Drive has ensured "risk management is now shared across other professionals," building a collective effort to disrupt domestic abuse and fostering capacity across sectors.

Multiple disadvantage and complexity of cases

While there is a need for more locally informed strategies to address diverse and complex needs, the multi-agency approach adopted by the Drive Project allows for individuals with multiple disadvantage and complex cases to receive tailored and flexible support, recognising the importance of applying a holistic system lens to domestic abuse. The transformative effect this approach can have on one's life was highlighted by a service user who had experienced homelessness:

"[My Case Manager] was more than an advisor for me, because she supported me mentally and... she supported me for the process – for the whole process – she helped me find permanent accommodation, because I was homeless at the time."

Service user

As a service that explicitly applies a system-change and multi-agency approach to domestic abuse, the Pan-London Drive Project has provided service users and victim-survivors with advice and support relating to the complex and interrelated aspects of their lives. This is reflected in a quote from a victim-survivor, who explains challenges with engaging with children's social care services and support offered by the Drive Project:

“I mean, like, with the social [services], I know they say that they’re there to protect the children and stuff, and like you’ve got to follow their guidelines, and I feel like they’re on you all the time, whereas with [her], she’s there to support me”

Victim-survivor

Service users noted the interconnected nature of their circumstances and the benefit of Drive sharing information and acting as intermediary for challenges they faced with other agencies. This multi-agency approach is a crucial element of the Drive Project, particularly given the elevated levels of need for those experiencing multiple disadvantages.

“[My Case Manager] helped me a lot, to find a permanent house, because I was homeless, and I was struggling with the English language as well...she even contacted the Council as well and spoke with the Housing Officer regarding my problem.”

Service User

Emerging collaboration patterns

The Drive Project is fostering new collaborative practices across agencies, particularly in information sharing and case management. These emerging patterns highlight the importance of multi-agency cooperation in addressing domestic abuse and perpetrator behaviour.

- **Improved Information Sharing:** The Drive Project is playing a crucial role in improving how agencies share information to close gaps and strengthen accountability, by providing structured opportunities to share information and a set approach for this. A DAPP coordinator observed that while some agencies remain hesitant to share information, the Drive Project ensures escalation and follow-up, enabling Drive to identify weaknesses and encourage collective accountability.

“It hasn’t really affected different agencies, but it has helped us to see where agencies are not as forthcoming in sharing information. Drive would escalate that to us, and we can then chase people down and hold them to account, seeing where gaps are in information sharing.”

DAPP coordinator

- **Significant multi-agency engagement:** Admin data listing all actions recorded by Case Managers reflects the high level of multi-agency collaboration fostered by the Drive Project. Of the 8,722 recorded actions undertaken by Case Managers (excluding contact with service users), 89% (n=7,731) were updates involving multiple agency partners. This significant proportion emphasises the Drive Project’s success in integrating agency efforts toward shared goals to improve domestic abuse responses.
- **Health integration:** Some areas also demonstrate early signs of deeper system collaboration, particularly in health sector integration. A health representative highlighted the importance of expanding the role of health agencies, suggesting: “Health could chair MARACs to keep them central. They could take a more central role in the system around DA and perpetrator response.”

This vision emphasises a more active and strategic role for health agencies in strengthening multi-agency responses to domestic abuse.

“Recently I have had a Drive case worker coming to me to try to identify victims after identifying perpetrators...really effective and refreshing risk management approach. Health played a really important role in info sharing, working together with other agencies across London.”

Health representative

3.3.2 Service integration

Certain elements resulting from the implementation of the Pan-London Drive Project, such as the arranging for Case Managers to operate from the buildings of other agencies, otherwise known as ‘co-location’, fosters stronger system integration and offers a range of benefits for Case Managers and the broader success of the Drive Project. These include:

- **Increased awareness of the Drive Project among multi-agency partners:** by having a physical presence in shared spaces, Case Managers can improve their visibility and engagement with other agencies, enhancing multi-agency collaboration. A housing representative defined this as a facilitator for system integration, and a Case Manager highlighted:

“Co-location is really useful. It's about presence, awareness and professionals knowing about Drive, people approach my desk in person and can ask me questions on the programme.”

Case Manager

- **Co-locating services and providing consistent, private spaces for meetings with service users enhance the delivery of comprehensive, wrap-around support:** Case Managers explained that co-location provides a secure and neutral environment to interact with service users effectively, facilitating in-person contact over online, and providing easy communication with other services. Professionals expressed concern about Case Managers meeting service users in public spaces such as cafes and suggested that co-location is conducive to better risk management, ensuring public spaces are avoided, and enabling smoother service integration.
- **Colocation fosters facilitation of information sharing:** physical proximity to partner agencies allows for more seamless exchange of information and better coordination. A VAWG lead emphasised the effectiveness of co-location for better integration with existing domestic abuse services, stating:

“If I had a magic wand, I think perpetrators and victim-survivor services should be located in the same building for better sharing of information.”

VAWG Lead

Despite the numerous benefits, not all Case Managers are co-located with other agencies. The DCT explained that while co-location is often considered during the set-up phase, its implementation

depends on what is available in different boroughs. This may explain why some Case Managers we interviewed reported having to arrange co-location themselves, often through informal channels, making it slightly more challenging to set up. Co-location should be a core element of the Drive model, encouraged and facilitated by structured processes.

3.3.3 System learning and evolution

Changing perspectives

Some evidence suggests the Drive Project is contributing to shifts in how the system views perpetrator accountability, shifting professional narratives around domestic abuse and promoting a focus on perpetrator accountability.

The Drive Project's contribution to this cultural shift was perceived by professionals across a range of agencies, with 39 out of 50 survey respondents indicating that they believed the programme had the potential to improve local responses to domestic abuse. Several multi-agency partners emphasised this point in interviews:

- **Police** - the Drive Fellow noted that perpetrator programme can support police in following a more prevention-focussed approach to domestic violence.

"The mindset and culture in police have always been victim-centric and Drive helps turn heads away from pure charging and look at prevention."

Drive Fellow

- **Children's social care** - a social care professional from North East BCU found that the Drive Project was providing a crucial tool for keeping the focus on perpetrators, even in challenging high-risk cases where traditional interventions may not be feasible:

"It offered us something else to contain perpetrators, allowed us to stay focused on perpetrators even when in high-risk cases perpetrators aren't ready to work on DVPPs (Domestic Abuse Perpetrator Programmes) and it falls back on survivors. So, Drive offered a way for that to be re-balanced. Anything that lifts accountability from victim-survivors is useful and has a general ripple effect into our thinking."

Social Care Practitioner

- **Local Authorities** – a sexual violence commissioner noted that the Drive Project was creating a clearer framework for perpetrator accountability:

"Meetings about DA always involve questions about women "why don't they do this", now we have a landscape to talk about perpetrators more clearly. With Drive we can join dots from MARACs for perpetrators across many boroughs."

3.3.4 Emergent outcomes for service users & victim-survivors

While the programme has not been running for long enough to be able to quantify its long-term impact on service users and victim-survivors, interviews reveal first insights on emergent outcomes for service users and the associated victim-survivors.

Service Users

- **Service users interviewed reflected on the impact of Drive sessions on their future relationships.** They learned about the reasons behind their harmful behaviours and were provided with materials and ways of thinking which helped them understand their relationships differently:

“I learned a lot, to be honest, through this year as it is, I learnt a lot through all the professionals and my personal studies I’ve done, so I learned... I learned more than I learned through 40 years, I would say; relationship, and people’s characters, and manipulation systems, and... oh, a lot of... yeah. And she brought a lot of new information for me to take it with me ...you know... in the next relationship, as well”.

Service User

“Once you start breaking them down and tackling them, it brings you a lot of material to work on, or to improve it, or just ...you know... change your behaviour totally”

Service User

- **The interviews with service users indicate that the support provided by Drive helped services users with their self-esteem, mental health and sense of purpose:** “I gained more self-esteem back, and everything else... I’m getting my trust back into it”. The transformative effect Drive interventions can have on individuals is illustrated by an interviewee in particular, who indicated their regular interactions with Case Managers saved their life:

“As I remember, during that time, the Police wanted to speak with me regularly, and I was thinking about... I had some suicidal thoughts in my head, and I spoke with [Case Manager] regarding my thoughts, and she supported me mentally. She spoke with me, and she convinced me to... not to do that”.

Service User

- **Service users also praised the programme’s flexibility,** which allowed sessions to be adapted to their unique circumstances and schedules: “Sessions we adjust as it suits us, we’re always in

contact; it's not that it had to happen that day, and that day on a week... even if you do work and everything else, you can try to adjust". Service users also valued the personalised, practical support provided by Case Managers, who provided information they would otherwise not have been able to access:

"I would say a lot of good advice, and yeah, a lot of information that you... it's there, but maybe you never come across, even on social media, or even if you're searching on a google, you wouldn't find it because it's mainly ...you know... to every person's needs, that she brings that information, yeah, more about you – about your circumstances".

Service User

- While feedback provided in interviews was overall positive, one service user **suggested that receiving a clear structured and documented plan as part of Drive sessions would improve their experience of the programme:**

"I would say the first maybe two or three lessons should be establishing what the person actually wants to achieve, and maybe put a plan in writing?"

Service User

Victim-survivors

- **Victim-survivors interviewed highlighted the positive impact of being able to speak openly and honestly with Drive IDVAs.** They highlight their kind and caring qualities and their commitment to support and understanding.

"She's so lovely, and caring, and... I think... it's how she speaks to me, as well – she speaks to me really on a calm level. It makes me calm".

Victim-survivor

"With the Social [workers], I know they say that they're there to protect the children and stuff, and like you've got to follow their guidelines, and I feel like they're on you all the time, whereas with [her], she's there to support me. I felt like I could talk to her about anything

Victim-survivor

- In addition to emotional support, **victim-survivors commented on the value of learning more about the signs, forms and multifaceted impacts of domestic abuse from IDVAs.**

“I’ve learnt more about all the red flags – what to look for, and all that sort of stuff – like... because, although I’ve been in like a volatile relationship before, it was so hard to get out of that when you’re in it, and you don’t realise until you’re out of it how bad it was...”

Victim-survivor

- **They reflected on the positive impacts of the emotional support and educational information on multiple areas of their lives**, such as their relationships with their children, mental health, and other aspects of their life.

“Mum’s dealing with things a lot differently.” And since then, like dealing with my mental health as well, and I’m happier in that way, that I’m doing more stuff with the children...doing all fun things that I should have been doing back then”-

Victim-survivor

“I’ve come so far, do you know what I mean? Because I don’t really give myself enough credit, really. So, it’s nice to hear that from an outsider, and someone that’s only got to know me over a short period of time, that I’ve been doing well and ...you know... she’s been guiding me, and helping me, and supporting me – which I really appreciate”

Victim-survivor

- One victim-survivor that was interviewed explained that **they were not directly involved with or kept up to date with the Drive interventions delivered to service users but expressed gratefulness for the support they received** through the Drive Pan-London Project.

“He’s meant to be engaging with Drive as well... From what I can gather, I don’t know whether that’s been going well, at all, so I’m not too sure, but that’s nothing to do with me, so I’m just doing what I need to do, and that’s it, really.”

Victim-survivor

4. Conclusions

This section provides an overview of the evaluation findings, structured according to the research objectives.

Objective 1: To develop a systemic understanding of the Pan-London Drive model, its fidelity to the Drive Project core components and its implementation process across participating sites, considering the influence of local contexts on the model's adaptation.

In order to adhere to the core components of the Drive Project, whilst implementing the intervention in a new and varied setting such as London, **several key staffing, financial, strategic and political inputs were required:**

- **The financial resources** used to implement Pan-London Drive model were sufficient to set up referral mechanisms and begin accepting Drive cases in all boroughs, but is considered minimal. The budget allowed for a small central Drive team staff to oversee mobilisation and implementation, 1 Case Manager per BCU to deliver programme work, and 6 Drive IDVAS to support victim-survivors associated with service users, across 25 London boroughs. Analysis of administrative data from case management showed that the percentage of cases receiving direct work in Pan-London is lower than the program's benchmark expectation. While this research could not confirm whether the heavy workload among Case Managers contributed to their reduced ability to conduct direct work, it would be valuable to monitor how this percentage evolves as the program continues to roll out.
- **A comprehensive training package** including guidance on understanding of Drive Project model, working with perpetrators, and specific training for Panel Chairs and Representatives, was crucial to the initial introduction of the Drive Project to London boroughs. which received positive feedback from attendees. However, there is room for improvement in the training provided to partner agencies, as staff in these organisations were not always clear on how the programme works.
- **Support and engagement from borough-level services and agencies** were essential for establishing Drive referral pathways and governance structures during programme mobilisation and implementation, due to the multi-agency nature of the Drive Project. We found varying degrees of borough-level support for the Drive Project from agencies across London sites, in turn effecting the speed of delivery and fidelity to the Drive Project model.

In addition to inputs, this evaluation assessed the extent to which **various referrals process, operational and programmatic activities contributed towards achieving desired outputs and outcomes.**

- **Operationally, the Task and Finish Groups established in each borough were effective structures to implement the Drive Project** across the varied local contexts in London. Despite delays in some areas caused by challenges identifying the right people to attend and lower initial buy-in to Drive, the Task and Finish groups create structures of accountability necessary for the smooth and ongoing delivery of Drive.
- Reflections from participants indicate that although practitioners from across boroughs appreciate the flexibility of the Drive Project and ability to adapt the referral processes to their contexts,

DAPPs were generally considered to be most effective referral for maintaining a perpetrator focus and shifting to a multi-agency responsibility for domestic abuse.

- In terms of programmatic activities, the **1-1 support from Case Management was seen as uniquely beneficial** compared to group work approaches of other perpetrator programmes. However, **our research uncovered some confusion from across agencies working on Drive about how the programme works and its effectiveness in reducing violence perpetration.**
- In addition, practitioners **highlighted challenges in coordinating between local and Drive IDVAs**, as the relationships and processes around this mechanism were confusing and unclear to some. This uncertainty reflects the complexity of the Drive Project model and the need for clearer communication, training, and time for boroughs to sustainably embed new processes, in order to maximise the desired programme outcomes.

Objective 2: To identify and analyse the factors that facilitate or hinder the successful implementation of the Drive Project model in the Pan-London context, considering the perspectives of key stakeholders and the impact of the intervention on participating agencies.

Several influencing factors have affected the successful implementation of the Drive Project in London, such as funding and resources, multi-agency dynamics and buy-in, local contexts and intervention landscapes, and operational support and system leadership. Each of these factors contain both hindering and facilitating effects.

- The **financial resources fostered sufficient conditions for the delivery of the Drive Project**, however it was felt that the maximum of 10 cases per borough may be too small to create meaningful system change. The overall programme funding supported a small Drive Central Team and the service delivery team, enabling the successful establishment of Drive referral routes, panels and processes in 25 boroughs, and by August 2024 the Pan-London Drive Project had supported a total of 242 perpetrators and 284 victim-survivors of domestic abuse, with promising indications of impact. However, high caseloads for Case Managers and IDVAs created operational challenges and indicate a risk of staff burnout. In addition, some practitioners felt that a maximum of 10 cases per borough too small to embed system change, suggesting increased financial resources may facilitate more successful implementation and more sustainable systemic shifts.
- **Research showed that one of the most influential factors affecting the success of implementation was the initial buy-in from agencies.** Areas with existing knowledge of perpetrator interventions and an acute local need for an intervention supporting this cohort were more accommodating and faster in adopting the Drive Project. In contrast, other areas required more support and training from Drive Central Team and Service Managers, which caused delays in the set-up of multi-agency referrals meetings. The complexity of the Drive model, lack of clarity around the relationship between MARACs and DAPPs, and the need for more evidence demonstrating the impact of the Drive Project, were highlighted as factors hindering efficiencies in implementation. As a result of these factors and compounded by resource constraints, we observed that, in general, agencies such as the Police and domestic abuse services assumed more responsibility for the Drive Project and more consistently engaged in Drive meetings, compared to Children's Services and Probation services. Facilitators of multi-agency buy-in included system champions, such as VAWG Leads with strong local stakeholder connections and a passion for perpetrator responses, and the senior buy-in which play on the hierarchical nature of agencies like police.

- **Local perpetrator intervention landscapes and their integration with the Drive Project emerged as an important influencing factor in the implementation of Drive** and research illustrates that **more thorough mapping of existing provision prior to implementation would foster stronger commitment to the Drive and more successful delivery**. Considering the distinct social, demographic and cultural composition of different population in London boroughs, this mapping should include the distinct cultural norms, languages and diverse needs of each area, and be accompanied by cultural competency training to support Drive practitioners to provide tailored support. Additional mapping of local needs and intervention landscapes during mobilisation may allow for smoother embedding of the Drive Project into local areas.
- Research showed that the **Drive Central Team and Practice Advisor role, who holds overall responsibility for the mobilisation and implementation of Pan-London Drive, were critical to the success implementation of the Drive Project** and participants continuously praised the Practice Advisor individual for their proactive communication, reliable responsiveness and deep expertise in domestic abuse. Despite their success, overreliance on one individual raises concerns about the sustainability of the programme. Research also indicates that the consistent and helpful operational support from the Drive Central Team is an important facilitating factor. Although the Drive Fellow position shows promise of improving system-level change, the role's influence was hindered by delays in adoption of the role's responsibilities.

Objective 3: To understand the system-wide effects of the Drive Project model, focusing on the impact on multi-agency partnerships, service delivery, and the interplay between the intervention and the existing agency responses in different boroughs.

Research indicates that the Pan-London Drive Project is encouraging a **more holistic approach to perpetrator response and fostering shared accountability for domestic abuse across agencies, through information sharing and collective risk management**.

- This has fostered **new collaborative practices** across agencies in London boroughs, such as improved information sharing. Although some challenges remain due to a lack of trust and attendance of multi-agency partners, Pan-London Drive has encouraged more consistent and regular multi-agency engagement in domestic abuse cases, and increased engagement from agencies such as Health, whose contributions may not typically be systematically integrated into perpetrator response
- There is some indication that the multi-agency approach of the Drive Project **facilitates boroughs' ability to support complex cases** involving high levels of multiple disadvantages, such a service user who faces significant homelessness, substance misuse, language and/or mental health problems. This reflects the benefits of the 'Support and 'Disrupt' elements of the Drive Project, in which Case Managers assist with the multiple needs of service users, whilst also intervening to disrupt perpetration via the criminal justice system. However, there are indications that the programme would benefit from additional training for Drive IDVAs and Case Managers in understanding how to better understand and support individuals with complex needs.

As well as the systemic benefits produced by the multi-agency approach integral to the Drive Project model, implementation of the Pan-London Drive Project highlighted several additional benefits and opportunities to impact the eco-system of agencies addressing perpetration of abuse:

- **Co-location of Drive Case Mangers in Children's services buildings or other agency facilities, enabled increased collaboration** and awareness of how the Drive Project works and provided access to safe spaces for Case Managers to carry out in-person work.
- **The Drive Project has coincided with adaptations to MARACs**, moving them from monthly MARACs to daily police check-ins in some boroughs. Participants from the police supported this adaptation, citing the need to risk management more quickly, since monthly MARAC can create situations in which actions required to safely risk manage a service user occur 4-6 weeks after the initial MARAC meeting is held, increasing the risk to the victim. However, holding daily police check-ins should not replace monthly MARACs, since the engagement from all agencies on a monthly basis should ensure shared accountability and information sharing, ensuring domestic abuse do not sit entirely within the criminal justice system.
- **Research uncovered an opportunity to generate more structured spaces for shared learning**, through written implementation materials or structured spaces for BCUs to share lesson learned. This may enhance of agencies involved. However, evidence also suggests system-wide learning may be hindered by high staff turnover across agencies.

We identified an opportunity to increase the system-wide effects of the Drive Project, through further quality assurance of DAPPs and MARACs to standardize the meeting format and quality. Observations of DAPPs highlighted variations in duration, quality of chairing, and engagement from agencies, with some areas demonstrating better practices than others. Improvements made to how multi-agency meetings are run may encourage greater involvement from agencies with lower attendance and engagement levels.

5. Recommendations

The Pan-London Drive process and implementation evaluation has shown us that the Drive Project is a useful, flexible and context-specific model that has the potential to positively impact local responses to domestic abuse. It has also highlighted good practice, as well as opportunities to adapt current elements of resources, structure and strategy to enhance the programme's implementation and delivery.

Recommendations have been structured according to elements that should be continued or adapted, within the themes of resources, structure and strategy.

5.1 Resources

Recommendation 1: Adapt

Consider increasing the number of Case Managers, and potentially Drive IDVAs, per borough to strengthen local system integration, manage workloads effectively, and reach more families.

- In the South BCU pilot, four Case Managers were allocated per BCU, whereas the Pan-London model reduced this to one Case Manager per BCU. Although individual caseloads per Case Manager remained similar, the broader geographical coverage per Case Manager increased pressure due to extended travel demands, more panels to attend, and a higher number of multi-agency stakeholders to engage with.
- Increasing staffing levels would help balance workloads, improve staff retention, and strengthen collaboration with key partners.
- The current cap of 10 cases per borough, based on available Case Manager and Independent Domestic Violence Advocate (IDVA) resources, may be too small to drive meaningful system change. Increasing the cap on cases could enhance the programme's overall impact.

Recommendation 2: Adapt

Develop sustainable funding models for increased capacity to support both central Drive Project delivery and oversight, as well as partner agency engagement.

- Evidence gathered illustrates that Pan-London mobilisation required significant time and staff resources. This limited the tailored, borough-specific support available to individual boroughs, which is especially valuable for boroughs less familiar with perpetrator programmes or seeking to establish new panel structures with little existing perpetrator infrastructure. Increasing funding for the DCT would enable increased availability of targeted support to these boroughs.
- Introducing roles like funded VAWG Champions could also improve programme sustainability and embed the Drive Project more consistently within local systems.
- Several multi-agency partners, including the Police, reported that the Drive Project's current capacity of 10 cases per borough may be limiting its potential to generate meaningful, system-

wide impact. Increasing the borough caseload capacity could strengthen partner engagement and support broader system change in perpetrator responses.

- The design of these sustainable funding models will depend on resources and timelines, but potential elements may include:
 - Additional central resource for the Drive Central Team (DCT) to support programme mobilisation and implementation.
 - Introducing a VAWG Champions structure to strengthen navigation of local agency systems.
 - Increasing the maximum number of cases per borough to enhance local engagement and impact.
 - Increasing the number of Case Manager and IDVAs (as per Recommendation 1)

Recommendation 3: Adapt:

Invest in system-wide learning and knowledge sharing mechanisms with dedicated funding streams and staff resources.

- High workloads for delivery and implementation staff resulted in limited resources and opportunities to develop coordinated opportunities for boroughs to learn from one another and share system-wide learnings.
- Committing dedicated staff resource towards this, for example in the form of digital newsletters or updates on the Drive Project progress, may promote more consistent buy-in across areas and facilitate the overcoming common challenges such as effective information sharing and communicating Drive Project outcomes.
- Structured knowledge-sharing mechanisms can help boroughs overcome common challenges, such as improving information sharing amongst statutory agencies and effectively communicating Drive Project outcomes.

5.2 Structure

Recommendation 4: Continue and Adapt

Clarify and strengthen the coordination between local IDVAs and Drive IDVAs to facilitate shared understanding of the case management process for victim-survivors and more effective communication between agencies.

- There is a need for Drive to outline and provide clarity to Drive Project staff and IDVAs about how the IDVA mechanism works in practice, the expectations of each service, and the anticipated outcomes for victim-survivors.
- We recommend creating clear, accessible documentation outlining the IDVA mechanism, detailing the process from referral, the handover process, and case closure, to ensure all practitioners have a shared understanding of the model.

Recommendation 5: Continue and Adapt

Explore new ways to support boroughs to set up DAPPs as fundamental system infrastructure with dedicated resources and embed DAPPs as the preferred referral mechanism for the Pan-London Drive Project.

- Consider ways to embed DAPPs as the preferred and standard referral mechanism, to ensure a more consistent focus on perpetrators. As part of this, we recommend providing clear documentation guidance for DAPP standards, including DAPP meeting structure and effective DAPP chairing.
- Build in regular quality assurance of DAPPs by Drive Central Team to ensure adherence to implementation guidance and standards.

Recommendation 6: Continue and Adapt.

Continue to deliver and develop the cultural competency training and develop materials to support system-wide cultural competency.

- Implementation has highlighted broader system gaps in practitioner knowledge and comfortability with working effectively with minoritised communities, emphasising the need for improved cultural competency and tailored responses. Drive provided some training on cultural competency; however, feedback suggests there is opportunity to strengthen this element of the training package.
- Enhanced cultural competency training should be co-designed with practitioners and organisations from across minoritised communities to ensure the diversity of populations across London is considered and included.

Strengthening training may include expanding information on cultural and social norms within different London populations, practical advice on culturally responsive communication strategies, guidance on building trust and confidence when engaging with diverse communities, and/or strategies for overcoming language barriers and promoting inclusive service delivery.

Recommendation 7: Continue

Continue to learn from the successes of the Task and Finish Groups and consider how they should most effectively be structured and organised to facilitate a transition to local Drive Project governance groups once programme delivery has begun.

- Evaluation findings indicate that Task and Finish Groups were generally seen as effective mechanisms for programme mobilisation and implementation. These groups were praised for being well-organised and impactful, though they were also recognised as time-consuming.
- As the Drive Project becomes more embedded within local systems, we recommend strengthening documentation and to ensure that the transition from Task and Finish Groups to local governance structures is effective. This may include creating documentation outlining the

structure and purpose of Task and Finish Groups as governance bodies, outlining their aims and activities, and identifying best practices.

Recommendation 8: Continue and Adapt

Develop and regularly circulate clear implementation and guidance documentation that explains how the Pan-London Drive Project works and the ways in which various roles contribute to case referral, case allocation, and support.

- While participants expressed satisfaction with the training and support provided by the Drive Central Team, there were consistent suggestions for more detailed, accessible materials that simplify complex programme mechanisms. Training and implementation guidance materials for partner agencies could be improved. As highlighted in Recommendation 2, increasing the capacity of champions and the DCT could improve training delivery and strengthen partner engagement.
- Documentation should establish clear protocols and guidance for sustainable partner agency involvement, including written guidance and advice for virtual case work for Case Managers and Drive Project IDVAs.
- Clear and consistent documentation will help ensure that all stakeholders understand their roles and responsibilities in the referral and support process, improving efficiency and collaboration.

5.3 Strategy

Recommendation 9: Continue and Adapt.

Strengthen early system mapping and preparation in new areas, including funding landscape analysis.

- Evaluation findings highlight a need for increased mapping of local interventions to enhance local integration with the Drive Project processes and systems effectively.
- Contextual information such as competition for resources may have an impact on the level of local buy-in and interest in the Drive Project and should be understood prior to implementation.

Recommendation 10: Adapt

Investigate opportunities to strengthen the leadership and participation of non-criminal justice agencies within multi-agency collaboration to create a more balanced, holistic response.

- Despite strong multi-agency engagement in Drive Project processes, evidence suggests that criminal justice perspectives can dominate multi-agency meetings, potentially limiting the broader impact of the programme.

- An observation of a DAPP chaired by children's social care showed how a non-criminal justice lead can promote a more balanced, multi-agency approach, incorporating increased input from health and social care partners.
- Interest from participants in housing, health, social care, and probation indicates an opportunity to explore ways to build capacity and leadership within these agencies. This could rebalance agency participation and enhance fidelity to the multi-agency implementation of the Drive Project model.
- We recommend considering piloting alternative DAPP chairing models, such as those led by health, housing, or social care, exploring capacity-building initiatives for non-criminal justice agencies, and providing dedicated resources or training to increase their leadership roles within multi-agency panels.

Recommendation 11: Adapt

Consider mechanisms for sustaining system changes beyond Drive funding.

- Given that mobilisation of the Pan-London Drive Project required significant time and staff resources to establish the Drive Project across boroughs, MOPAC should consider developing sustainable funding to ensure processes and mechanism implemented and continue to delivery outcomes for service users and victims.
- Feedback from interviews showed that multi-agency partners were aware of limited funding, in turn impacting the potential of longer-term buy-in and resource investment.

Recommendation 12: Adapt

Commission a cost-benefit analysis to assess the value for money of the Pan-London Drive Project model, evaluating both the impact of the scaled approach and outcomes for victim-survivors and service users.

- Future evaluations should consider measuring the primary outcomes for service users and victims against the programme implantation and delivery costs
- Findings will support design of future funding models, support strategic decision making and provide robust evidence for the outcomes for the Drive Project.

Appendices

Appendix 1: Evaluation Framework

Evaluation Objectives	Research Questions	Research/Data Collection Method	Participant Group/Data Source
Objective 1: To develop a systemic understanding of the Pan-London Drive model, it's fidelity to the Drive core components and its implementation process across participating sites, considering the influence of local contexts on the model's adaptation	To what extent are the various inputs (staffing, funding, governance, multi-agency engagement, strategic and political will) being used in the implementation of the Pan-London Drive model across different London boroughs?	Semi-structured interviews	• Drive Central Team • Service Manager
		Documents review	• Pan-London Service specification • Previous evaluations
		Observations & Contextual Interviews	• DAPP • MARAC
	To what extent have the various the referrals process, and activities in the Pan-London implementation contributed to achieving desired outputs (e.g. KPIs, set up of the service) at this stage in the intervention roll out?	Semi-structured interviews	• Drive Central Team • Service Manager • Case Managers • Multi-agency partners
	In what ways, if any, has the core Drive model been adapted – for the Pan-London Drive model and what are the impacts of this?	Semi-structured interviews	• Service Manager • Drive Fellow • Multi-agency partners • Case Managers • IDVAs
Objective 2: To identify and analyse the factors that facilitate or hinder the successful implementation of the Drive model in the Pan-London context, considering the perspectives of key stakeholders and the impact of the intervention on participating agencies.	Based on the experiences of stakeholders, to what extent have aspects of the model's implementation been successful or challenging in the Pan-London context, and why?	Semi-structured interviews	• Multi-agency partners • Drive Fellow • Strategic VAWG lead • Police lead • Service Manager • Case Managers • IDVAs • Victim-survivors • Service users
	To what extent have multi-agency stakeholders 'bought' into Pan-London Drive and how has this impacted its successful implementation?	Semi-structured interviews	• Multi-agency partners • Drive Fellow • Strategic VAWG lead • Police lead • Service Manager • Case Managers • IDVAs • Victim-survivors • Service users

Objective 3: To understand the system-wide effects of the Drive model, focusing on the impact on multi-agency partnerships, service delivery, and the interplay between the intervention and the existing agency responses in different boroughs.	How have the existing systems , agencies, and services in different London boroughs influenced the implementation of the Pan-London Drive model?	Semi-structured interviews Survey	• Drive Central Team • Multi-agency partners • Drive Fellow • Strategic VAWG lead • Police lead • Service Manager • MARAC coordinators • DAPP coordinators • Other individuals involved in the referral process • Case Managers • IDVAs
	To what extent has the Pan-London Drive model implementation , in turn, affected local and London-wide systems , cultures and practices in relation to perpetrator response?	Semi-structured interviews	• Drive Central Team • Multi-agency partners • Drive Fellow • Strategic VAWG lead • Police lead • Service Manager • MARAC coordinators • DAPP coordinators • Other individuals involved in the referral process
		Survey	• Case Managers • IDVAs

Appendix 2 Survey respondents by role and BCU

Survey sample		
Role of survey respondents		
Role	Count	%
Multiagency Partners	28	56%
Drive staff	11	22%
IDVAs and Victim support staff	8	16%
Police	3	6%
BCUs of survey respondents		
BCU	Count	%
North West	7	14%
Central North	6	12%
More than one BCU	6	12%
Central East	5	10%
Central West	5	10%
East	4	8%
Across all BCUs	4	8%
North East	4	8%
South Area	3	6%
West	2	4%
North	2	4%
South East	1	2%
[blank]	1	2%

Appendix 3: Survey Questions

About You

Q1. Which BCU do you work in? You may select more than one option.

- A. Across all BCUs
- B. Central West BCU – Hammersmith and Fulham, Kensington and Chelsea, Westminster
- C. South West BCU – Kingston, Merton, Richmond, Wandsworth
- D. South BCU – Bromley, Croydon, Sutton
- E. South East BCU – Bexley, Greenwich, Lewisham
- F. East BCU – Barking and Dagenham, Havering, Redbridge
- G. West BCU – Ealing, Hillingdon, Hounslow
- H. Central South BCU – Lambeth, Southwark
- I. North BCU – Enfield, Haringey
- J. Central East BCU – Hackney, Tower Hamlets
- K. Central North BCU - Camden, Islington
- L. North West BCU – Barnet, Brent, Harrow
- M. North East BCU – Newham, Waltham Forest
- N. Prefer not to say
- O. Don't know

Q2. Who is your employer?

- A. Drive
- B. SafeLives
- C. Respect
- D. Cranstoun
- E. Local Authority
- F. Charity/organisation that supports people with Domestic Abuse
- G. Metropolitan Police
- H. Probation Services
- I. NHS
- J. Other: please describe [open text]

[ROUTE Q2A] If selected F at Q2: Which of the following do you work for?

- A. **Victim Support**

- B. **Hestia**
- C. **Rise Mutual**
- D. **Advance**
- E. **Other: please describe [open text]**

Q3. Which of these roles best describes your job role, in relation to Drive in London?

- A. Drive Practice Advisor
- B. Drive Service Manager
- C. Drive Case Manager
- D. Drive IDVA
- E. Drive Team Leader
- F. Drive_- 'Other' role
- G. IDVA Manager
- H. IDVA
- I. Police Lead
- J. VAWG Lead/Strategic Lead for Modern Slavery, Abuse, VAWG
- K. Health/Mental Health professional
- L. MARAC Chair/ Coordinator
- M. Domestic Abuse Perpetrator Panel Chair/Coordinator
- N. Probation Officer/Manager
- O. Domestic Abuse Commissioner
- P. Social Worker/Family Support Worker
- Q. Other: please describe [open text]

[ROUTE] If selected G-P at Q2 (I.E. *not* Drive staff):

How much time do you spend on working on Drive?

- 0-20% of my time at work
- 21-40% of my time at work
- 41-60% of my time at work
- 61-80% of my time at work
- 81-100% of my time at work

Q4. From 1-5, how manageable is your workload on Drive?

1. Completely unmanageable
2. Somewhat unmanageable
3. Neutral
4. Somewhat manageable
5. Easily manageable

Q5. How long have you been aware of Drive?

- A. I became aware of Drive through this survey
- B. Less than 6 months
- C. 6 months - 1 year
- D. 2-3 years
- E. 4-5 years
- F. More than 5 years
- G. Don't know
- H. Prefer not to say

Implementation

Q6. On a scale from 1-5, with 1 as “Not at all well” and 5 as “Very well”, how well do you think Drive was rolled out in your area?

1. Not at all well
2. Not well
3. Fine
4. Well
5. Very well
6. Prefer not to say

Q7. What referral route do you use in your BCU?

- A. MARAC
- B. Perpetrator Panel (DAPP)
- C. Combination of both

- D. Professionals meeting
- E. Don't know
- F. Other: please describe [open text]

Q8. In your view, on a scale from 1-5, with 1 as “Not at all well” and 5 as “Very well”, how well do you think this referral route process works?

- A. Not at all well
- B. Not well
- C. Fine
- D. Well
- E. Very well
- F. Prefer not to say

Q9. Did you receive any training on Drive?

- A. Yes
- B. No
- C. Not sure
- D. Prefer not to say

[ROUTE] If selected A at Q9: On a scale from 1-5, with 1 as “Very dissatisfied” and 5 as “Very satisfied”, how satisfied were you with the training?

- 9. Very dissatisfied
- 10. Dissatisfied
- 11. Neither satisfied nor dissatisfied
- 12. Satisfied
- 13. Very satisfied
- 14. Prefer not to say

Q.10. Did you receive any training from Drive on working with perpetrators from different communities?

- A. Yes
- B. No
- C. Not sure

D. Prefer not to say

Q11. On a scale from 1-5, with 1 as “Very dissatisfied” and 5 as “Very satisfied”, how satisfied are you with the level of support provided to help you to implement Drive?

1. Very dissatisfied
2. Dissatisfied
3. Neither satisfied nor dissatisfied
4. Satisfied
5. Very satisfied
6. Prefer not to say
7. Not applicable to me/my role in Drive

Q12. Please explain why you chose the option you did for Q11. [open text]

Views on Drive

Q13. How would you rate your opinion on Drive being offered as a service in your area?

1. Very negative
2. Somewhat negative
3. Neutral
4. Somewhat positive
5. Very positive
6. No opinion
7. Prefer not to say

Q14. Please explain why you chose the option you did for Q13. [open text]

Q15. How well do you feel you understand what Drive is, how it works and what it aims to do?

Not at all well

Not well

Neutral

Well

Very well

Prefer not to say

Q16. How well do you feel other agencies or stakeholders you work with, understand Drive?

1. Not at all well
2. Not well
3. Neutral
4. Well
5. Very well
6. Prefer not to say

Q17. How engaged do you feel in Drive?

Very disengaged

Disengaged

Neither engaged nor disengaged

Engaged

Very engaged

Prefer not to say

Q18. Do you think Drive has the potential to impact local responses to domestic abuse?

- A. Yes
- B. No
- C. Not sure

Q19. Why? [open text]

Q20. Is there anything else you want to tell us?

[open text]

Thank you.

Appendix 4: Ethical approach

Ethical Considerations

Social Finance has implemented an internal ethical review process for the evaluation of the Drive pan London programme. This process ensures that our research adheres to high standards of ethical conduct, particularly given the sensitive nature of domestic abuse interventions and the potential vulnerabilities involved. In this note, we outline our ethical considerations in full. The document is split into the following sections:

- **Summary of approach:** Outlines the approach taken to ensure ethical principles are upheld, focusing on Women's Aid Research Integrity Framework on Domestic Violence and Abuse.
- **Interviews with victim-survivors of domestic abuse:** Details our trauma-informed approach to interviewing vulnerable participants, emphasising safety and well-being. Also outlines strategies to minimise potential harm to participants throughout the research process, as identified in our risk and mitigation document.
- **Informed consent:** Describes our comprehensive informed consent procedure, ensuring participants fully understand their involvement.
- **Confidentiality:** Explains our approach to protecting participant identities and managing sensitive information.
- **Escalation process:** Outlines our process for escalating incidents of abuse, harassment or other forms of physical or emotional harm.
- **Data security and privacy:** Details our robust data protection measures and compliance with relevant regulations.
- **Respecting rights of participants:** Emphasises our commitment to treating participants with dignity and respect throughout the evaluation.
- **Research safety and well-being:** Describes our approach to ensuring the mental health and safety of the research team, considering the sensitive nature of the research.
- **Risk register:** Lists the identified risks for the project and describes our approach to mitigate these.

Summary of approach

Initially, we discussed whether the evaluation would need approval from an external ethics review board. However, after careful consideration, we determined that seeking formal ethical approval was not necessary or feasible for several reasons:

1. The evaluation is taking place outside of a university's research ethics framework
3. While the MOPAC (Mayor's Office for Policing and Crime) and its Evidence and Insight Unit have internal process that cover core aspects of research ethics, it does not have an ethics board that can provide review and approval to external organisations.
4. Our timeline required a relatively rapid ethics process

Instead of seeking external approval, we decided to follow Social Finance's internal ethics procedure and welfare guidelines. This approach allows us to maintain high ethical standards, whilst leveraging

our organisation's expertise on sensitive research areas. Our internal ethical review process comprises several key steps:

1. Initial assessment by our New Business Committee, where potential risks were identified and weighed by senior leadership. The Committee includes Team Heads, the Head of Human Resources, the Compliance and Risk Officer and the CEO. Most members have completed ethics training and have relevant career experience.
2. Development of a comprehensive risk and mitigation document by the project team, supported by the Associate Director on the programme
3. Collaborative review and refinement of practical mitigation steps by the group, included in our research protocol
4. Establishment of clear protocols for addressing ethical concerns throughout the research process
5. Regular check-ins as an evaluation team and a "*critical friends' group*" comprising academics, policy researchers and other experts

Our approach was guided by the Women's Aid Research Integrity Framework on Domestic Violence and Abuse. The framework aims to promote best practice by adopting a feminist and intersectional approach to collaborative research and evaluation. It consists of 5 pillars, representing principles for ensuring transparency, research integrity and meaningful participation. These are:

1. Safety and well-being: outlining ways to ensure the 'do no harm' principle can be best adhered to.
 - To put this into practice, we are providing participants with clear guidance and information on participation, providing clarity on anonymity and confidentiality, and have set up internal escalation processes to safeguard the researcher and participant.
2. Transparency and accountability: outlining how best to communicate details and implications of research participation.
 - To put this into practice, we are providing participants with information on the funder for the research and partnership relationships.
3. Equality, human right and social justice: outlining the importance in the research process of being aware, and naming, issues linked to equality, human rights and social justice.
 - To put this into practice, we are asking participants directly about the extent to which Drive is adaptable and sensitive to the variation of cultural backgrounds present in London and positioning the research in the context of each borough, acknowledging its demographic makeup, historical relationship to agencies, and funding challenges.
4. Engagement: outlining the need to ensure honesty in relation to the potential limits of participant engagement.
 - To put this into practice, researchers follow a transparent process to communicate with participants the potential impact of their participation.
5. Ethics: outlining if, and when, to adopt an ethical review process.
 - To put this into practice, we have explored the need for a formal ethics review and understand that a formal process not required for a project of this kind.

The team is working closely with SafeLives and other relevant stakeholders to ensure that the research is conducted in a way that prioritises the safety, well-being, and rights of all participants, particularly victim-survivors. Regular reviews and discussions are held among the evaluation team to ensure that ethical standards are upheld, and any emerging issues are addressed promptly and appropriately. The team has sought guidance from experts in trauma-informed research and domestic violence to ensure that best practices are followed throughout the evaluation.

Interviews with victim-survivors of domestic abuse

The safety and well-being of victim-survivors is the highest priority throughout the evaluation process. We understand that interviewing victim-survivors carries a higher risk of re-traumatisation and risk. However, it is essential to include their perspectives, as they are the primary beneficiaries of the programme. SafeLives, as a specialist organisation with experience in conducting research activities with victim-survivors using trauma-informed principles and practices, will carry out the interviews with victim-survivors and follow their own welfare process.

Social Finance has collaborated closely with SafeLives to prepare discussion guides, ensuring the language is appropriate for the audience and minimising the risk of re-traumatisation. Interview participants are clearly informed that they may stop the interview at any time, take breaks if needed, or decline to answer any questions if they feel uncomfortable.

Contact details for organisations offering support are provided to all participants, should they require assistance or support following the interview. Interviewers are reminded of the need to recognise signs of distress and will have protocols in place to respond appropriately, including ending the interview if necessary, and escalating disclosures.

Informed consent

All interview participants receive an information sheet and consent form prior to the research activity. For interviews with victim-survivors and service users, the information sheet has been prepared by SafeLives, who will conduct the interviews.

The information sheet explains the background of the project, data collection, data storage details, how to withdraw their data, and contact details for any additional questions. Verbal consent is also obtained prior to interview recording to ensure participants fully understand and agree to participate.

The consent process is ongoing, with participants reminded of their rights and the voluntary nature of their participation at each stage of the research. Participants are given sufficient time to review the information and ask questions before providing consent. Participants can choose to remove themselves from the research at any point in the evaluation process.

Confidentiality

We ensure research participants are aware of the audience of the report by clarifying this in the information sheet that is shared ahead of interviews. The research participants who are responsible for service delivery are informed that the report will **not** include their name and refer only to their BCU and high-level role. We provide an example of how this would appear and still give them the option not to be identified by any role or geography. For perpetrators and victim-survivors, the report will only refer to London, without more granular details removed to prevent the risk of identification.

We clearly outline in the information sheet that Social Finance is part of the Drive Partnership but that the team conducting the research is separate from the team involved in the Drive delivery. We provide a clear research point contact (separate from those doing the field work) should research participants have any concerns, questions or want to follow up. We will make this clear in the information sheet and during the interview.

Escalation process

We have a clear escalation process document. It establishes that any information heard during interviews that raises concerns about the safety of victim-survivors, children, or service users will be escalated to the Drive Central Team. The document defines what constitutes a concern, providing examples of harmful language, victim-blaming attitudes, or negligent behaviour from professionals. It also clarifies what does not qualify as a concern requiring escalation. The process emphasises reliance on professional judgment to assess situations that may be unclear. For situations where we identify immediate and serious harm, the protocol is to contact the police in the first instance, ensuring a robust response to urgent safety risks.

Data security and privacy

All data collected during the evaluation is stored securely on cloud storage devices and accessed only by authorised personnel directly involved in the research. Personal identifiable information is kept separate from the interview data and will be anonymised in any reports or publications resulting from the evaluation. Data will be destroyed after a specified period, in line with data protection regulations and the project's data management plan. Data sharing agreements have been put in place with any third parties involved in the research to ensure confidentiality and secure handling of data.

Respecting rights of participants

Participants are treated with respect, dignity, and confidentiality throughout the evaluation process. They have the right to withdraw from the study at any time without providing a reason, and their data will be removed from the analysis if requested. Participants are provided with information on how to access the final evaluation report, should they wish to do so.

The evaluation team are transparent about the purpose, methods, and intended outcomes of the research, and provide opportunities for participants to ask questions and provide feedback.

Research safety and well-being

Interviews with Drive staff are conducted by Social Finance. Social Finance researchers are not interviewing victim- survivors or perpetrators directly. However, the team will be exposed to material related to domestic violence. Given the sensitive nature of the research, the content they read or listen to may be disturbing, upsetting, or triggering, posing a risk of vicarious trauma, especially with repeated exposure.

Social Finance has established an internal welfare process in line with Social Finance's guidelines. Measures include access to clinical supervision with a professional, ensuring the team is aware of available support, regular team check-ins, managing the schedule to avoid an overload of interviews, allowing team members to leave the project without providing justification, and a clear escalation process.

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