Evaluation of Year 2 of the Drive Project
– A Pilot to Address High Risk Perpetrators of Domestic Abuse

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GLOSSARY

CM – Case Manager
CP – Child Protection
CRC – Community Rehabilitation Company
CSS – Children’s Social Services
DHR – Domestic Homicide Review
DVA – Domestic Violence and Abuse
DVDS – Domestic Violence Disclosure Scheme
H&S – Harassment and Stalking Behaviours
IA – Institutional Advocacy
IDVA – Independent Domestic Violence Advisor
J&C – Jealousy and Controlling Behaviours
MAPPA – Multi-Agency Public Protection Arrangements
MARAC – Multi-Agency Risk Assessment Conference
MARAT – Multi-Agency Referral & Assessment Team
MASH – Multi-Agency Safeguarding Hub
NPS – National Probation Service
OIC – Officer in Charge
OM – Offender Manager
RA – Rehabilitation Activity
RCT – Randomised Control Trial
RO – Restraining Order
SD – Standard Deviation
SU – Service Users (perpetrators allocated to the Drive intervention)
V/S – Victim/Survivors
INTRODUCTION

Drive is an innovative response to domestic abuse that aims to reduce the number of child and adult victims by disrupting and changing perpetrator behaviour.

Drive focuses on priority (high-harm and/or serial) perpetrators, as this group carries the greatest risk of serious harm and engagement with available services is low. Drive implements a whole-system approach using intensive case management alongside a coordinated multi-agency response, working closely with victim services, the police, probation, children’s social services, housing, substance misuse and mental health teams. Drive focuses on reducing risk and increasing victim safety by combining disruption, support and behaviour change interventions alongside the crucial protective work of victim services. The service has been developed to knit together existing services, complementing and enhancing existing interventions.

Drive is being run by a partnership between Respect, SafeLives and Social Finance. The costs are being met by a combination of local funding from Police and Crime Commissioners, the Home Office Police Innovation Fund and philanthropic grants from Lloyds Bank Foundation for England and Wales, The Tudor Trust and Comic Relief.

Drive launched in April 2016 and is being piloted in three areas across England and Wales (Essex, South Wales and West Sussex) with the aim of reducing the number of child and adult victims of domestic abuse by deterring perpetrator behaviour.

By addressing perpetrators’ behaviour, Drive targets the root cause of domestic abuse and improves outcomes for victims/survivors and children. The key objectives are:

- Reduce the number of serial perpetrators of domestic abuse
- Reduce the number of repeat and new victims
- Reduce the harm caused to victims and children
- Intervene earlier to safeguard families living with high-harm domestic abuse

This report provides the findings from the evaluation of the Drive Project in its second year of implementation. The evaluation has been carried out by a team from the University of Bristol, led by Professor Marianne Hester, with Nathan Eisenstadt, Cassandra Jones, Karen Morgan, Levana Magnus and Lis Bates.

The Drive Pilot Model

The Drive pilot takes randomly allocated high-harm perpetrators associated with victims/survivors who have been referred to Multi-Agency Risk Assessment Conferences (MARAC). The intervention lasts 10 months and is comprised of: direct one-to-one work carried out by case managers with service users; indirect work carried out at a multi-agency level primarily to share information, manage risk and disrupt perpetration; and one-to-one IDVA support for the associated victims/survivors. Where engagement with a perpetrator is difficult and/or perpetration continues, strategies are used to disrupt perpetration. To the extent that case managers both assist service users to meet needs (e.g. around housing or substance misuse treatment) and intervene to disrupt perpetration via the criminal justice system, the intervention can be characterised as comprising a ‘support’ and ‘disrupt’ element (see Figure 1).
The University of Bristol, led by Professor Marianne Hester, was commissioned to evaluate the Drive pilot over a period of three years.

There are three phases to the evaluation:

- **Phase 1** – January to March 2016: this was a short development phase to establish processes of data collection and protocols with Drive staff and relevant agencies and to obtain ethical approval from the University of Bristol Ethics Committee.

- **Phase 2** – March 2016 to June 2017: this was an initial testing phase covering Year 1 of the intervention, to ascertain whether the intervention was feasible: looking at the acceptability of the pilot to perpetrators and victims/survivors of DVA, the feasibility of recruitment, randomisation and follow up, outcome measure completion for the first year of the intervention and process evaluation.

- **Phase 3** – June 2017 to June 2019: this will constitute the main phase, where longer term outcomes will be assessed more robustly, including behaviour change for a larger sample of perpetrators and life quality for victims and their children.

Phases 1 and 2 have been completed during the Year 1 Feasibility Study. Currently, the pilot is in the midst of Phase 3, and this Year 2 Evaluation assesses results up to the end of March.
2018. The Year 3 Evaluation Report will be completed towards the end of 2019 and present robust findings from the full three-year evaluation.

The University of Bristol evaluation team were tasked with providing ongoing assessment of the efficacy of the Drive intervention (see Figure 1), to demonstrate how outcomes are sustained over time, and to provide both quantitative and qualitative insights into outcomes achieved and the processes involved. To this end, the evaluation team were asked to consider a number of key research questions, as follows:

1. What is the profile of the perpetrators worked with?

2. How and why have perpetrators changed their behaviour? Is this change sustained over time?

3. Are adult victims and children living in households where domestic abuse is present safer?

4. What were the interventions delivered and how did these differ between different types of case?

5. In what ways does the model generate/require changes in agency behaviour, leadership and interaction/modes of operation?

6. What are the costs and fiscal benefits of the approach?

Based on 212 completed cases, the Year 2 evaluation has been able to provide findings across the research questions from 1 to 5. Question 6 will be further explored in the Year 3 evaluation.
METHODOLOGY

The evaluation uses a random control trial (RCT) designed to assess outcomes combined with qualitative interviews with practitioners, Drive service users, and the associated victims/survivors to provide a deeper understanding of the process and practices related to the Drive pilot. The evaluation approach builds on insights from previous evaluations (Walker et al, 2016; Kelly and Westmarland, 2015), incorporating both a control design and enabling detailed contextual data from service users and victims/survivors as well as the wider ‘system’ to be taken into account.

In this sense, the Drive evaluation provides a sophisticated ‘third generation’ evaluation, with longitudinal comparison of perpetrator behaviour, a focus on women and children’s safety and ‘space for action,’ and an analysis of impacts on and effects of the wider system of agencies. In this Year 2 report, we outline findings related to the five research questions (above), based on the following methods:

- Analysis of quantitative monitoring data (core demographic profile data set, Drive Case Management System [CMS] data and Insights data) – to measure outcomes for reductions in abuse, reductions in risk and increases in victim/survivor safety.
- Interviews with practitioners, Drive service users and associated victims/survivors – to assess feasibility and applicability of Drive and provide detail for outcome and process evaluation.
- Analysis of police data – to assess disruption via the criminal justice system for Drive service users and control group perpetrators.

The Year 3 report (due at the end of 2019) will provide a fuller picture of the implications of Drive, and whether the changes resulting from Drive are sustained in the longer term.

Intervention and Control Groups

Perpetrators identified as high-risk, via the MARAC referral pathway for associated victims/survivors, were randomly allocated to Drive and control groups by the SafeLives Research, Evaluation and Analysis team, resulting in:

- Drive intervention group – Drive service users and a comparison group of associated victims/survivors in contact with IDVAs.
- Control group – perpetrators not allocated to Drive but whose associated victims/survivors were in contact with IDVAs (control victims/survivors).

The establishment of these intervention and control groups will now be outlined in more detail. (See Table 1 for an overview of the intervention and control groups, and Appendix 1 for a flow chart with detail regarding these samples).

Attempts were made by the Drive case managers to make direct contact with all the service users allocated to Drive in order to carry out direct work on disruption, support and behaviour change interventions as appropriate in each case. Where direct contact was not possible, indirect work would still be carried out, including risk management and disruption, via the co-ordination of information sharing and multi-agency activity. Once allocated to Drive, service users were not able to drop out. Drive case managers retained oversight of the cases and carried out direct or indirect work for a period of 10 months. Only cases that had been allocated to Drive for a period of 10 months by the end of March 2018 were included in the evaluation
(N=212)\(^1\). Case managers used the Drive Case Management System (CMS) to record all case details, activity, start and closure dates. The CMS included a wide range of often detailed information regarding the needs, interventions, referrals, risks and behaviours of the service users concerned. This data was exported from CMS to an Excel workbook, anonymised, and shared with the University of Bristol team.

We were able to set up a Drive intervention comparison group of Drive associated victims/survivors (Drive victims/survivors) to assess if the outcomes recorded for Drive service users were reflected by the outcomes recorded for associated victims/survivors. This group involved those victims/survivors whose perpetrators were on Drive and who were themselves engaging with an IDVA. This included 73 victims/survivors of the possible 212, for whom entry and exit Insights forms were completed. IDVAs recorded a wide range of often detailed information regarding the victim/survivor on a data system called Insights (comparable to the data recorded for the service users). IDVAs also asked victims/survivors to complete a direct victim/survivor exit questionnaire which provides information for analysis. The University of Bristol team were provided with anonymised Insights IDVA data for the associated victims/survivors. A wider control group was also established, consisting of victims/survivors associated with those perpetrators randomly allocated to the control group rather than the Drive intervention, and who were engaging with IDVAs. Of the 2005 associated victims/survivors allocated to the control, 341 were engaging with an IDVA. The University of Bristol team were provided with anonymised Insights IDVA data for these 341 associated victims/survivors, who thus constituted the control victim/survivor group.

It should be noted that using Insights data for victims/survivors engaging with IDVAs for both the Drive victim/survivor and control victim/survivor groups provides a very stringent test for the measurement of Drive outcomes. We already know that IDVA intervention can have a positive effect for victims/survivors (Howarth et al, 2009; SafeLives, 2017). As demonstrated below, we also see this ‘IDVA effect’ in this evaluation. Additionally, this evaluation shows that there is a stronger positive effect for the Drive victim/survivor compared to the control victim/survivor.

A further sub-sample of Drive service user cases were used to assess the impact of involvement by the criminal justice system. Those cases that had been allocated to Drive for 10 months by the end of December 2017 were analysed. Data recorded by the police for Drive service users in the six months before, during, and in the six months after completion of Drive, was accessed by the University of Bristol team in anonymised form. Data for a matched sample of perpetrators from the control group was also accessed to provide comparison (see Table 1). Victim/survivor information in Insights was utilised to establish the matched control sample, by matching the Drive victim/survivor with the most similar control victim/survivor (based on risk level, demographics and needs). The University of Bristol team provided SafeLives with the anonymous profiles of the perpetrators associated with the Drive and control victim/survivor sample. SafeLives shared the actual profiles of perpetrators with the police, who downloaded the information needed for the evaluation. Using this approach, the police found incident and crime data for 49 Drive service users and 51 control perpetrators, which was provided in anonymised format to the University of Bristol team for analysis.

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\(^1\) Statistics presented are for the 212 closed SU cases. If statistics are for a sub-group of the 212, the number of SUs in the analysis will be presented as: \(n = \) number of SUs in analysis. \(N\) can vary due to unknown or missing data, where \(‘N= xx’\) is present, it gives the new population size.
Table 1. Year 2 Intervention and Control Groups: Outcome Data

<table>
<thead>
<tr>
<th>Intervention groups</th>
<th>Control groups</th>
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<tbody>
<tr>
<td><strong>Drive service users</strong></td>
<td></td>
</tr>
<tr>
<td>Perpetrators identified at MARAC and randomly allocated</td>
<td></td>
</tr>
<tr>
<td>to Drive (CMS data) (N=212)</td>
<td></td>
</tr>
<tr>
<td><strong>Drive victims/survivors</strong></td>
<td></td>
</tr>
<tr>
<td>Drive associated victims/survivors engaging with IDVA</td>
<td></td>
</tr>
<tr>
<td>(Insights data) (N=73)</td>
<td></td>
</tr>
<tr>
<td><strong>Police data for Drive service users</strong></td>
<td></td>
</tr>
<tr>
<td>Data from before, during and after Drive for cases</td>
<td></td>
</tr>
<tr>
<td>completing 10 months allocation to Drive by end Dec 2017</td>
<td></td>
</tr>
<tr>
<td>(N=49)</td>
<td></td>
</tr>
<tr>
<td><strong>Control victims/survivors</strong></td>
<td></td>
</tr>
<tr>
<td>Victims/survivors associated with</td>
<td></td>
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<tr>
<td>perpetrators not allocated to Drive but engaging with</td>
<td></td>
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<tr>
<td>IDVA (Insights data) (N=341)</td>
<td></td>
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<tr>
<td><strong>Police data for a matched group of perpetrators</strong></td>
<td></td>
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<tr>
<td>identified via Insights (N=51)</td>
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</tbody>
</table>

Semi-structured interviews were carried out with service users, victims/survivors, and a range of practitioners (including Drive case managers, IDVAs, and staff from agencies in contact with Drive, such as probation, police, and social services). This report focuses mainly on the Year 2 interviews, although where relevant, also incorporates or refers to Year 1 interview data (see Table 2 for detail regarding interview samples).

Table 2. Interview Samples: Qualitative Data

<table>
<thead>
<tr>
<th></th>
<th>Year 1</th>
<th>Year 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioners</td>
<td>43</td>
<td>33</td>
<td>74</td>
</tr>
<tr>
<td>Service Users</td>
<td>11</td>
<td>16</td>
<td>27</td>
</tr>
<tr>
<td>Victims/Survivors</td>
<td>2</td>
<td>15</td>
<td>17</td>
</tr>
</tbody>
</table>

It proved especially difficult to arrange interviews with victims/survivors due to a number of factors, including strong gatekeeping by IDVAs who were concerned about re-traumatisation of victims/survivors and constraints on resources for face-to-face interviews. Most of the victims/survivors we interviewed (13/17) were partners/ex-partners of the Drive service users and had experienced intimate partner violence. The remaining interviews were conducted with other family members who had experienced abuse from the Drive service user (n=4: two parents, a grandfather and an aunt). Fourteen of the victims/survivors’ interview participants were female, and three were male. Ages ranged from 22 to 64, with a mean age of 43.2. All described themselves as ‘White English,’ ‘White Welsh,’ or ‘White British.’
WHAT IS THE PROFILE OF DRIVE SERVICE USERS AND VICTIMS/SURVIVORS?

Drive Service Users

The Drive service users ranged in age from 17 to 77, with most aged between 20 and 40 years. The average age was 35 (standard deviation = 11.2, median = 33) and most identified as men (94%). When the ethnicity was known, most (95%) identified as White British/White Other. In 8% of cases, more than one victim/survivor was associated with a service user. In 69% of cases, children were involved.

Service User Needs

As in Year 1, the information regarding needs for the Drive service users showed this to be a group with a greater degree of needs than usually seen in Domestic Violence Perpetrator Programmes (DVPPs), where those with complex needs involving mental health, alcohol and/or drugs tend to be excluded.

Figure 2. Proportion of Service Users with Complex Needs at Case Closure (n=207)

Case managers recorded if service users had any of the following needs throughout the intervention: parenting capacity, relationship with family members, relationship with children,
social and community ties, financial difficulties, employment difficulties, alcohol misuse, drug misuse, other addiction, housing need, and/or mental health difficulties. We assessed each need for changes during the intervention, with the results showing that there was little change in presence or absence of needs.

Information for closed cases was available for 207 Drive service users at intake, and specific information on needs was available for 151 of the 207. Missing values were considered as another category which allowed the analysis to base the proportions on the same number of cases. By doing this, it allowed us to count and assess the patterns of missing values by variable.

As Figure 2 shows, more than a third of service users had employment, training or educational needs, just over a quarter had mental health needs and/or misused alcohol, and just under a quarter had housing needs.

While approximately a third of the 151 service users, for whom there was information on needs, had no needs recorded, 50% of the service users had two or more complex needs (see Figure 3).

Figure 3. Proportion of Needs at Case Closure (N=151)

The profile of needs recorded for service users differed depending on whether they had engaged or were non-engaging. The profile of recorded needs for engaging service users is considerably higher. These differences are touched on later in the report and can be seen in Appendix 3.

Case managers also recorded statutory involvement (Community Children and Young People’s Services and Criminal and Civil Justice) with service users at intake. Children and Young People’s Services information was recorded for 168 of the 212 service users and out
of the 168, Children and Young People’s Services were involved with 72 service users (43%). At intake, Criminal and Civil Justice information was recorded for 194 service users of the 212. Approximately three-quarters (76%) of service users had a history of Criminal and Civil Justice involvement.

**Clustering of complex needs**

To see if groups of service users could be identified with particular sets of needs, a Latent Class Analysis (LCA) was used. This resulted in four separate clusters being identified as follows, in order from highest to lowest (see Figure 4):

1. “No or low probability of needs” group.
2. This was followed by the “alcohol misuse, housing issues and unemployment” group.
3. The “multiple needs” group was characterised by high probabilities of having multiple needs, including: drug and alcohol misuse, housing issues, unemployment, mental health issues, financial issues, children and family issues, parenting capacity issues, social isolation and poor physical health.
4. The “family, children and parenting issues” group encompasses those service users with higher probabilities of having family and children issues and lower probability of other needs.

Figure 4. Results of the Latent Class Analysis of Complex Needs at Case Closure

**Victims/Survivors**

In relation to the 212 service users who completed Drive, there was information on the Drive case management system for the 212 associated victims/survivors. Most of these victims/survivors identified as heterosexual (97%), White British (92%), and women (96%),
with an age range of 15-77 and average age of 34 (standard deviation = 12.5, median = 31). Most (94%) reported their relationship status with the perpetrator as (ex)-partners, with over half of victims/survivors (61%) as ex-intimate partners and 33% reporting their status as intimate partners. Approximately 4 out of 5 (82%) victims/survivors were not living with the perpetrator at intake and nearly two-thirds (64%) reported children were present in their home. Over one-third of victims/survivors (35%) had 3 or more complex needs (mental health difficulties, alcohol misuse, substance misuse, employment difficulties, financial difficulties, and/or disabilities).

Appendix 2 provides biographical information on all victims/survivors, including Drive victims/survivors and control victims/survivors (N=662). The overall patterns of biographical information were similar across the three sites.
CHANGE IN BEHAVIOUR OF DRIVE SERVICE USERS

There are a number of key findings in Year 2 regarding service user domestic abuse behaviour change:

- There was a substantial reduction in the use of domestic abuse by Drive service users.
- There was a significant reduction in the severity of domestic abuse by Drive service users.
- IDVAs and victims/survivors echoed these findings.
- Service users with alcohol, housing and employment needs showed the greatest change in behaviour.

Change in DVA Behaviours – Data from Drive Case Managers

There was a substantial reduction in service users using abuse across the period of the Drive intervention, i.e. in relation to physical abuse, sexual abuse, harassment & stalking and jealousy & control. This reduction was apparent in relation to each form of DVA from intake to the middle of the intervention, and even greater from intake to case closure (see Figure 5).

Figure 5. Drive service users’ use of DVA from beginning to end of the intervention (n=207)
Figure 6 shows the change in severity for each type of DVA in Drive cases with case closure by March 2018. A major decrease in use of abuse was observed for service users assessed as posing a high risk for certain behaviours, particularly for physical abuse where the reduction was 58%, followed by harassment & stalking, and jealousy & coercive behaviours.

Figure 6. Drive service users’ use of DVA from beginning to end of the intervention by the risk level associated with behaviour.
**Behaviour and needs**

A logistic regression was carried out to ascertain if there were associations between particular needs and service user behaviour change. However, this found no association between needs and behaviour for service users.

Instead, to see whether particular groups of service users were more likely to use certain behaviours, we applied the groups identified from the Latent Class Analysis (see earlier Figure 4) to behaviour descriptively. Latent Class Analysis was conducted to understand and identify who Drive works best for. The expectation was that the intervention will not work equally for each cluster group. Figures 7a and 7b show that while there is generally a reduction in DVA over time, there were discernible differences in the changes in DVA across the four groups (the ‘no complex needs’ group, ‘alcohol misuse, housing issues and unemployment’ group, ‘multiple needs’ group, and the ‘family, children and parenting issues’ group). At intake, the group with alcohol/housing/employment needs were recorded as using the highest level of physical DVA, and those with multiple needs had the highest levels of harassment & stalking and jealousy and control behaviours. However, by case closure, those in the family, children and parenting groups had the highest prevalence of physical abuse, the alcohol/housing/employment needs group had halved the use of most forms of violence and abuse (except sexual violence), the complex needs group showed only a little reduction generally, and those with no needs continued to use DVA at the same level.

This may begin to indicate that Drive is having differential impacts on different groups of service users and greater impact with those in the alcohol/housing/employment needs group. Also, that those with needs were more likely to show behaviour change than those with no needs. This is also reflected in the qualitative interview data where a service user having needs was understood by practitioners as providing greater leverage for engagement and behaviour change work (see section on interventions, below).

We also used descriptive information to look at use of DVA across different age groups of service users (using quartiles). This produced some notable findings in reduction for the different age brackets. The 28 to 33 group had the biggest reductions in physical DVA and jealousy and coercion. The 43 and above group had the biggest reduction in sexual violence. All the age groups looked about the same for harassment and stalking. This may indicate that those aged over 28 may be more amenable to behaviour change, and perhaps more so, those around early 30s (see also Hester et al., 2006).
Figure 7a. Proportion of service users by needs group/classes and domestic abuse behaviours at intake only for those with case closure (n=207)

Figure 7b. Proportion of service users by needs group/classes and domestic abuse behaviours at intake only for those with case closure (n=207)
Change in DVA Behaviours Experienced – Data from Victims/Survivors

The positive changes in service user DVA behaviour recorded by case managers were also echoed by Drive victims/survivors and IDVAs in the Insights data (Figure 8). The positive change in DVA behaviours recorded by IDVAs was especially pronounced with regards to severe DVA, thus echoing the findings from case managers.

Figure 8. Service user behaviour change experienced by victim/survivor (N=varies)²

It should be noted that similar, but not as pronounced, changes in DVA behaviour were also experienced by those victims/survivors in the control group (i.e. those victims/survivors not associated with Drive). As explained above, this indicates that both the Drive and control victims/survivors were subject to a strong ‘IDVA’ effect, which means that the intervention by IDVAs had a separate and positive effect for all the victims/survivors (Howarth et al., 2009; SafeLives, 2017). It is important to note that the behaviour change reported by IDVAs for the Drive victims/survivors was not only stronger, but that this was especially so regarding physical violence. The analysis is explained below.

Figure 9 shows the percentages of both Drive victims/survivors and control victims/survivors who experienced each type of DVA at intake and exit, with a clear trend in which the percentage of victims/survivors experiencing each type decreases from intake to exit for both Drive and control victims/survivors. For context, exit refers to the victim/survivor ceasing work with the domestic abuse service. Contrastingly, case closure refers to the end of Drive for the service user.

McNemar’s tests were run separately for Drive and control victims/survivors, finding that the reductions were statistically significant for both groups. McNemar’s test was used to see if

² Drive cohort: Physical abuse intake n=72; Physical abuse exit n=70; Sexual abuse intake n=71; Sexual abuse exit n=71; Harassment & Stalking behaviours intake n=71; Harassment & Stalking behaviours exit n=70; Jealous & Controlling behaviours intake n=73; Jealous & Controlling behaviours exit n=70.
there were differences on a binomial variable between two related groups. Essentially, McNemar’s test determines if there are statistically significant differences in proportions. For this analysis, the test was used to compare the proportion of victims/survivors experiencing DVA at intake to the proportion of victims/survivors experiencing DVA at exit. The tests were run separately for each type of DVA and they were run separately for Drive and control victims/survivors. Moreover, Mantel-Haenszel odds ratio was used to see if the odds differed significantly from unity. The test was conducted here to determine if the odds that control victims/survivors would experience each type of DVA was significantly different from the odds that Drive victims/survivors would experience each type of DVA. The analysis showed a more positive change for Drive victims/survivors and that control victims/survivors were 2.86 times (95% CI: 1.0 to 8.2) more likely than Drive victims/survivors to experience physical DVA at exit. Odds ratios were not statistically significant for other types of DVA.

Figure 9. Changes in DVA behaviours experienced by Drive and control victims/survivors (N=varies)³

Why and How Did Service Users Change their Behaviour? In the Words of Service Users Interviewed.

To gain further insight into if, how, and why Drive service users changed their behaviour, we interviewed 16 Drive service users in Year 2, adding to the 11 interviews previously conducted in Year 1. Service users interviewed were overwhelmingly grateful for Drive, commonly saw it as a ‘privilege’ and were keen to ‘give something back,’ which for them, in this instance, was agreeing to be interviewed.

³ N values for Drive cohort are given in footnote 2. Control cohort: Physical abuse intake n=340; Physical abuse exit n=325; Sexual abuse intake n=332; Sexual abuse exit n=328; Harassment & Stalking behaviours intake n=337; Harassment & Stalking behaviours exit n=327; Jealous & Controlling behaviours intake n=338; Jealous & Controlling behaviours exit n=323
Three quarters of the service users interviewed in Year 2 reported changes in their thought process, with improvements in their impulse control being the most common of these. Service users reported an improved ability to reason when stressed, to hear criticism and having a ‘different outlook on life.’ For some, this was as stark as no longer being suicidal – 4 of the 16 interviewed reported feeling suicidal at the start of Drive. Other service users reported feeling happier and abstaining from drugs and alcohol. Many of those interviewed reported positive changes in their relationships, including with their partner, children, wider family and colleagues. Some also reported reduced fear of group or social interaction as this service user recalls:

Like I said, in myself, I hated talking to people – just going out in public. I hated social interaction, and I was quick to lose my temper. I was very hot headed, and I didn’t have no problem throwing my fist about. But now, the way I’m looking at things, I like talking to people, going out in public doesn’t bother me, I don’t get nervous, and I always think before I act. I don’t want… I don’t feel the need to fight or throw my fists. And like I said, for me, that’s amazing, I thought I’d never be in this frame of mind. So, I definitely think if someone… you know, people got offered to work with Drive as part of the rehabilitation, it’s definitely a step up for them because… I’m a sceptic, and they proved me wrong (SU110).

Another service user, who prior to Drive considered himself unsuitable for a group work structured domestic violence perpetrator programme (DVPP) due to his self-assessed inability to interact in groups, was actively looking forward to a DVPP at the end of Drive. Although less common in the interviews, some service users now recognised the impact of abuse on their children and partner.

Enablers of Behaviour Change for Service Users Interviewed

Importance of some statutory involvement

Reflecting the wider pattern of criminal justice system involvement with Drive service users, 14 of the 16 service users interviewed had some police involvement and 11 were convicted for a crime against an intimate partner or family member. The high level of police involvement supports the views of Drive case managers and Drive service managers who were interviewed that service users with some statutory involvement were easiest to contact and engage. Case managers also made efforts to distance or differentiate themselves from statutory service practitioners and this was something that high-engaging service users noticed and reported as being key to their engagement (saying for example, ‘my case manager is not like my probation officer...’ for positive reasons). For those service users who had initially been compelled to engage by statutory services, engagement commonly continued after that compulsion had been removed/ended. This suggests, in line with the findings from Year 1, that the key factor is ‘to get the service user in the room.’ That is, to get them to engage in the first instance, thereafter they will often be motivated to stay/continue engaging for other reasons (see below).

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4 Statutory involvement here refers to cases with the involvement of: police (with or without arrest or conviction), probation – SU on probation (with or without Drive engagement written into their rehabilitation activity requirement), children’s social services – aware of the abuse and taking action (with or without Drive engagement being written into the Child Protection Plan).
Compulsion/Voluntarism

In line with the findings from the Year 1 feasibility study, a common theme in service user narratives of their experience of engagement, was a combination of some initial compulsion to engage alongside or shortly followed by a degree of voluntarism. Service users who were initially engaged in prison, who were doing Drive as part of their Rehabilitation Activity Requirement (RAR), or who had Drive engagement written into their child protection plan, often described Drive in voluntary terms. This is a testament to the skill of the Drive case managers who opened a space or possibility for service user agency, even when the service user was obligated to attend. This sense of agency seemed to enable the service user to ‘own’ their process of change – that is to commit to it as their own, rather than something imposed. As mentioned above, many stuck with Drive after their legal compulsion to do so had ended, realising the inherent benefits of engaging as individuals (see also Hester et al. 2006, where DVA perpetrators were making positive changes in behaviour once they perceived change as a gain).

Children, Child Protection

Supporting the findings in Year 1, the positive aspiration to be a better parent was a common theme in service user narratives. All the service users interviewed in Year 2 had children. Indeed, within the wider sample, service users with children were more likely to engage – 59% of the 212 service users with children engaged with Drive case managers. 4 out of the 16 interviewed in Year 2 had ongoing child protection proceedings. Within the wider sample, the service users who engaged were more likely to have child protection involved – 64% of the 212 service users with child protection concerns engaged with Drive case managers. As we discuss further in the section on interventions delivered (below) and through the case studies presented, multi-agency work with children’s social services was particularly notable in Year 2. This ranged from relatively simple activities like enhanced information sharing and Drive engagement being written into the child protection plan, through to detailed partnership working including joint visits, shared and/or coordinated actions/tasks and close communication between social workers and the case manager.

Complex Needs – a Lever for Engagement?

They’ve succeeded because… like I said when I started with them I just wanted to end it. Now, you know, that’s not even a thought that ever came to mind, and I just want to keep bettering myself now. So… like I said, I was just sceptical at the beginning because I didn’t think there was people out there who would or could help. I thought of myself as a lost cause. But… like I said, I’m a sceptic and I was proved wrong (SU110).

There was a high level of complex needs for the service users who were interviewed, with 15 out of the 16 needing assistance with housing, drug or alcohol misuse or their mental health. Meanwhile, Drive case managers often described service users with no additional needs as some of the hardest to engage, due to a lack of available ‘levers’ or incentives to elicit engagement. This case manager explains how for one of his cases, the support offered around the service user’s mental health worked as a powerful lever for engagement. This was also echoed in the wider findings, as service users with high levels of mental health problems were twice as likely to engage as those without (see Appendix 3).

A case of mine, suffering anxiety and depression and sort of mood swings and stuff, he recognised that he needed… he’d been diagnosed with anxiety and depression, but he didn’t feel it was the right diagnosis and he didn’t think that the medication was helping him in any way. So, I booked appointments for him and went with him to the appointments to get assessments and he was eventually referred to a consultant to
hopefully get a better diagnosis. And that was a big lever for engagement for us, because he could see the value in doing that work – massively appreciated my efforts to help facilitate that (CM101).

Levels of mental health needs were particularly striking both in number and severity for the service users interviewed – 10 out of 16 reported being helped with their mental health by their Drive case manager (with problems described ranging from high levels of anxiety and depression to psychosis). 4 out of the 16 disclosed feeling suicidal at the start of the Drive intervention. While some service users did seem to use their mental ill health at the time of their Drive-triggering incident/crime to reduce their level of responsibility, it was also the case that those interviewed with very high mental health needs at the start of Drive seemed to make striking progress on behaviour change that was corroborated by their case managers. For these service users, phrases like ‘Drive saved my life’ were common and they were keen to differentiate Drive from other interventions they had received previously, including mental health interventions. Differentiating features included the intensity of engagement and their perception that their Drive case manager was not judging them – this experience of non-judgement was in one case reported in direct comparison to the service user’s experience of mental health professionals. One service user talked specifically about seeking help with their mental health previously but not finding it and the irony that it was not until they committed a serious crime that they received assistance on Drive.

I’ve been trying for two years to try and get the help and support, [...] I tried mental health, everything, trying to get all the help I needed. It did seem like no one did want to help. It took me to get myself into trouble (inaudible 15:38) get done or something to get the help I needed (SU113).

While there is minimisation and diminishing of responsibility here, in the sense that ‘getting himself into trouble’ is presented as in some way inevitable, this service user does position himself as the actor in this process, stating that this was something he did. Moreover, while service user responsibility must be the focus of work with individuals, this quote nonetheless highlights the importance, for dealing with this group of service users, of a functioning wider multi-agency ecosystem, and in particular mental health provision.

The Views of Victims/Survivors – Did Service Users Change Behaviour?

The interviews with Drive associated victims/survivors to some degree echoed the wider findings regarding trends in behaviour change identified by Drive case managers and IDVAs. Victims/survivors talked about feeling safer and seemingly having more ‘space for action.’ It is important to note however, that not all the victims/survivors interviewed had ongoing contact with the Drive service user, and consequently were not always aware if there had been any behaviour change at all. Furthermore, it is possible that because not all interviewed victims/survivors were sure about the service user’s level of Drive engagement (although all knew that the service user was a Drive client), when they did notice behaviour change, they were not sure if this was because of Drive or for other reasons.

One victim/survivor, for example, said that she felt her ex-partner (with whom she did have contact because they had children) did need help with his behaviour (‘A bit of counselling, bit of support, [...] he was quite obsessive, controlling, so he needed help with that’), however, she was sure that he had refused to engage because he did not really want to change. Notwithstanding her scepticism about his level of engagement, she also said that the service user did appear to have changed for the better:

Has changed a little bit. [...] Obviously we’re not together anymore, he’s not controlling me for that. But um… yeah, I don’t know, he’s not like he used to be. [...] He doesn’t
speak to me like he used to either. [...] He used to be like ‘Well, it’s your fault’ [...] but he’s not like that anymore, he doesn’t do it anymore (VS15).

The most positive views were from two victims/survivors who commented that the help provided by Drive was ‘totally worth it’ and that it was ‘unbelievable’ (VS116, VS117). For these victims/survivors, the key element seemed to be the close working relationship between the IDVA and the Drive case manager, which meant that they felt they were being kept informed and that there was holistic support. They mentioned that they had seen a ‘big difference’ in the service user’s behaviour and that he seemed to be ‘turning himself around.’

A few of the victims/survivors referred to the importance of Drive as a means of monitoring the service user. This gave them some level of confidence regarding their safety, even if they were not entirely sure that it was working in other ways. One victim/survivor remarked that ‘I think it was just good that somebody was aware of where he was and what he was doing’ (VS111). The same victim/survivor also felt that the case manager was able to point out to the service user exactly what he was doing that was unacceptable – for example, pointing out when he was exhibiting controlling behaviour. Due to this, the victim/survivor felt that it meant he had someone to talk to.

**Victim/Survivor Concerns**

Victim/survivor reports on the effectiveness of Drive were not wholly positive, however, this did not mean that they were critical about Drive itself, simply about the likelihood of the Drive involvement to have any real, lasting impact. One victim/survivor felt that in theory at least, Drive was useful, but that the only thing that really made a difference to the abusive behaviour was a police caution:

_I think it’s really good for him to try and perhaps understand, or perhaps make sense of the way, you know, he was feeling and perhaps make sense of the way that he’d made me feel. Helped him make sense. [...] I think he has learned quite a lot from it. However, I don’t think it has had an impact on his behaviour towards me. I think the only reason he’s sort of curbed his behaviour is because he was cautioned by the police (VS107)._ 

For this victim/survivor, although she saw Drive involvement as useful, she felt there had been no fundamental difference made to the way she was treated. Drive, she said, had helped the service user to:

_Make sense of his feelings and it went way back and stemmed back to when his father died and things like that. You know, I think it helped him make sense, but I think the way he sees me and treats me, I don’t think … he still has no regard for me, you know. [...] it hasn’t made him change his opinions or views of me as a mother, his wife, or a woman (VS107)._ 

Similarly, another victim/survivor noted that although she had observed a few signs of positive change, such as an increasing awareness of his abusive behaviour, the service user had still never apologised and still tended to justify his behaviour (by commenting on how difficult she is to live with).

Yet another victim/survivor mentioned that although he was initially optimistic about Drive – thinking that it would provide the service user with someone that ‘she can shout at, scream at, they’ll take notice and they’ll help’ – actually, he did not feel that she engaged at all. This lack of engagement by service users was repeated by several other victims/survivors, who felt that
their abusers were never going to make use of the help that was offered to them. One stated that her ex-partner was never going to be able to access the support offered because:

*I don’t think a psychopathic narcissist can leave their own child trauma behind. He doesn’t want to. You’ve got to want to leave it behind, haven’t you? And he doesn’t – it’s not him with the problem. It’s everybody else, and that’s what’s so sad* (VS113).

**Difficult to sustain change?**

Another element that stood out was concern about relapse after Drive finished, and two of the victims/survivors had experienced this directly. They mentioned that although the service user appeared to be making progress and engaging well, as soon as Drive stopped, and the case manager involvement was removed, the service user reverted to previous abusive behaviours. For at least one victim/survivor, this was a final tipping point, and she had now decided to leave the relationship.

We will be examining these issues further in the Year 3 report.
ARE VICTIMS/SURVIVORS AND CHILDREN SAFER?

- According to IDVAs, there was reduction in risk for both Drive and control victims/survivors, with a greater reduction in risk for Drive victims/survivors.
- The victims/survivors associated with Drive generally felt safer.

IDVA Perceptions of Change in Risk to Victims/Survivors

Following their intervention with victims/survivors, at exit, IDVAs recorded on Insights the extent to which they thought the risk posed to victims/survivors had changed since intake. Figure 10 provides a summary of IDVAs’ recorded descriptions for both Drive and control victims/survivors’ risk. The overall trend was a significant or moderate reduction in risk for both groups.

IDVAs also recorded their perception of the sustainability of change in risk (see Figure 11). IDVAs thought that risk was permanently eliminated for more Drive associated victims/survivors than control victims/survivors.

This data confirms that core IDVA support is highly effective for both groups and also shows that reduction in abuse is then materially improved by the addition of Drive to the overall response.

Figure 10. IDVA perception of change in risk to Drive victims/survivors (n=90) and all control victims/survivors (n=473)
For Drive victims/survivors, the trend in reduced risk was slightly stronger. IDVAs describe a 41% significant reduction in risk and a 34% moderate reduction in risk for Drive victims/survivors. For the control victims/survivors, IDVAs described a significant reduction in risk by 39% and a moderate reduction in risk by 34%. IDVAs thought risk was permanently eliminated for 13% of Drive victims/survivors compared to 6% of control victims/survivors.

Figure 11. IDVA perception of sustainability of change in risk to Drive victims/survivors (n=68) and all control victims/survivors (N=342)

IDVAs’ Views about Safety of Victims/Survivors

Echoing the data on Insights, interviews with IDVAs indicated that some of the victims/survivors they had been working with were now safer. Some indicated that this was because of the way Drive case managers and IDVAs were working together because of Drive. One IDVA said that this meant they had access to information they would not usually have in other circumstances, and she added:

“I’ve got a good relationship with the [case manager], and I think when it works, it really does work. I mean we’re all working to the same goal, which is improving safety and lowering risk to victims and children. And obviously if we can help the Drive clients as well with whatever issues they’ve got, that’s great isn’t it? If you’re helping them in that way, that has a knock-on effect to my client – when it works well, it does work well (IDVA101).
However, other IDVAs we interviewed felt unable to comment on whether safety had improved (although they also felt unable to comment on whether things had become less safe). This was because it was generally not possible for them to say what might have happened in other circumstances for non-Drive victims/survivors.

A key issue in relation to IDVA perceptions of safety, identified in two out of the three Drive sites, was that not all victims/survivors were apparently made aware that the service users were involved with Drive. This also had implications for who could be approached to be interviewed. Although the Drive pilot model, and training for Drive case managers and IDVAs, was built on the expectation that all victims would be informed of Drive involvement with a perpetrator, there were a number of reasons why this did not happen in all cases. For example, some IDVAs may have been working with the victim/survivor months before Drive became involved with the service user, and one IDVA explained that in such instances they had to consider possible benefits or negative impacts:

*It would have to be sort of evaluated whether it would be any benefit to the actual client to notify them that their ex-partner is on the Drive Project… [In one case] she was back into work, she had her life back on track… and then, when we discussed the Drive Project that actually caused her to go into a depression state, she had to go back to the doctor’s – just because we had brought up those memories which she had obviously gotten over. It’s really on a case by case sort of situation. If you’ve got a client who’s still in a relationship, then that could obviously be beneficial to mention the Drive Project to them. But certainly, when it’s an ex-partner and perhaps several months since the incident has actually taken place, there’s no real benefit to sort of notifying them that their ex-partner is going to be on the Drive Project (IDVA102).*

Another IDVA explained that ‘we made the decision that we weren’t going to tell [the victim/survivor] about the Drive involvement for safety reasons.’ For another victim/survivor, a similar decision was made because of the complex on-off relationship the victim/survivor had with the service user in the past, which now, finally, seemed to be ended:

*I think there was a fear that if she was told that [the service user] had been selected then it would perhaps prompt her to get back involved with him again (IDVA101).*

Whilst not directly related to safety, but more to the appropriateness of keeping the victim/survivor informed, some IDVAs explained that victim/survivor might not be informed about Drive involvement where the Drive case managers had been unable to make contact with the service user. For example:

*So, I would generally only tell a client if Drive are looking to make contact. If […] they’re looking to make contact, I would generally only tell the client about Drive, then. [...] I just think if I tell them now and obviously sell it as a good thing, and then Drive decides it’s not appropriate or it’s a few months before they’re able to make contact and get to the point where they’re able to do the contact strategy, I just think… I just wonder if the client would get a bit fed up or a bit dubious you know… so I sort of wait until it’s definite and do it then (IDVA105 and see also IDVA101).*

The decision to tell the victim/survivor about Drive involvement is, therefore, made depending on the IDVA’s assessment of the best interests of the victim/survivor. If the victim/survivor and service user are still in a relationship, there appears to be no question of not telling the victim/survivor so that they can be reassured that there is ‘another set of eyes’ – but if the relationship is over and the incident leading to Drive involvement was several months ago, then it might not always be seen as appropriate.
Victim/Survivor Feelings of Safety

Overall, interviews with victims/survivors revealed that they felt safer. Although there was some degree of ambiguity, which is indicative not only of the trauma they have suffered, but also of their awareness that if things changed in relation to the service user, the abusive behaviour may start again. Echoing their views on the service users’ DVA behaviour change, they appeared uncertain that the service user would not continue the abuse in some way and were not convinced that those potentially intervening with the service user would contain the service user or protect them in the longer term.

This uncertainty was summed up by an interviewee who said, ‘I do feel safer, but I don’t as well’ (VS108). Because she knew that the service user ‘has terrible […] grudges,’ she felt that he was still ‘waiting in the shadows.’ Although she now lived some way away from him, and was unlikely to bump into him, she was still having panic attacks if she thought she saw the service user in the street. A similar, although more positive, response was received from a victim/survivor who said she definitely felt safer, although still occasionally would have dreams about ‘that knock at the door,’ and would wake up in the night, thinking that the service user might have come back to the family home (VS104). Another said that she felt safer for now, but only because he was in prison (about which she also felt guilty). She was scared and anxious about what would happen when he came out in a couple of years. In this case, therefore, the feelings of safety are somewhat transient, and it seems highly likely that unless she was able to completely leave the area (which would involve leaving work, family and friends), she would feel less safe when she knows he is out of prison (VS101).

However, while a number of the victims/survivors felt safer, it was not always entirely clear if this was as a result of the support the service user had been receiving on Drive or if it was because of the support the victim/survivor was receiving from the IDVA (and perhaps, other agencies). For example, one victim/survivor mentioned that she felt sure that if the service user was not involved with Drive, he would be trying to come home – and she hinted that she would find it difficult to stay firm and refuse to allow him back. Because he was involved on Drive, there was someone watching over him all the time and forcing him to justify his actions. Furthermore, because he was effectively being prevented from living at home, she did not have to worry about what mood he would be in every time she walked in the front door. As a result, in response to being asked about the ways in which she felt safer, she said ‘there’s not that tension anymore’ (VS111). Another victim/survivor commented that she felt safer now because there was a restraining order against the service user and because other services had been involved as well. She said that the support she received from her IDVA ‘definitely helped,’ and that the fact she felt safer was probably due to a ‘bit of both’ in terms of the support for both her and the service user (VS112). Similarly, one victim/survivor was aware that the case manager was keeping in close contact with the IDVA and she was kept informed by the IDVA, and as a result of this, she felt safer because ‘I know where he is, I know where he’s feeling and where his head is at.’ In this case, her feelings of safety did appear to be both because of the support from the IDVA, and because she was more secure in knowing that the service user was receiving support. In addition, there were several practical steps which had been taken because of Drive, including safety features such as instalment of a camera at the door and a flag on the address, which helped in improving her overall sense of security (VS103).
Case Managers’ Perception of Change in Risk from Service Users

**Drive DASH (Domestic Abuse, Stalking and ‘Honour’-Based Violence) Risk Assessment Scores**

The Drive case managers used the Drive DASH\(^5\) risk indicator checklist as a basic indicator of the risk of significant harm from further DVA posed to the victim/survivor. The Drive DASH is adapted from DASH, but has a few key differences – for example, while the DASH is completed by victims/survivors, the Drive DASH is completed based on any available information, including from service users, police, IDVAs, etc. The case manager then fills out the Drive DASH to the best of their knowledge, enabling them to sift through information provided and make assessments. The Drive DASH helps to assess and create risk profiles, using the score as guidance and prompting the case manager to think about risk factors.

The average Drive DASH score recorded by case managers at intake was 8.31. Analysis of the Drive DASH scores revealed that the Drive intervention impacted service users’ risk of harm to victims/survivors as assessed by the case managers.

Case managers completed the Drive DASH as part of risk assessments during Year 1 and Year 2 at intake/2 weeks, 5 months/6 months, and case closure. The number of questions was reduced between Year 1 and Year 2 and the wording of some was modified. Year 1 and Year 2 data was amalgamated by matching questions, as closely as possible, which yielded 20 questions included in the analysis.

For each time point, the ‘yes’ answers were totalled to find the Drive DASH score. The number of not applicable/not known responses were summed, as well. The average number of these not applicable/not known responses decreased from intake/2 weeks (5.80) to 5 months/6 months (4.29) to case closure (3.85). If 11 or more of the variables (55%) were marked as not applicable/not known, the service user’s Drive DASH score was not included in the analysis. At intake/2 weeks 48 scores (23%) were removed, at 5 months/6 months 31 were removed (15%), and at case closure 25 (12%) were removed.

Figure 12. Change in service users’ Drive DASH scores during the Drive intervention (N=141)

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\(^5\) The DASH tool was created to assist frontline staff working with perpetrators and victims/survivors of DVA, assessing the level of risk posed to the victim/survivor.
The plan was originally to use a repeated measures ANOVA to examine change in Drive DASH scores recorded by case managers at the beginning, middle, and end of Drive. However, key assumptions of this test were violated (outliers and lack of normal distribution) so Friedman’s test was used instead. Pairwise comparisons were performed with a Bonferroni correction for multiple comparisons. Statistical significance was accepted at the \( p < .0167 \) level. The results showed that Drive DASH scores were significantly different at different time points during Drive, \( \chi^2(2) = 10.91, p = .004 \). Post hoc analysis did not reveal statistically significant differences in Drive DASH scores between time points. The Drive intervention does have an effect on service users’ risk of harm to victims/survivors, as assessed by Drive DASH scores, but the effect size was small (effect size \( W \) is 0.039), which means the magnitude of change from the beginning to the end of Drive was small (see Figure 12).

**Case Managers’ Perception of Change in Risk**

At case closure, case managers recorded their perception of the change in risk service users posed to the victim/survivor, and children/young people if applicable, on the case management system (see Figure 13). Nearly one-third of the case managers (32%) thought risk was reduced greatly, which was similar to the Year 1 finding of 38%. The number of case managers who assessed the risk as reduced slightly increased from Year 1 (6.3%) to Year 2 (26%) and the number of case managers who reported no change in risk reduced from Year 1 (38%) to Year 2 (15%).

Figure 13. Case managers’ perception of change in risk to victims/survivors and children (n=196)
WHAT WERE THE INTERVENTIONS DELIVERED?

The Drive intervention is designed for the needs of individual service users and involves a complex mix of activities. As we know from the Year 1 evaluation, and as we have found again in Year 2, various factors are critical to the healthy functioning of Drive, which includes: a mix of multi-agency activities, direct and indirect work with service users, and support to victims/survivors. The three pilot sites share the core of the central Drive model but vary in approaches to delivery, management of caseload and associated administrative work, and in the wider multi-agency ecosystems that they are situated within. In what follows, we look at Drive case manager involvement, direct and indirect work with service users, multi-agency working and the work of IDVAs with the victims/survivors. We begin with a case study to show the complex elements involved in much of the work.

Notable was the extent to which direct and indirect support and disruption were used together in the context of a single case. The following case example demonstrates this well.

Case Study #1

**Institutional Advocacy with Children's Social Services and the Child Protection Process as a Lever for Service User Engagement**

**Keywords:** social services, child protection, indirect leading to direct, institutional advocacy

**Background information**

The service user had an extensive history of domestic abuse incidents against his partner with children present in the home. Referrals were being made to social services. Social services were then contacting the mother (victim/survivor), who would inform them that the relationship was over. This would result in the case being closed with no initial risk assessment taking place. Drive was allocated the case while the service user was on probation. The service user breached probation before Drive made contact with him.

**Multi-agency disruption**

When the service user was in court for a breach of probation, the magistrates refused to accept the address he provided as his own — because it was the same as the victim/survivor’s home address — but did not notify the agencies involved in the case. The case manager noticed this when reviewing notes and notified the respective agencies immediately.

The case manager then submitted a child protection referral, citing previous domestic abuse history, lack of initial risk assessments, and the fact that the service user claimed to reside at the victim/survivor’s address. As a result, the child was put on the child protection register.

The case manager liaised with the social worker, shared information about the case background, and requested that a home visit be carried out to assess risk. When social services carried out the visit, the service user was found at the victim/survivor’s house.

The case manager then liaised with the service user’s offender manager and organised for Drive engagement to be written into the service user’s probation requirements and the child protection plan. The child protection plan also required that the service user did not attend the victim/survivor’s property.
Engagement

The service user subsequently engaged with Drive, enabling the case manager to conduct behaviour change work on the effects of children witnessing domestic abuse. The case manager also worked with the service user on improving his interaction, communication and engagement with the child protection plan and system.

Salient Questions/Learning:

Disruption and engagement should not be seen as an either/or – they can work together. This case study also highlights the importance of child protection as a lever of engagement and the critical role social services play in terms of institutional advocacy.

A key question remains – what happens after Drive?

Case Manager Activities

Case Managers’ Activities Overall

Drive case managers recorded their actions and activities with the service users as actions in the case management system database. Actions recorded in Year 1 and Year 2 were amalgamated to understand the timeline of the case managers’ work over the course of the Drive intervention (see Figure 14). Figure 14 demonstrates that the Drive intervention lasted longer than 10 months for some service users. While three-quarters (74.5%, n=158) of the 212 cases closed in 11 or 12 months, a further 49 (23.1%) cases closed in 13 to 23 months. Case managers recorded the most actions in month two, followed by month six, and then month eleven. Essex case managers recorded more actions than West Sussex or South Wales. Essex case managers recorded approximately 38% of all recorded actions, while West Sussex case managers and South Wales case managers each accounted for 31% of actions.

Step-Down

‘Step-down’ refers to work with a Drive service user after the 10 months of main intervention is completed. Step-down work is a new aspect of Drive in Year 2, based on the recommendation in the Year 1 report for a relapse prevention activity. Allowing the case to remain open for up to six additional months, step-down work is designed to prevent relapse or reoffending when this is identified by the case manager/service manager to be a risk.

Step-down work included: phone call ‘check-ins’ between the case manager/step-down worker and the service user, either initiated by the service user or the worker; ongoing support activities, for example securing housing or substance misuse support, where a process to gain such access remained unfinished in the main period of the intervention; and disruption work where it was known/suspected that the service user might continue to offend without disruption.

There was a total of 207 cases that were 11 or more months in length, and of these, 18 cases had an aspect of step-down work identified on the case management system (a proportion of 8.7%).
Background Research (Information Gathering)

In Year 1, the case management system did not allow Drive case managers to specify which agency they did background research with. In Year 2, the system was changed to ensure this information would be captured. The frequency of agencies engaged with for background research is shown in Figure 15. Case managers engaged in background research with three primary agencies: the police (44%), children’s social services (18%), and IDVAs (13%). These agencies accounted for 75% of background research.
In Year 1, an in-depth analysis of case manager notes provided a nuanced understanding of the work case managers do, demonstrating they undertook both direct and indirect work with service users. Indirect work included: information gathering, information sharing, multi-agency working, and working with families. Direct work referred to all communication between Drive case managers and service users, including: behaviour change work, direct support to service users, and making and sustaining contact. Indirect work accounted for approximately 79% of case managers’ activities and direct work accounted for approximately 21% in Year 1. In
preparation for Year 2, Drive used the findings from the in-depth case note analysis from Year 1 as guidance, changing the options available for case managers to record the Year 2 actions on the case management system database.

In Year 2, within indirect work, case managers recorded multi-agency work as one of three sub-categories: disrupt, support, or support and disrupt. Disrupt activities aimed to stop further perpetration. Support activities aimed to help service users address needs and achieve a level of stability to overcome barriers to behaviour change work. Support and disrupt activities included activities that aimed to both address service users’ needs and prevent further perpetration. For example, to ensure separation and prevent abuse, support with housing was provided when the service user’s only place to stay was the victim/survivor’s accommodation.

In Year 2, two new headings were added to the case management system for case managers to record their actions:

1. ‘Background research,’ referring to the work a case manager does gathering information on a service user. This is often concentrated at the start of the intervention to facilitate safe contact with the service user.

2. ‘Case update,’ referring to one-way information sharing between Drive and another agency to update the external agency about the case. Within direct work, case managers recorded behaviour change work, direct support to service users, and making and sustaining contact.

Below are the findings from the analysis of case managers’ recorded actions. Case managers’ activities were examined separately for Year 1 and Year 2 because of the changes in recording different options. In both years, indirect work was more common than direct work with service users, although there was a discernible shift towards more direct work in Year 2 (see Figure 16).

Figure 16. Work undertaken by case managers in Year 1 and Year 2
Figure 17. Breakdown of Drive interventions delivered in Year 2 as recorded on the Drive Case Management System (N=197)

Drive Interventions Delivered:
Case Manager Recorded Actions

- Maintaining and Sustaining Contact: 62%
- Direct Support: 24%
- Behaviour Change: 13%
- Other: 1%

Direct Work 29.8%
Indirect Work 70.2%

Multi-Agency Work by Core Objective
- Multi-Agency Work: 58%
- Case Update: 40%
- Support Only: 8%
- Disrupt Only: 26%

Multi-Agency Work by Agency
- IDVA: 25%
- Police: 21%
- Other: 12%
- Probation: 22%
- CRC: 14%
- NPS: 8%
Direct Work

As demonstrated above, in Year 2, Drive teams increased the amount of direct work with service users and increased the levels of engagement across the sites.

In Year 2, case managers had direct contact with 63% of service users (n=133). There was a wide range in number of contacts from 1 to 96, with an average of 8.67 (standard deviation = 16.05, median = 2.00) (see Figure 18 for a distribution of the contacts). Direct work consisted primarily of maintaining and sustaining contact with service users (63%), while the next most prevalent type of recorded direct work was providing support to service users (24%). Out of the 133 service users directly contacted, case managers engaged in behaviour change work with 34 (26%). It should be noted that the behaviour change work was the main characteristic that reduced DVA, especially physical violence. A chi-square test for use of physical DVA at the end of the intervention and behaviour change work was significant. This was the only significant test with the expected reduction (see section on behaviour change, above).

Figure 18. Summary of case manager contact with service users (n=133)

Direct Work – Evidence from the Interviews with Service Users and Case Managers

Fundamentally, the direct work delivered in Year 2 shared common themes with that delivered in Year 1.

As mentioned above, a defining feature of direct work in service user narratives was the combination of service user voluntarism, developed through the listening and support offered to service users by case managers, with the increased use of measures to compel service users to engage. For example, writing Drive engagement into an offender's Rehabilitation
Activity Requirement (RAR) days or into child protection plans where the service user was involved with the family.

Evidence of the effectiveness of this approach at cultivating engagement was apparent because of the degree to which service users continued to engage after the completion of their order. In addition to these broad features of the direct work, in the following subsections we identify a series of themes that were particularly salient in Year 2.

‘Counselling’ from a trained Domestic Violence Prevention Programme (DVPP) facilitator

More pronounced in Year 2, although only at one site, was the use of one-to-one work provided by the local DVPP facilitator. This was presented to service users as ‘counselling’ and certainly had a therapeutic component. However, the one-to-one work differed from counselling as the facilitator used the space as an additional opportunity to address and challenge problematic talk and behaviour. This was reported by service users as both personally transformative and key to their behaviour change. As this service user recalls,

I’ve always been a shy person myself and talking about myself was one thing I thought I’d never want to do. I don’t know, I’ve always had trouble growing up… not me causing trouble but… sort of trusting someone with… you know, basically telling them the past is a big thing. [...] By the end of the second session I could see myself changing in the way my attitude was and the way I felt towards other people. I didn’t feel so in on myself and… cos I always felt other people are judging me… even if they’re not. I just… I don’t know, it’s just something which stuck with me. But as the sessions went by with [the DVPP one-on-one worker], we talked about things, personal things, which I’ve never been able to speak about, and she guided me through everything… and fair play, my 10 sessions with her, and the only word I can use to describe it is I’m a changed man (SU110).

Another service user described the way in which the one-to-one worker enabled him to better see and understand his former partner’s perspective:

I welcomed the counselling because I needed to sort myself out, and by discussing things I find that it eases me. I also wanted to find out more about myself, you know. Because not only do I get through [the DVPP one-on-one worker] my point of view over, I also get the opposite – you know, my former [partner]’s side, which helps me to reason better (SU112).

In this quote, we see the common pattern by which the service user initially becomes involved in the intervention based on his perception of how it will benefit him individually – ‘sorting himself out,’ feeling more at ‘ease’ – but then goes on to see how understanding his ex-partner’s point of view brings its own inherent benefits.

While the explicitly therapeutic work (as opposed to the therapeutic component of work that is not counselling) was reported by service users as a transformative benefit, these particular service users commonly benefitted from a kind of ‘double service,’ to the extent they often received one-on-one work from their case manager in parallel to one-on-one work from the counsellor. As such, while service user testimony is a reliable measure of what stood out to them as most important, it is difficult to specify exactly what enabled their change – was it therapy, or did they simply have a much higher frequency of one-on-one work than service users who only saw their case managers?
Crucially, counselling alongside Drive one-on-one would have significant cost implications if rolled-out widely (even if some of that additional one-on-one work would need to occur anyway prior to service user inclusion in a DVPP group).

**Differentiating Drive: Listening, Care, Non-Judgement**

I – Interviewer

R – Respondent

   I ...and what was different about how she worked?

   R   Everything basically. Compared to probation people, they’re just … don’t even know what words to put to them but um… yeah, she was nice, she came along, she’ll talk to you, she’ll listen to your side of things as well… whereas people wouldn’t. And then obviously she goes from there, she hears what I need, and then she built the programme around me, basically to help me with everything I needed (SU109).

While not a therapeutic intervention, the therapeutic character of Drive one-on-one work, to the extent that case managers practiced or embodied active listening, care and non-judgement, was reported by high-engaging service users as profoundly impactful.

In line with the findings from Year 1, high-engaging service users were keen to differentiate Drive in comparison to other interventions they had received including: probation (SU101; SU106; SU110; SU109; SU116), mental health services (SU109; SU114) and private counselling (SU104; SU114). As the following quote demonstrates, service users perceived the care expressed by case managers to be central to their emerging ability to see things differently – or to change. When asked what was different about Drive, this service user responded,

   *I don’t know, he cares, do you know what I mean?* Like he cares, and we have really got… I don’t know, he just asks me questions that… and he unlocks sort of answers that I didn’t really know were there, sort of thing, like certain things he’d make me talk about that I didn’t realise were happening maybe or a different perspective on stuff really. He’s always got something to bounce back off whatever I say, do you know what I mean, to make me sort of think about things a little bit differently or something like that – just little things, you know (SU104).

Another service user who compared Drive to his experience of mental health services, similarly linked the Drive approach to his ability to ‘open up’ and see beyond his immediate situation. Like the previously quoted service user, he found this particular character of Drive difficult to articulate, prefacing his response with ‘I don’t know’,

   *I don’t know what it was about [the case manager], or what it was about the project, but her approach was fantastic, you know… for me personally. And it just gave me that little lift that I probably needed at that time in December when she was… you know she was very understanding of the mental health side of it which… and I was like wow, okay she doesn’t even know me … and it just opened me up a little bit. And I’m quite a reserved guy really, and so for me to talk to [the case manager] who I’ve never met before, it just kind of threw me a little bit. But it was great because, you know, she made me feel comfortable, she made me feel like all right fine, look you’re inside here [in prison], it is what it is, but you’ve still got a life outside* (SU114).
For this same service user, as for others, the non-judgement he experienced remained a strong theme, in this case compared to his prior experience of mental health services and was linked to his self-understanding of ability to change.

You know, I didn’t feel like… it wasn’t a stereotypical kind of… you know, with the mental health side of it everyone has this judgement, and [the case manager] didn’t judge me for that, do you know what I mean? She didn’t like ‘Oh, here we go again’ – none of this ‘you have mental health’ kind of things. Cos some people look at it like that, and maybe that was why I ended up opening up to [the case manager], you know. And… because she made me feel comfortable to be able to talk. And then, yeah, that just gave me a boost really… boost in all aspects you know, knowing that I can still go out and work, knowing that I can work on mechanisms myself to cope with things (SU114).

Non-judgement was also a method in which service users compared one-to-one work to group work around domestic abuse. One service user expressed his aversion to group work as a fear of judgement by peers. While this precise feature of DVPPs may for some be what facilitates change, for others it means they simply will not attend and one-to-one work may be more appropriate. The irony here, and in the non-judgement by practitioners, is that non-judgement seems to be the best tactic for encouraging a service user to take responsibility for what they have done wrong.

R I was doing these RAR sessions with probation, I was put in rooms with other people with similar crimes. They weren’t getting anywhere because neither person is going to open themselves up in front of other people without thinking, ‘they’re going to be judging me now,’ you know. I wouldn’t have opened myself up in front of other people because my general (inaudible 30:22) is they’re going to judge me if I see them out in public now.

I Yeah.

R But because they worked with me as a one-on-one, and they managed to get me actually talking and helped me along all this time. And like I said me, I feel actually rehabilitated, I never would have believed it (SU110).

The delicate work of relationship building for behaviour change

As in Year 1, relationship building with the service users by case managers came up as critical to cultivating and sustaining engagement. This was attained in part through the material and psychological support provided by the case managers, but also through much more subtle modes of conduct, as one case manager describes:

So, you know, even things like how I sit – I would never sit like this opposite someone, engaging with a service user, because that kind of, in their head, frames that as an interview rather than a conversation, do you know what I mean? You’ve got the barrier of the table. So I’ll sit alongside them, or where it’s available there’s rooms with like sofas and big comfy chairs, and I always offer them a cup of tea or a coffee – which you don’t get in probation or police interviews, […] so I do everything I can to, in their mind, distance the Drive case manager as much as possible from statutory services as they perceive them. And I find that that works very well, to a point that many of my cases, if not all my probation cases, will tell me things that they won’t tell their offender manager (CMT101).
Through subtle embodied techniques, the case manager actively differentiated Drive from statutory service provision. Accordingly, in Year 1 and 2, service users were very clear that Drive was ‘not like other interventions they had received’ and this was key to their engagement.

In Year 1, we reported that where direct challenge to service users by case managers had been conducted unskilfully – that is too directly or deploying shame – service users were quick to disengage resulting in them posing a higher risk. Year 2 saw the development and extension of the already-existing subtle challenges made by case managers. As one case manager reported, while direct challenge could be counterproductive,

> If you can plant that seed of doubt in their head, you know… and the next time they go to do something my voice is there in the back of their mind… or there’s something there and they think oh… it’ll make them think about it. Might not make them stop, but it might give them some kind of way to think… do you know what I mean? It might put something in their head, that self-talk of thinking, ‘oh hang on now, is this really right?’ You know it’s just chipping away, constantly chipping away (CM104).

Another case manager described using a seemingly innocent conversation around the service user’s weekend as a form of “behaviour change under the radar.” The case manager recalled subtly and repeatedly bringing the service user back to consideration of the service user’s partner’s perspective during the conversation.

Thus, Drive’s one-on-one work is a bespoke offer that resists standardisation except as an ethos or way of being, rather than strict set of activities or programme that could be delivered to each service user. This individualisation begins at the detailed tailoring of the initial contact letter using research on what might be a feasible ‘hook’ for an individual, right through to the language – embodied and verbal – used by the case manager in the context of a one-on-one session.

**Impulse Control and Emotional Regulation**

- **I** And what kind of stuff did you do, or what do you do in the sessions?
- **R** Um… it varies really, it’s all like digging deep into how you react and how you could react, what should be the best way of looking at other people’s perspective and how you can deal with things differently and… yeah… specially retraining your brain to do things better (SU116).

As identified in the analysis of case manager reported activities within the case management system, interviews with case managers also revealed that direct work comprised a relatively small fraction of time. Within that, behaviour change work was possible with just 25% of Drive service users.

For the Drive cohort, getting service users to a place where it was possible to address deeply held attitudes and beliefs in relation to gender, masculinity and violence seems to have only been possible for a small minority. These types of activities were not recalled by the service users who were interviewed, which is not uncommon across interventions with perpetrators and therefore should not imply they didn’t happen at all. Neither was gender and masculinity-oriented work recalled by case managers interviewed. More commonly recalled by service users and case managers was work around impulse control and emotional regulation. This work aimed to open a space of reflection between stimulus and service user response – and in some cases, led to more gender-based work.
As is common in DVPPs, ‘time-outs’ were recalled by service users as particularly memorable. This service user for whom ‘time-outs’ were not a new practice, reflected on the difference in the way he used them, and how others consequently saw him pre and post Drive:

**R**  Well if you spoke to everyone that knew me 6 months ago, they would have said that I was evil, and I was just a horrible person, that basically I wouldn’t do anything for anyone else, I was controlling… blah blah blah. But now that I’ve been seeing [the case manager] and… like for example, my mum, if you spoke to my mum, she would have been like yeah, ‘he’s evil, I didn’t like him at the time, and didn’t want to talk to him’ and everything. But now that I’ve been speaking to [the case manager] she’s over the moon because I’m so much happier with everything, and I’m getting along with everyone now.

**I**  And what about how you respond to a stressful situation now?

**R**  I try and avoid stressful situations. You never can be stress-free but whenever there is a stressful situation, I either walk away from it and have a cigarette and calm down for 5, 10 minutes, and then come back and talk it through. Beforehand it was… I would try and go out for a cigarette and it just brought back up everything, basically when I come back, because I’ll be thinking… at the time I’ll be having a cigarette, to try and calm myself down, but I’ll be thinking what I should say to the person I’m angry at. And then as soon as I go there, it all blurs out and starts another argument (SU115).

**Working with past trauma as a route to acknowledging the impact of abuse**

Especially for service users with children, cultivating some reflection on their own experience of abuse (if relevant) seemed to be a critical tool mobilised by case managers to develop empathy and recognition of the impact on their children.

*He was showing me a few video clips of people talking about how the brain works and how it causes us to do certain things sometimes. Obviously, had to do like a timeline. Obviously, we sort of went back over like my childhood and obviously my teenage years, you know, tried to sort of unpick through all that as to why I may behave the way I do or do certain things that I may have done. You know, a lot of my problems in the past are problems with substance and alcohol misuse, which was brought on by a crappy childhood with crap parents, you know, so obviously they didn’t really give me much of a great start in life to be honest. You know, at a time of my life when I should have been sort of like shown the right way and nurtured and sort of like cared for, I was almost just sort of like given up on basically (SU108).*

While there was undoubtedly a risk here that the service user might slip into a ‘victim’ mentality – regarding themselves as the primary victim – it also seemed to open a space for change as the point of the exercise was to establish empathy and agency in the recognition that this harm did not have to continue. The often-reported narrative of high-engaging service users was that they felt ‘heard’ by their case managers. This suggests that some engagement with past trauma worked to build the trust necessary to then take the service user through more challenging and discomfort-producing activities. Storyboarding from the child’s perspective was one tool that both produced discomfort, and in rare but important instances, took the work in a more empathic direction, as this case manager describes,

*...Sometimes I think actually storyboarding from a child’s point of view, perspective, is actually really quite beneficial. Because whilst they’ll still try and minimise, deny, sometimes after a while they can’t really wriggle [...] you’ve got to sort of think in that mindset of ‘okay, this is potentially how a child of this age might understand the*
situation, and these are the types of emotions that they may feel – and so let’s work in that space for a moment, let’s try and empathise and imagine how they sort of experience it. [...] And it then acts as a little bit of a... it’s a route in, it’s a route in to actually probe into their emotions and how they think and then feel, to try and turn it round and get them talking about that emotional language. But it’s hard work, and it’s often... it’s quite rare (CM107).

Support

I think it’s just like identifying what really matters to them and then just telling them what support you can give. So, if it doesn’t matter to them, you’re just another agency telling them to do something or trying to meet with them every week. There needs to be a hook – and there’s normally something with everybody (CM121).

As in Year 1, the support element of Drive was a key area of the intervention, constituting 24% of recorded actions under direct contact work. Service users were supported with access to benefits, housing, employment, household finances, their mental and physical health, alcohol and substance misuse. Support work both helped to build trust and reciprocity as well as functioning, in many cases, as a form of disruption. Interestingly, service users did not identify the direct material support provided to them as critical to their engagement, although it was described as helpful. Rather than indicating it was not important, this may instead be an expression of their desire to preserve their self-view of masculine self-reliance, especially in the context of an interview conducted by another man, as was the case in this circumstance.

Multi-Agency Direct Work

While multi-agency work is the dominant feature of indirect work, in Year 2 of Drive, we also encountered examples of multi-agency working directly with the Drive service user.

As the following quotes from a social worker demonstrates, there was also evidence of this close partnership working forming a ‘deep’ institutional advocacy, to the extent that it changed the perspectives of the social workers involved in relation to their understanding of the dynamics of abuse in the case.6

\[R\] So, the actual contents of the session really were [the social worker] talking to mum about what’s acceptable and what’s not in terms of domestic violence and behaviour from the son, and me doing it to the son [service user]... but also swapping that role round, so I’d be talking to mum, [case manager] would be talking to [the son], just to get that kind of extra opinion and influence into a situation.

\[I\] And did that change the way that you saw the situation?

\[R\] It did, yes it did. I think for me as an individual worker... I can’t speak for the other people in my service, but certainly as an individual worker, you kind of get used to blurring the boundaries and trying to engage with families whose behaviour may not be the norm shall we say. So, to have somebody say well actually you know this is abuse, this isn’t correct, you know you shouldn’t be... and whilst I know that and I’m sure my colleagues know that, it’s so difficult to engage with some people that you’re

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6 It should also be noted that such focus on perpetrators in work involving children was recommended in the recent JTAI report: Ofsted, Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS), and HMI Probation (HMIP) (2017) The multi-agency response to children living with domestic abuse, No. 170036.
making allowances, aren’t you? So, having somebody from the project kind of spelling it out… especially to [service user], [service user]'s mum – spelling out that this behaviour isn’t acceptable, and she shouldn’t be living her life with this kind of constant anxiety around [service user]'s behaviour and his outbursts (Social work practitioner).

In this case, the service user had been regarded as ‘difficult to engage’ by professionals due to his mental health condition, waking hours and reluctance to trust others.

The case manager acted both as advocate for the victim – helping the social worker to recognise the abuse as such and act accordingly – and as a support for the social worker by enabling an intensity of engagement that would not otherwise have been possible. This was institutional advocacy – with one agency challenging and changing practices and perceptions at a front-line level by helping to meet a need in the absence of more comprehensive provision.

**Step-down work**

As was clear from the quantitative data, Drive cases commonly remained open after the 10-month allocated time, and there were a considerable number of actions within this period. While step-down work was delivered with differing levels of intensity and formality across the three sites, the need for some type of lower intensity casework post 10-month intervention came through strongly in practitioner interviews (as it did in Year 1). Step-down work was carried out for several reasons:

- Some service users simply take a long time to engage. In some cases, it was only as the case was coming to a close that engagement was really flourishing. In these cases, step-down was used as way of opening some flexibility around the length of the intervention.

- For high-engaging service users, the step-down window was used simply as a space for a monthly ‘check-in’ phone call where service users could report on the impact of learning, success and challenges in sustaining changes made, and to get a second perspective on difficult life issues. A key finding in Year 1, and one which remains a critical issue in Year 2, is what happens after Drive.

- While case closure plans for service users who had received a high degree of support during Drive does this to some extent anyway, step-down functioned as way of easing them into self-reliance more gradually.

**Indirect Work**

Indirect work is primarily composed of multi-agency activity. When direct work with a service user is not possible, or where additional checks, information, engagement levers or expertise are required, Drive works with a multitude of agencies to conduct indirect work around the service user. As such, it is unsurprising to find that the most prevalent indirect work activity in Year 2 was multi-agency working (see Figures 17 and 19 – due to the change in options available for case managers to record indirect work from Year 1 to Year 2, only Year 2 data is presented). Multi-agency work accounted for 58% of indirect work, case updates (information sharing) accounted for 40%, and background research (information gathering) accounted for 2%. It is worth noting that case updates necessarily involve other agencies and thus, while not counted as such in the case management system, can also be understood as another form of multi-agency work.
Figure 19. Case managers’ indirect work in Year 2 (N=197)

**Multi-agency Working**

Figure 17 shows all the agencies case managers engaged with. The most common agencies case managers worked with were: IDVAs (25%), police (21%), probation (Community Rehabilitation Company/National Probation Service) (22%), and children’s social services (7%).

Case managers worked with statutory agencies (Children and Young People’s Services [CYPS] and Criminal and Civil Justice [CCJ]) for nearly all the service users (n = 209; 99%). Case managers engaged with CYPS while working with 100 service users (47%) and engaged with CCJ while working with 204 service users (96%). More specifically, case managers engaged with police during 194 service user cases (92%), probation during 116 service user cases (55%), prison during 30 service user cases (14%), and courts during 16 service user cases (7.5%) (see Figure 20).

Two-thirds of the multi-agency work was support and disrupt, 26% was disrupt only, and 8% was support only (see Figure 21). The most prevalent agency within multi-agency disrupt working was police (29%), followed by IDVA (27%), and probation (CRC and NPS; 22%).

Within multi-agency support working, the most prevalent agency was mental health and wellbeing (20%) followed by CRC (14%), housing (12%), IDVA (8%), and prison (8%).

The frequency of agencies worked with within support and disrupt activities differed from agencies worked with for disrupt only or agencies worked with for support only. The most prevalent was IDVA (26%), and then police (20%), CRC (14%), children’s social services (8%), and NPS (8%).
Figure 20. Case manager engagement with CCJ agencies (N=212)

Figure 21. Multi-agency working during Year 2 by sub-category (disrupt, support, or support and disrupt)
**Case Update (Information Sharing)**

In Year 1, the case management system did not allow case managers to specify which agency they shared information with. In Year 2, the system was changed to include this information. When case managers recorded this information in Year 2, it reflected all interactions with other agencies not related to support, disrupt, or support and disrupt. As can be seen in Figure 22, IDVA was the most prevalent agency (27%) for information sharing, followed by police (25%), CRC (10%), and children’s social services (9%).

![Figure 22. Year 2 Case Update (Information Sharing) (N=146)](image-url)
Indirect work – evidence from interviews with practitioners and service users

I can think of an individual who [...] is a Drive service user who has said ‘thanks but no thanks’ to Drive, but he’s actually a disqualified driver and there’s actually a non-molestation order in place. So, we’re able to raise his profile within our own organisation and locally to [area] officers, which led to more proactive policing, which led to him being found driving a vehicle when he was disqualified. So, there’s that disruption – well okay, if we can’t address his DV offending, then we’ll target him by the approach of what other criminality is that individual engaging in? And I can think of drug warrants that have been executed purely because their profile has been raised as an adopted Drive service user, but perhaps they wouldn’t have had that disruption had they not have been on the Drive register (Police DI 113).

As the analysis of the case manager recorded actions shows, indirect work within a multi-agency framework remained a central function of the Drive intervention in Year 2. Analysis of interviews with practitioners and service users echoed these findings and seemed to show ‘deeper’, that is, more collaborative, multi-agency working in Year 2, as opposed to just information sharing. While challenges remained in some areas, generally in Year 2, relationships and joint/multi-agency working practices were much more established in comparison to Year 1 and this is evident in the breadth of multi-agency working presented in the case studies in this report (see Appendix 4). As found in Year 1, the fact that multi-agency working has continued to grow, highlights not only that embedding multi-agency practice takes time, but that is ongoing. It is always and necessarily incomplete as the multi-agency landscape changes, reorganisations of services occur, and individuals move roles. Consistent with Year 1, the overwhelming majority of indirect multi-agency work was oriented to disruption and risk management activity, often in tandem with support activity.

Disruption

Through interviews in Year 2, we have recorded a much greater diversity of disruption strategies – from simply raising the service user’s profile on police systems, as recounted above by a police DI, to more subtle techniques involving a range of other agencies. Some notable examples of indirect work oriented to disruption and risk management were:

- **Information sharing to heighten risk awareness** – while information sharing might be considered a ‘pathway to disruption’ rather than the disruption itself, it is a critical component to disruption activity.

- **Providing the service user’s address to police or social services** – case managers will often have done significantly more research on service users than other agencies have been able to. It can be as simple as providing an address to police or social services when it was not previously known, which can open an avenue for disruption work.

- **MAPPA referrals** – in cases where the likelihood of behaviour change in the short to medium term is judged to be very low and the risk remains high, referrals to MAPPA were made.

- **Referrals to social services** – while aimed specifically at the protection of children or vulnerable adults, referrals to social services can serve as a key disruption strategy by initiating a home visit. They can also ensure the process and requirements being placed on the service user as part of the child protection plan are being followed.
Breach without reliance on victim/survivor to report – in one case, the service user was making repeated calls to the victim/survivor’s address in breach of his restraining order. The victim/survivor was too scared to make a complaint, in part due to complicity in the abuse from other family members. The case manager notified the housing provider and requested that they call the police if the service user attends the property. The housing provider agreed and did call the police. Unfortunately, officers attended but were unaware of the case history and the restraining order so failed to act. The case was, at the time of interview, under review within the police as a result of institutional advocacy by the case manager.

Using police and criminal justice system for disruption

We were able to analyse the police records related to 49 Drive service users in the six-month period before, during, and six months after Drive, and an equivalent control sample of 51 across the same research period. Change in the proportion of criminal DVA incidents and non-DVA incidents were analysed separately for Drive and control perpetrators for the three time periods.

The proportions were calculated separately for DVA and non-DVA incidents for each perpetrator by dividing criminal incidents by the total number of incidents. Then the average proportion of criminal DVA and criminal non-DVA were calculated for all Drive perpetrators and for all control perpetrators. The results can be seen in Figure 23 and Figure 24 below.

Figure 23 shows the average proportion of criminal DVA incidents for Drive and control group perpetrators. There are different trends for Drive and control group perpetrators:

- For Drive perpetrators, the proportion of DVA incidents decreased from the beginning of the research period (before Drive) to the end of the research period (after Drive).

- For control perpetrators, the proportion decreased from the beginning of the research period (before Drive) to the middle of the research period (during Drive) and then increased at the end of the research period (time point after Drive).

The trends appear to indicate that while the control group was reported as perpetrating DVA at the same level at the beginning and end of the research period, the reports regarding DVA for Drive perpetrators were generally decreasing across the same period.

Figure 24 depicts the average proportion of criminal non-DVA incidents. The picture is quite different to that regarding criminal DVA incidents, with the proportion of criminal non-DVA incidents increasing for Drive perpetrators and decreasing for control perpetrators across the research period. This appears to indicate that Drive was implementing disruption techniques via the criminal justice system in relation to both DVA and non-DVA incidents (as also indicated in the interventions data, above), and that these were sustained post-Drive. This shows that Drive was helping to ensure criminal behaviour was closely monitored and recorded.

We will be able to investigate this aspect in more detail in Year 3.
Figure 23. Criminal DVA incidents for Drive and control perpetrators (n=99)

Figure 24. Criminal non-DVA incidents for Drive and control perpetrators (n=99)
Case Studies: Disruption and Indirect Working

Disruption, of course, overlaps with other kinds of activity – direct and indirect, single and multi-agency work – and can take subtle forms. The following three more detailed case studies offer an insight into the complexity of disruption and indirect multi-agency working.

The following three case studies illustrate the complexity of the Drive indirect work and some of the varied strategies used by case managers to manage risk where direct engagement is either not possible or not leading to adequate behaviour change.

Case Study #2

*High Risk of Child Sexual Abuse*

Key words: child abuse, social services, mappa, disruption, high-level learning difficulties, child protection

**Background information**
The service user has learning difficulties that are recognised as very high, but no formal assessment was available. The service user was referred to Drive for domestic abuse against a partner who was pregnant at the time by the service user. His partner also has learning difficulties, although information on the severity of this was not available.

The service user was known to have previously disclosed that he intended to get a partner pregnant solely for the purposes of abusing the child. The service user was open about his desire to abuse children and was previously prevented from attempting to enter a children’s ward at a local hospital.

The service user was not supervised by probation or any adult social services, meaning Drive was the only sustained intervention that he was receiving.

**Drive Actions**

**Information sharing**
The Drive referral and information sharing highlighted the situation to social services, who opened a case to respond to the victim/survivor’s needs. Prior to Drive involvement, social services were unaware of the disclosure by the father about the intention to abuse the unborn child. This information was also promptly shared with the police.

**Risk assessment and escalation**

After extensive assessment by the case manager, it was determined that behaviour change work was highly unlikely to be impactful because of the service user’s learning difficulty needs. A referral was made to Multi-Agency Public Protection Arrangements (MAPPA) and a decision was made to escalate risk management activity.
Research and disruption work
Drive research revealed a new address where the service user was residing and the location where he was begging on the street. This information was immediately shared with police in relation to the risk of harm to children. There was also a marker placed on the name and identity of the service user at the local hospital, enabling the hospital to respond and manage risk in line with their procedures.

Drive also put in a request to the police for more intelligence and surveillance of the service user. As a result of the MAPPA referral, a civil Sexual Harm Prevention Order (SHPO) was requested to be put in place, which would apply the same conditions to the service user as a convicted child sex offender in the community. At the time of writing, work on this was ongoing.

Due to risk posed in this case, the child of the victim/survivor was taken into care shortly after birth. During the course of Drive’s involvement with this case, the service user disengaged from contact with Drive and separated from the victim/survivor. However, the Drive case manager continued to gather information and found out about a new relationship the service user had begun with a potentially vulnerable young woman who had significant contact with children due to family and friends. Drive submitted a log to the police detailing this intelligence.

Salient Questions & Learnings
While behaviour change may not have been possible in this case, the indirect work seems to have been extremely useful in terms of risk reduction. The intensive research that the case manager maintained in the case proactively and consistently kept police and relevant social services alert and aware of the ongoing risk the service user was posing.

Questions:
- Is Drive the most appropriate intervention for this kind of individual?
- What if Drive did not exist? Why were the police or adult social services not more involved?
- What will happen to this service user after Drive?

Case Study #3
Cross Border Multi-Agency Working – Disruption While in Prison
Keywords: cross-county/cross-border multi-agency work, prison, disruption, breach, engagement

Background information
The service user had been convicted of coercive control for abuse of the victim/survivor and had a restraining order in place. The service user and victim/survivor were accessing services across two counties and providing different information to the various agencies involved. While the Drive case manager was working with the service user, the victim/survivor was being supported by two IDVAs across counties in differing capacities.

The service user was obsessed with the victim/survivor, with whom he was in an intermittent and coercively controlling relationship. He had breached his bail conditions by attending her place of work. He had also breached his restraining order conditions on multiple occasions in a short period of time.
The victim/survivor disclosed to the IDVA that she felt unsafe and trapped in the relationship. Within the context of understanding the dynamics of coercive control and the impact that this has on a victim/survivor's space for action, Drive pursued actions around disrupting the service user's ability to use coercively controlling behaviours and contact the victim/survivor.

The Drive case manager worked closely with the IDVAs to conduct a dynamic risk assessment to reduce the risk posed by the service user.

**Cross border multi-agency working**

The Drive case manager initially started an email group of agencies involved in the case to share information, but as the case escalated and developed quickly, professionals were beginning to miss crucial information, either by being missed off the information sharing group, or through information shared bilaterally in conversation.

To remedy this, the case manager called a cross-county multi-agency meeting to bring the involved professionals together and ensure the risks were noted by all agencies involved.

This revealed inconsistency in what was thought to be known by different professionals, provided insight into the victim/survivor's thoughts and feelings, and helped develop an understanding of the dynamics of the relationship. Led by the advocacy of the Drive case manager, this meeting also provided additional information about the service user, which further elevated the risk level. This was a fundamental turning point in the case, as all agencies involved fully understood the risks involved after the meeting. The Drive case manager and the IDVAs acted as a crucial advocate on behalf of the victim/survivor due to their understanding of the intensity of coercive control being perpetuated by the service user.

**Information sharing and disruption**

For example, a critical piece of information that was shared early on was that the service user had been sending letters to his mother's house when in prison. These letters were addressed to the victim/survivor's children, sometimes using their known nicknames, but they were for the victim/survivor.

As a result, the prison was requested to put a hold on all the service user's letters and to check that they were not intended for the victim/survivor.

Drive continued to engage with the service user while in prison but were unable to elicit any acceptance of responsibility for the abuse from the service user.

Upon release, the service user continued to engage with the Drive case manager and the victim/survivor continued to engage with IDVAs. From the information disclosed by both parties, it was suspected that they were arranging to meet.

As noted above, within the context of understanding the dynamics and risk associated with coercive control, disruption actions were taken to reduce the service user's risk to the victim/survivor by sharing this information with the police. As a result, the police found the service user in contact with the victim/survivor, in breach of his restraining order, and he was returned to prison.

During his time in prison, the victim/survivor applied for the restraining order to be lifted. Aware of this application through the information sharing in place, probation, Drive and the
IDVA services across the two counties wrote to the court urging the judge to reject the application due to safety concerns for the victim/survivor. At the time of writing, the service user remains in prison and is engaging with his Drive case manager. Safety planning for the victim/survivor was also being undertaken.

**Salient Questions & Learning**

This case is an excellent example of effective and efficient multi-agency collaboration and risk management. Information sharing was essential for the quick responses to the rapid developments in the case. The multi-agency working also provided a holistic approach to the work, enabling a thorough understanding of the case from all possible angles.

A key question remains – what happens after Drive?

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**Case Study #4**

**Case Manager, Social Worker and IDVA Collaborative Working**

Keywords: deep institutional advocacy, what can be done when service users don’t change, the value of collaboration.

**Background information**

This family’s case was open to social services due to the risk posed by the father (the Drive service user) to the mother (the victim/survivor) and the children, who were on a child protection plan. The victim/survivor was engaging with the IDVA, and the service user was engaging with the Drive case manager, but was, according to the social worker, ‘not in a place where he wanted to change any of his behaviours’ (T1.15 Social Worker).

**Information sharing and multi-agency working:**

The Drive case manager attended and provided written reports to the core group formed at the child protection meetings. The case manager acted as a bridge between children’s social services and the service user – as a check and balance on the service user and what he was saying about his own improvement/change, and as an advocate for the victim/survivor by highlighting the patterns of abuse and control that other professionals were not aware of or did not previously understand as abuse (this was reported by a social worker present T1.15).

This provided a venue and communication channel for information sharing between the Drive case manager, social worker, and the IDVA. In the words of the social worker, the Drive case manager will ‘liaise with me, keep me updated about what the service user (the dad) was doing, any police involvement, how their sessions are going, engagement – things like that” (T1.15. social worker). For the social worker, hearing about the service user’s behaviour from someone working directly with the service user was reported as being particularly ‘valid’ and impactful.

The case manager shared information with the social worker and IDVA, who communicated with the victim/survivor. The case manager fed back his assessment that the service user was engaging with Drive as ‘box ticking exercise’ without real commitment to change. As the social worker reports:

*And I suppose just like really highlighting with me and the [IDVA], the patterns of control within the relationship. I think… so when I was first working the case, mum was very hopeful that he would change and that actually things were going to be different now that they had*
had a baby, and dad would be very much obviously saying those things to her, and she would say ‘oh well, he is meeting with [the case manager], like he’s trying to change, he’s working with Drive’—but actually just meeting with [the case manager], he’s not trying to change, it’s almost just ticking the box. And [the case manager] was really… yeah, he was really clear about that—actually [the service user] the dad has not really done very much at all in terms of being able to reflect even anything that he would want to change within his behaviour or take any responsibility. So… yeah, that was helpful for her to hear as well.

For the social worker, of particular importance to this case was having someone to work specifically with the father and the extent to which this offered insight into his behaviour and accountability in relation to his claims to have changed:

… like [the IDVA], she would work really closely with the woman and would keep me updated and support her… but when Drive’s not involved it feels like there’s a kind of gap. Often the dad’s… well the dad in this case, he wouldn’t be wanting to really engage with me because I’m the social worker and I have to kind of… yeah, my focus is on the children’s safety, and I didn’t really feel it was safe for him to see the children… but yeah, it just meant that he had someone working specifically with him.

[...]

It hasn’t necessarily led to positive outcomes in that if dad is particularly difficult to engage… so I think [the case manager] has struggled with that […] but it has helped in terms of me knowing more about what’s going on I suppose, and [the case manager]’s been really helpful in that respect. And I think it’s helped because somebody is… [the case manager]’s been trying to build a relationship with him, with the dad, so we have got some insights that I wouldn’t have got necessarily had there not been a professional involved specifically working with dad around his patterns of behaviour within relationships and that kind of thing. And also it meant that… so… there being a consistent working with dad throughout the time that the [children’s cases] have been open has meant that when dad’s tried to tell me one story, and then I speak to [the case manager], we can kind of piece together where he’s trying to… not play us off against each other, but he’s trying to portray things in one way to me when actually [the case manager] knows differently (T1.15. social worker).

The information shared by the case manager was thought by the social worker to have directly influenced their child protection decisions. The mother and children were subsequently moved to a refuge out of the area.

Social workers are closely monitoring the service user’s requests for and actions in relation to contact with the children, recognising that this may be used to continue perpetration against the victim/survivor. Their focus is on what the service user is or is not demonstrating in terms of evidence of behaviour change, including addressing substance misuse issues. Crucially, the focus is on the service user’s behaviour, not that of the victim/survivor.

Salient Questions & Learning:
This case demonstrates the utility of information sharing and collaborative working even in the absence of behaviour change—as a tool both to understand the whole picture and proactively exercise a continuous assessment of the case. Drive was impactful here in two key aspects—first, in providing information to allow the other professionals to better assess and manage risk, and second, in helping to change the focus of professionals away from the conduct of the victim/survivor to the service user, who is wholly responsible for the abuse.
IDVA Support to Victim/Survivors

Victim/Survivor Self-Mobilised Interventions before Receiving IDVA Support – Quantitative Data

We looked at the IDVAs' recorded information on Insights about the number of times victims/survivors attempted to leave the perpetrator, attended A&E because of the abuse, called the police, accessed other specialist domestic abuse support, and attended the GP for any reason. The time frame for this information was the previous 12 months before engaging with Drive and the IDVA. Independent sample t-tests were run to compare the Drive associated group of victims/survivors with the control group of victims/survivors. The results showed control victims/survivors and Drive victims/survivors were similar on all self-mobilised interventions before receiving IDVA support.

In what follows, we demonstrate that Drive victims/survivors received a longer period of contact, but a similar number of support services when compared with control victims/survivors. Given the ‘IDVA effect’ we outlined earlier, it may be the support interventions that are especially pertinent.

Length of Support from IDVAs

The date recorded by IDVAs on the Insights Intake form was used to mark the beginning of receiving support and the date recorded on the Exit form was used to mark the end of receiving support. The number of days between the Intake date and the Exit date was used to calculate the number of days of support the control victims/survivors and Drive victims/survivors received.

As would be expected, IDVA support for Drive victims/survivors lasted nearly 10 months (average = 285.0 days, SD = 132.2 days, Median = 310.0, Min = 0, Max = 516), while IDVA support for control victims/survivors was for approximately 4.5 months (average = 143.1 days, SD = 81.8 days, Median = 126.0, Min = 1.0, Max = 519.0). An independent sample t-test was run to compare the groups. The results were significant, t (78.24) = 8.51, p < .001. When the three pilot site areas were analysed separately, the same pattern was found.

Number of Contacts with IDVA contacts with Victims/Survivors

IDVAs recorded how many times they contacted victims/survivors while providing support. IDVAs contacted Drive victims/survivors an average of 22 times (SD = 25.5, Median = 17.0, Min. = 1, Max. = 195) and control victims/survivors an average of 15 times (SD = 15.9, Median = 10.0, Min. = 1, Max. = 138). An independent sample t-test showed that the number of times IDVAs contacted Drive victims/survivors was statistically higher than the number of times they contacted control victims/survivors, t (84.47) = 2.16, p = .034.

When the sites were analysed separately, the same pattern was found for Area 1 and Area 2 but not Area 3 (see Figure 25). Specifically, IDVAs in Area 1 contacted Drive victims/survivors an average of 15.5 times (SD = 12.9) and control victims/survivors an average of 7.2 times (SD = 4.7), t (31.08) = 3.34, p = .002; IDVAs in Area 2 contacted Drive victims/survivors an average of 33.0 times (SD = 39.6) and control victims/survivors an average of 14.3 times (SD = 16.0), t (20.76) = 2.14, p = .04; IDVAs in Area 3 contacted Drive victims/survivors an average = 19.3 times (SD = 17.5) and control victims/survivors an average = 22.8 times (SD = 18.0), p > .05.
It may be more appropriate to use the median value to calculate the average number of contacts between IDVAs and victims/survivors as large standard deviations are found. Using the median results in a more similar picture across the three sites with Drive victims/survivors receiving more contacts than control victims/survivors in all areas, which is in line with the t-test result. The results differ to those seen in Figure 25 with IDVAs in Area 1 contacting Drive associated victims/survivors 12 times (range 1-52) and control victims/survivors 6 times (range 1-20); IDVAs in Area 2 contacted Drive associated victims/survivors 19 times (range 6-195) and control victims/survivors 10 times (range 1-138); IDVAs in Area 3 contacted Drive associated victims/survivors 20 times (range 3-84) and control victims/survivors 15.5 times (range 3-85). The validity of using the median can be tested once the definitive data set is available at the end of Year 3.

**Number of support interventions mobilised**

IDVAs recorded the support interventions mobilised for Drive associated victims/survivors and for control victims/survivors. When the victims/survivors at all three sites were analysed together with an independent sample t-test, the results indicated that the number of supports mobilised was similar for Drive victims/survivors (average = 8.1, SD = 4.2) and control victims/survivors (average = 8.1, SD = 4.2), p > .05.

When the sites were analysed separately, a different picture emerged for Area 1 and Area 2 victims/survivors. In Essex and South Wales, the number of support interventions mobilised was significantly higher for Drive associated victims/survivors than control victims/survivors, t (97) = 2.81, p = .006 and t (201) = 2.31, p = .022, respectively. The number of support interventions mobilised for Drive associated victims/survivors and the number of support interventions for control victims/survivors in Area 3 was similar, p > .05.
Case Study #5

Victim/Survivor Rent Arrears Paid Off to Enable Priority Re-Housing

Keywords: housing, local authority, multi-agency work, IDVA

Background information
While the victim/survivor and service user were separated, the victim/survivor remained under surveillance from the service user and his family and friends, who would report back to him on her whereabouts.

For this reason, the victim/survivor wanted to move but was given very low priority by the council due to rent arrears (of approximately £200-300). To be prioritised, the victim/survivor would have to make ten consecutive monthly payments or pay the arrears in full. Paying in full was not an option at her income level and a ten-month delay before getting on the priority list exposed her to significant risk.

Disruption work with the IDVA
Working closely with the IDVA, the Drive team identified, facilitated, and enabled the housing officer to access a ring-fenced fund within the local authority that was specifically designated for assisting victims of domestic abuse. This was used to pay the arrears and get the victim/survivor on the priority housing list, so she could relocate.

Victim/survivor view of support – evidence from interviews
Consistent support that ensured victims/survivors did not feel let down worked well. Overwhelmingly, they had positive reports of the support they had received from IDVAs, stating for example, ‘it’s not easy to put into words what she’s done for me.’

Most IDVAs seem to have had constant contact with the victims/survivors they were supporting, usually by phone, but also attending court or meetings with the victim/survivor, or signposting to other services such as the police, GP or counselling. One victim/survivor described the way her IDVA would help her to keep calm and focused, and stated that ‘emotionally and practically […] she worked wonders with me’ (VS106). A couple of victims/survivors mentioned having suicidal thoughts and that the IDVA had helped them through these.

Some victims/survivors also felt supported by the Drive case manager. One male victim/survivor, for example, mentioned that as well as support from the IDVA, he talked a great deal to the case manager. In this case, the victim/survivor explicitly referred to gender, stating that in talking to the (male) Drive case manager rather than the (female) IDVA, he was able to ‘talk in a man to man situation […] I’d be letting rip’ – something he did not feel able to do with the IDVA.

Where IDVA support does not seem to have worked so well, was where the victim/survivor felt let down by a lack of contact or broken promises. One victim/survivor talked about the IDVA who had been supporting her and who had been unexpectedly off work. Unfortunately, no-one seemed to have got in touch with the victim/survivor to take over the absent IDVA’s support. As the victim/survivor was stressed about attending court without IDVA support, it was the Drive case manager who stepped in to support her.
Feeling empowered

Some victims/survivors appeared to feel empowered as a result of the support they had been receiving, although this was not the case for all victims/survivors. Where it was not the case, it appears to have been because they were still dealing with the trauma of having been in an abusive relationship. However, for at least one victim/survivor, it was precisely because she was not yet at a stage where real empowerment might be possible, that the IDVA support was so valuable. In this case, the victim/survivor had previously been scared of the repercussions of having the service user removed from the house by the police because of having to ‘[pick] up the pieces afterwards.’ She was therefore grateful that it was ‘done for me. It was out of my hands’ (VS111).

A couple of victims/survivors mentioned still experiencing flashbacks and/or panic attacks and some had made sure that they changed their routines (in one case, in preparation for when the service user was released from prison). One mentioned the fact that she did now usually feel able to leave the house when she wanted, but it’s a bit ‘half and half’ because she was always on the look-out for the service user (VS103).

Some victims/survivors were more explicit in expressing feelings of empowerment. One explained that as a result of the support she had received from her IDVA, and her new understanding that domestic violence is not just physical behaviour, but includes verbal and controlling abuse as well, she was now on the lookout for any signs of abuse: ‘any little signs of anything controlling or anything – I’m out the door… I’m not going through that again’ (VS108). Another talked about the support she had received from a range of places, including from her IDVA, and the difference this had made: ‘I’m definitely in a better place than I was, and I think that is just getting my voice heard really. People actually listening to what I’ve been saying’ (VS112).

Where the victim/survivor did appear to feel much safer, this may also have been linked to a greater sense of empowerment. For example, one victim/survivor described the way that she now felt more able to phone the police than she had previously. Whereas before, she would have felt too guilty to risk having him sent to prison, her IDVA had helped her to understand that ‘it’s his responsibility; he’s a grown man.’ Although she implied that she already knew this, it was hearing it from someone else that ‘makes it more real’ (VS102).
IS THERE SCOPE TO INTERVENE EARLIER?

The question of whether it is possible to intervene earlier is complex and indeed impossible to state definitively at this stage of the evaluation. However, a number of factors began to emerge in Year 2 through the interviews with Drive service users and practitioners. In particular, case managers suggested the factors below may have facilitated earlier intervention with individuals who went on to be classed as high-risk perpetrators of DVA.

- **Better mental health support in the community** – One service user had sought support previously for his mental health but had not found it. He went on to commit Actual Bodily Harm (ABH) in a domestic setting. He engaged with Drive through which he accessed mental health support – by case closure there were no further reported DVA incidents.

- **Better mental health support for offenders** – One service user had previously been arrested for threat to kill and assault. At the time, he was suicidal and had non-prescription drug dependencies, both of which the police were aware of. He was given a warning and the Samaritans’ number. He later went on to commit another threat to kill and assault for which his victim/survivor’s case was referred to MARAC.

- **A different approach to youth offenders with earlier intervention** – Two of the service users interviewed disclosed extensive youth offending histories. They claimed in interviews that had they had something like Drive earlier, they would have taken it up.

- **Allocation process** – Practitioners were keen to shorten the time-lag between MARAC referral, allocation to Drive and service user contact. When randomised allocation, for the purposes of pilot evaluation, ceases operation and shifts to case selection, there will be more options for this including:
  - preliminary research on the case immediately after referral and before the MARAC meeting,
  - research being done/collated by an administrative/research specific worker,
  - the decision as to whether to take the case being made at more frequent multi-agency strategic meetings connected to the local MASH, instead of just MARAC.
HOW DOES THE MODEL GENERATE OR REQUIRE AGENCY OR SYSTEMS CHANGE?

As the previous chapters have demonstrated, Drive is having a positive impact on increasing victim/survivor safety and space for action, as well as facilitating service user behaviour change, especially for those with complex needs. It is a multifaceted and complex intervention, working with people who often have a variety of complex needs. Moreover, Drive is most effective when embedded in well-functioning multi-agency ecosystems and relies on case managers and IDVAs that are highly skilled. In this concluding chapter, we take up the wider thematic issues in the Year 2 evaluation, regarding processes both within and around Drive.

The following sections are divided into a) the Drive casework process, referring to the work carried out by and within the Drive team and b) the wider multi-agency ecosystem, referring to the web of agencies and relationships within which the respective Drive teams are situated.

The points listed below emerge from analysis of practitioner, service user and victim/survivor interviews.

**Systems Change: The Drive Casework Process**

- **Caseloads**

  Case managers find it increasingly challenging do the very in-depth and reflective practice they were able to do when Drive started due to increased caseloads. There is a risk that the bespoke, innovative, and unique character of Drive casework, which service users seem to be responding well to, may not be possible with caseloads above 25. There is also a concern that teams may lose skilled practitioners and their knowledge due to increased staff turnover. To help mitigate differences in the workload carried by each case (some are very time-intensive, others require much less input), a case workload assessment tool would be helpful to enable a fair allocation of cases within Drive teams. Ultimately, however, the question is one of cost and the value placed on the kind of changes that can be achieved with more in-depth work.

- **Access to Police Data Systems**

  As mentioned in the Year 1 evaluation, access to police data systems would save a great deal of Drive practitioner time when researching service user backgrounds. At the time of writing, this remains in process but outstanding.

- **Service Users with Very High Mental Health Needs or High Levels of Other Criminality**

  As discussed above, while mental health need seemed to be a benefit to engagement for some, practitioners also expressed concern that above a certain threshold of mental health need, it is almost impossible to engage service users in behaviour change work, although other support and/or disrupt interventions were possible. For those with very high levels of other criminality engagement, behaviour change work was also rarely possible. In some cases, indirect work on disruption and risk management was also less urgent if service users were under the purview of other agencies, like Integrated Offender Management (IOM).
• **Stalking Cases**

Stalking cases were identified by case managers as the most challenging for both direct and indirect work. These were cases where service user denial and minimisation was often very high, where service users often lacked convictions to enable straightforward contact approaches, and where disruption activity could involve costly surveillance. One proposal was that stalking cases could be outsourced to a more specialist service, but this relies on such a service existing in the locality.

• **Direct Work in the Absence of Another Agency Contact**

As in Year 1, an ongoing challenge for direct work has been making initial contact in the absence of other agency connections to the service user. This was especially the case when the service user had very few identified material needs. The effect of this is that service users with higher financial security, due to income or existing wealth, may be both less visible and less accessible to Drive.

• **IDVA Provision**

The findings of Year 1 suggested that a dedicated Drive IDVA, as opposed to an IDVA team with each IDVA having responsibility for some Drive and some non-Drive cases, was the optimal arrangement for Drive IDVA provision. Year 2 has highlighted that this can result in bottlenecks where dedicated IDVA provision relies on a single individual.

Two of the Drive sites have seen continual change to the IDVA provision over the course of Year 2. One common challenge to these sites was the lack of clarity for IDVAs working on Drive cases around what differentiates working on a Drive case and on the lines of management and accountability. IDVA provision such that the Drive IDVA(s) is/are managed or co-supervised by the Drive service manager could help to alleviate this issue.

• **Sharing Best Practice on Disruption Activity**

Drive disruption activity is an innovative area of multi-agency practice with a huge variety of interventions taking place across the three sites. More information, skill sharing, and documentation of disruption activity would be useful. A disruption toolkit detailing case studies and offering possible courses of action for various scenarios could be a helpful resource. More training around disruption would be useful for wider agencies, especially police and probation.

• **Drive Training**

There was feedback from newer Drive workers that more practical aspects to the Drive training would be useful, especially around challenging service user’s talk in one-on-one settings. This could take the form of new case managers shadowing their more experienced colleagues and/or a greater emphasis on these skills in the training.

• **More Effective Measurement/Assessment Tools**

The Drive cohort differ in significant ways from the typical participant of a structured group work Domestic Violence Perpetrator Programme (DVPP). As we outlined in the opening sections, this is in part in terms of their levels and complexity of need, but also, and importantly,
in terms of the degree to which they openly recognise their behaviour as problematic, take responsibility, and are committed to change.

Case managers felt that this difference in ‘readiness to change,’ paired with the precarity of engagement of service users with complex needs, meant that existing outcome measurement tools with an evidence base, such as the Impact Toolkit and URICA, which are completed by the service user, were difficult for Drive case managers to use consistently and posed a high risk of disengagement. For these reasons, Drive case managers were reluctant to use them. An additional issue was the Impact Toolkit 3-month time frame set out in the behaviour questions. For example, these questions asked ‘how many times in the last three months have you…’ Three months was felt to be too small a window since for many Drive service users, the time window between Drive-triggering incident or offence and initial contact was more than three months. This meant that service users who had been convicted of very serious DVA but had, for example, been in prison prior to engagement, would appear to start the intervention as relatively low risk.

- **Case Referral and Early Closure Criteria**

The desire for referral criteria – or simply to be able to select Drive cases rather than have them randomly allocated – was mentioned by every practitioner interviewed. However, there was little consensus on whether Drive should aim for early intervention and behaviour change or risk management and disruption, or some combination of the two. Proposals for referral criteria included:

- Recency Frequency Gravity (RFG) of abuse – the idea that within certain thresholds of RFG, a case could be considered as eligible for Drive. Where these thresholds sit remains to be established.
- Severity of mental health need – it has been suggested that the severity of diagnosis for some service users is so high rendering them ‘incapable of empathy’ and/or behaviour change. For this reason, some argue for a threshold above which service users are considered unsuitable for Drive’s behavioural change element. The severity of mental health need of some service users interviewed (who were high engagers) suggests that if such a threshold were to be implemented, it would need to be very specific.
- Levels of other offending – service users with very high levels of other offending are often eligible for other interventions, like Integrated Offender Management. These service users can be difficult to achieve behaviour change with and for some there is disruption in place via other agencies. As such, they may not be suitable for Drive.
- Out of area referrals – it is very challenging to conduct either non-contact or contact work when the Drive service user does not reside in the Drive area. Service users who reside out of the Drive area would be an exclusion criterion.

- **Clarity on the Step-down Process for Local Agencies**

After 10 months on Drive, step-down support for service users is being managed by the three sites in different ways and it is too early to tell which model is most effective. A key theme that has been highlighted by multi-agency practitioner interviews, is the need for local agencies to have greater clarity around what process is in place in their area and the corresponding requirements for continued information sharing and multi-agency working. For one site, more time could usefully be allocated to the step-down handover process to allow the case managers, IDVA and step-down worker to more effectively manage the handover.
Better Monitoring of What Happens after Drive

Supporting the findings from Year 1, questions remain around the sustainability of change for Drive service users, and more importantly, around who will continue to manage risk from the service users for whom behaviour change was not possible. The case studies presented in this report show Drive to be ‘stepping in’ where other agencies were unaware of the risk or unable, sometimes due to capacity, to act on it. When Drive is removed from those situations, it is unclear if the wider multi-agency ecosystems are sufficiently equipped to monitor and support these high-risk individuals.

Systems Change: The Wider Multi-Agency Ecosystem

Police and the Criminal Justice System

Stakeholders interviewed felt that the police could make better use of tools available to them, for example, by using civil injunctions – including leading on the application for civil injunctions. A Community Rehabilitation Company offender manager we interviewed argued for a change in Crown Prosecution Service (CPS) guidelines to allow use of a conditional caution as a disposal option for DVA perpetrators to facilitate engagement in a DVPP without the need for a court ruling.

In some cases, Drive case managers felt that the quality and utility of information provided by the police to Drive teams was variable, in part due to a lack of clarity on the part of the police on what constitutes Drive-relevant information. Training for police on what is applicable information for sharing with Drive could help with this.

Multi-Agency Risk Assessment Conference (MARAC)

Stakeholders interviewed identified significant and challenging issues with MARAC processes. For example, MARAC leadership and the effectiveness of the process varies between areas and meetings and is reliant on the resourcing capacity, experience, skills and DVA awareness of individuals and agencies supporting the MARAC process. Challenges included: inconsistent attendance by some agencies; some agencies attending only to hear ‘their’ cases rather than contribute to the whole process; variable perceptions of the strength of MARAC decisions; variable follow-up and accountability around agreed actions; variable utility as an information sharing and practice discussion space. Stakeholders interviewed felt that greater oversight of and commitment to local MARACs is needed for them to function more effectively. Relatedly, there are variable approaches to the degree of information sharing between MARACs despite already existing protocols for MARAC to MARAC information sharing.

Multi-Agency Perpetrator Fora

While much improved from Year 1, especially at one of the sites, challenges remain with set-up and resourcing at another site, and attendance and accountability in another. Agency buy-in and resourcing are critical here, especially from the police. A dedicated Drive worker to facilitate and promote the perpetrator forum is a key asset to ensuring this process is efficient and effective.

Austerity and a Functioning Multi-Agency Ecosystem
As aforementioned, in Year 1, Drive relied on a healthy and functioning multi-agency ecosystem as it cannot fill all the gaps. Therefore, adequate funding of the services that Drive caseworkers refer to and draw on in their everyday work is crucial. In Year 2, stakeholders interviewed identified multi-agency resource/capacity as a challenge in relation to work with:

- Police – in some areas there was a lack of capacity to consistently prioritise information sharing around Drive background research;
- Mental health – extremely long waiting lists, high thresholds for action, and low intensity of interventions;
- Housing – general lack of housing provision to refer service users to;
- Social services – some excellent multi-agency working enabled engagement of service users to take place because of the intensity of the Drive intervention. According to social workers involved, this level of multi-agency work and service user engagement would have been highly unlikely without Drive. If social services cannot reach the cohort of service users without Drive, it is essential to consider which agencies will be managing risk after Drive’s involvement in a case ends.

1. **Mental Health Treatment Orders (MHTO)**

Case managers report that that in one area, MHTOs were made without the local provision to deliver them. This gap in services was then met by Drive case managers. This was partly a resource problem, but also suggests failings in communication between courts, probation and mental health services.

2. **Lack of Drive Recognition in Different Areas**

While the profile of Drive is increasingly becoming recognisable and understood, there are still gaps in knowledge for relevant agencies and individuals who may not know any information about Drive and what it does. This highlights the need for rolling outreach and training about Drive in each area – especially as multi-agency work is critical to the Drive model.

3. **Information Sharing**

While generally positive, challenges remain in certain areas about ease of information sharing with different agencies. To illustrate this, there have been challenges with housing agencies due to the lack of a single identifiable point of contact amongst multiple providers. Additionally, the police have struggled with information sharing because of a lack of resources and prioritisation. Social services and local authorities have also proved challenging – mainly due to local management priorities and pressures.

To help mitigate the challenge of high staff turnover and reliance on practitioners’ personal connections for information gathering, there needs to be an establishment of a central point of contact for each agency, with Drive collaboration as a designated aspect of their role.

4. **Working Across Local Borders**

While there has been some excellent work by case managers facilitating cross border information sharing, this has often been difficult to establish. Challenges involving capacity for Drive teams, who may not have sufficient tools to contest a refusal of information sharing from
an out-of-area MARAC, are hurdles to successful cross-border work. Cross-border information sharing within probation (CRC) is particularly challenging due to the privatised nature of provision, lack of knowledge about Drive, and unfamiliarity with information sharing protocols.

- **Drive as the Best Available Mental Health Intervention**

As mentioned earlier, the highly-engaging service users selected as interview participants had a variety of mental health needs. The desire for help focused on their mental health need formed part of the reason for the strong engagement of these service users.

Depending on severity, extremely high levels of mental health needs potentially posed a challenge to engagement for some service users – hence the desire amongst some Drive case managers to screen out service users with very challenging diagnoses.

However, even for those with challenging mental health conditions who did not engage, critical risk management was possible through indirect working. This was conducted against a backdrop of local mental health provision that was overstretched and under-resourced with long waiting lists, extremely high treatment thresholds, and a lack of frequent and dedicated high-intensity one-on-one casework.

Given these challenges within local mental health provision, it seems highly unlikely that either the one-on-one casework or non-contact indirect risk management activities would have occurred without Drive. While this is not the explicit focus of Drive work, the Drive model seems to be effective at responding to needs that are otherwise not being met. The question then becomes – what is the risk of not doing this work, and if that risk is considered to be too high, who should pay for it?

- **The Role of Social Services**

As evidenced in the case studies and the interviews with case managers and social workers, the level of multi-agency working with social services has been particularly noteworthy in Year 2.

As with the mental health work, Drive case managers have been ‘filling in’ where the social workers involved in the case do not have time and/or capacity to extensively research the case or conduct the same frequency of visits to the service user.

Unlike the mental health work, there has been much closer joint working between social workers and case managers. The following quote from a social worker demonstrates that this close partnership working resulted in a ‘deep’ institutional advocacy, to the extent that it changed the perspective of the social worker’s understanding of the dynamics of abuse in the case:

> R So the actual contents of the session really were [Drive worker] talking to mum about what’s acceptable and what’s not in terms of domestic violence and behaviour from the son, and me doing it to [service user] to the son … but also swapping that role round, so I’d be talking to mum, [case manager] be talking to [service user], just to get that kind of extra opinion and influence into a situation.

> I And did that change the way that you saw the situation?
It did, yes it did. I think for me as an individual worker... I can’t speak for the other people in my service, but certainly as an individual worker, you kind of get used to blurring the boundaries and trying to engage with families whose behaviour may not be the norm shall we say. So, to have somebody say, ‘well actually, you know this is abuse, this isn’t correct,’ you know you shouldn’t be… and whilst I know that and I’m sure my colleagues know that, it’s so difficult to engage with some people that you’re making allowances, aren’t you? So, having somebody from the project kind of spelling it out… especially to [service user], [service user]’s mum – spelling out that this behaviour isn’t acceptable, and she shouldn’t be living her life with this kind of constant anxiety around [service user]’s behaviour and his outbursts (social work practitioner).

The case manager’s role in this case was changing the practices and perceptions of other professionals through collaborative working.

Case managers have also facilitated better engagement by service users with the child protection system. For example, working with service users to explain requirements, address issues around the impact of abuse on children, and provide skills for impulse control has enabled service users to be present during the core group meetings where previously this was not possible. The extent that subtler or ‘deep’ institutional advocacy work cultivates attention to abuse that was previously unseen or offers additional mechanisms for holding perpetrators to account is promising.

It is not, however, entirely unproblematic – the way this kind of co-working has been reported by social workers has occasionally revealed a gendered character to who is authorised to speak the truth about victims. One social worker described hearing from the Drive case manager as being more ‘valid’ than hearing from the IDVA or, it is implied, from the victim/survivor. This was justified with the claim that the case manager is in direct contact with the service user, which is true, but suggests direct contact with the victim/survivor, which is where the IDVA’s perspective is drawn from, is somehow less believable or valid.

Prioritising men’s knowledge either directly, as in this case – the case manager is a man – or indirectly when hearing from a male service user, and the suspicion of survivor testimony is something which evidently remains an issue in the field.
References


APPENDIX 1 – Study Flow Diagram for Perpetrator Studies Year 1 and Year 2

1. **Appeared at MARAC**
   - Perpetrators and associated V/S Assessed for eligibility (n=3284)
     - Excluded (n=738)
       - Repeat MARAC referral (n=738)

2. **Enrollment**
   - Perpetrators and associated V/S Randomized (n=2546)

3. **Allocation**
   - Perpetrators evaluated (n=2546)
     - Perpetrators allocated to Drive intervention (n=541)
       - Did not give consent to share intervention data with evaluation team (n=22)
     - Excluded from additional analysis because could not obtain access to behavioural and complex needs data (n=2005)
     - Baseline data not provided by The Drive Project (n=15)
       - Analysed for baseline biographical data (n=504)
       - Could not complete by end of Year 2 because start date was after June 30, 2017 (n=292)
     - Analysis of cases that closed by April 30, 2018 (n=212)

4. **Evaluation Samples**
   - 6-month Follow up Police Study
     - Cases that closed by December 31, 2017 (n=130)
     - Drive cases in Insights (n=51)
     - Control cases in Insights (n=54)
Study Flow Diagram for Associated V/S Studies for Year 1 and Year 2

- **Appeared at MARAC**
  - Perpetrators and associated V/S Assessed for eligibility (n=3284)
    - Excluded (n=738)
    - Repeat MARAC referral (n=738)
  - Perpetrators and associated V/S Randomized (n=2546)
    - Associated V/S evaluation (n=2546)

- **Enrolment**
  - Associated V/S allocated to Drive intervention (n=541)
    - Drive V/S did not engage with Drive IDVA at intake (n=366)
      - Drive V/S analysed for baseline data (n=175)
        - Drive V/S could not complete by end of Year 1 because start date was after June 30, 2017 (n=61)
        - Drive V/S disengaged with IDVA contact during usual support (n=41)
  - Associated V/S allocated to control (n=2005)
    - Control V/S did not engage with control IDVA at intake (n=1518)
      - Control V/S analysed for baseline data (n=487)
        - Control V/S could not complete by end of Year 2 because start date was after January 31, 2018 (n=10)
        - Control V/S disengaged with IDVA contact during intervention (n=136)

- **Analysis (n=414)**
  - Control V/S (n=341)
  - Drive V/S (n=73)
### APPENDIX 2 – Biographical Information on Drive and Control Victims/Survivors

Biographical information on 662 associated victims/survivors

<table>
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<tr>
<th></th>
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*The age of one V/S was reported as 0. This was removed from the descriptive calculations for age.

*Complex needs include mental health, alcohol misuse, substance misuse, employment, financial difficulties, and disabilities.
APPENDIX 3

Drive Service Users with High Level Need and Engagement (from the 212 sample).

It should be noted that this analysis identifies only those service users who were categorised by case managers as having high need in relation to the various categories (rather than having any level of need).
APPENDIX 4 – CASE STUDIES

1. Institutional Advocacy with Children’s Social Services and the Child Protection Process as a Lever for Service User Engagement

Keywords: social services, child protection, indirect leading to direct, institutional advocacy

Background information

The service user had an extensive history of domestic abuse incidents against his partner with children present in the home. Referrals were being made to social services. Social services were then contacting the mother (victim/survivor), who would inform them that the relationship was over. This would result in the case being closed with no initial risk assessment taking place. Drive was allocated the case while the service user was on probation. The service user breached probation before Drive made contact with him.

Multi-agency disruption

When the service user was in court for a breach of probation, the magistrates refused to accept the address he provided as his own – because it was the same as the victim/survivor’s home address – but did not notify the agencies involved in the case. The case manager noticed this when reviewing notes and notified the respective agencies immediately.

The case manager then submitted a child protection referral, citing previous domestic abuse history, lack of initial risk assessments, and the fact that the service user claimed to reside at the victim/survivor’s address. As a result, the child was put on the child protection register.

The case manager liaised with the social worker, shared information about the case background, and requested that a home visit be carried out to assess risk. When social services carried out the visit, the service user was found at the victim/survivor’s house.

The case manager then liaised with the service user’s offender manager and organised for Drive engagement to be written into the service user’s probation requirements and the child protection plan. The child protection plan also required that the service user did not attend the victim/survivor’s property.

Engagement

The service user subsequently engaged with Drive, enabling the case manager to conduct behaviour change work on the effects of children witnessing domestic abuse. The case manager also worked with the service user on improving his interaction, communication and engagement with the child protection plan and system.

Salient questions & learning:

Disruption and engagement should not be seen as an either/or – they can work together. This case study also highlights the importance of child protection as a lever of engagement and the critical role social services play in terms of institutional advocacy.

A key question remains – what happens after Drive?

2. High Risk of Child Sexual Abuse
Key words: child abuse, social services, mappa, disruption, high-level learning difficulties, child protection

**Background information**

The service user has learning difficulties that are recognised as very high, but no formal assessment was available. The service user was referred to Drive for domestic abuse against a partner who was pregnant at the time by the service user. His partner also has learning difficulties, although information on the severity of this was not available.

The service user was known to have previously disclosed that he intended to get a partner pregnant solely for the purposes of abusing the child. The service user was open about his desire to abuse children and was previously prevented from attempting to enter a children’s ward at a local hospital.

The service user was not supervised by probation or any adult social services, meaning Drive was the only sustained intervention that he was receiving.

**Drive Actions**

**Information sharing**

The Drive referral and information sharing highlighted the situation to social services, who opened a case to respond to the victim/survivor’s needs. Prior to Drive involvement, social services were unaware of the disclosure by the father about the intention to abuse the unborn child. This information was also promptly shared with the police.

**Risk assessment and escalation**

After extensive assessment by the case manager, it was determined that behaviour change work was highly unlikely to be impactful because of the service user’s learning difficulty needs. A referral was made to Multi-Agency Public Protection Arrangements (MAPPA) and a decision was made to escalate risk management activity.

**Research and disruption work**

Drive research revealed a new address where the service user was residing and the location where he was begging on the street. This information was immediately shared with police in relation to the risk of harm to children. There was also a marker placed on the name and identity of the service user at the local hospital, enabling the hospital to respond and manage risk in line with their procedures.

Drive also put in a request to the police for more intelligence and surveillance of the service user. As a result of the MAPPA referral, a civil Sexual Harm Prevention Order (SHPO) was requested to be put in place, which would apply the same conditions to the service user as a convicted child sex offender in the community. At the time of writing, work on this was ongoing.

Due to risk posed in this case, the child of the victim/survivor was taken into care shortly after birth. During the course of Drive’s involvement with this case, the service user disengaged from contact with Drive and separated from the victim/survivor. However, the Drive case manager continued to gather information and found out about a new relationship the service user had begun with a potentially vulnerable young woman who had significant contact with children due to family and friends. Drive submitted a log to the police detailing this intelligence.

**Salient questions & learnings**
While behaviour change may not have been possible in this case, the indirect work seems to have been extremely useful in terms of risk reduction. The intensive research that the case manager maintained in the case proactively and consistently kept police and relevant social services alert and aware of the ongoing risk the service user was posing.

Questions:

- Is Drive the most appropriate intervention for this kind of individual?
- What if Drive did not exist? Why were the police or adult social services not more involved?
- What will happen to this service user after Drive?

3. Cross Border Multi-Agency Working – Disruption while in Prison

Keywords: cross-county/cross-border multi-agency work, prison, disruption breach, engagement

Background information

The service user had been convicted of coercive control for abuse of the victim/survivor and had a restraining order in place. The service user and victim/survivor were accessing services across two counties and providing different information to the various agencies involved. While the Drive case manager was working with the service user, the victim/survivor was being supported by two IDVAs across counties in differing capacities.

The service user was obsessed with the victim/survivor, with whom he was in an intermittent and coercively controlling relationship. He had breached his bail conditions by attending her place of work. He had also breached his restraining order conditions on multiple occasions in a short period of time.

The victim/survivor disclosed to the IDVA that she felt unsafe and trapped in the relationship. Within the context of understanding the dynamics of coercive control and the impact that this has on a victim/survivor’s space for action, Drive pursued actions around disrupting the service user’s ability to use coercively controlling behaviours and contact the victim/survivor. The Drive case manager worked closely with the IDVAs to conduct a dynamic risk assessment to reduce the risk posed by the service user.

Cross border multi-agency working

The Drive case manager initially started an email group of agencies involved in the case to share information, but as the case escalated and developed quickly, professionals were beginning to miss crucial information, either by being missed off the information sharing group, or through information shared bilaterally in conversation.

To remedy this, the case manager called a cross-county multi-agency meeting to bring the involved professionals together and ensure the risks were noted by all agencies involved. This revealed inconsistencies in what was thought to be known by different professionals, provided insight into the victim/survivor’s thoughts and feelings, and helped develop an understanding of the dynamics of the relationship. Led by the advocacy of the Drive case manager, this meeting also provided additional information about the service user, which further elevated the risk level. This was a fundamental turning point in the case, as all agencies involved fully understood the risks involved after the meeting. The Drive case manager and the IDVAs acted
as a crucial advocate on behalf of the victim/survivor due to their understanding of the intensity of coercive control being perpetuated by the service user.

**Information sharing and disruption**

For example, a critical piece of information that was shared early on was that the service user had been sending letters to his mother’s house when in prison. These letters were addressed to the victim/survivor’s children, sometimes using their known nicknames, but they were for the victim/survivor.

As a result, the prison was requested to put a hold on all the service user’s letters and to check that they were not intended for the victim/survivor.

Drive continued to engage with the service user while in prison but were unable to elicit any acceptance of responsibility for the abuse from the service user.

Upon release, the service user continued to engage with the Drive case manager and the victim/survivor continued to engage with IDVAs. From the information disclosed by both parties, it was suspected that they were arranging to meet.

As noted above, within the context of understanding the dynamics and risk associated with coercive control, disruption actions were taken to reduce the service user’s risk to the victim/survivor by sharing this information with the police. As a result, the police found the service user in contact with the victim/survivor, in breach of his restraining order, and he was returned to prison.

During his time in prison, the victim/survivor applied for the restraining order to be lifted. Aware of this application through the information sharing in place, probation, Drive and the IDVA services across the two counties wrote to the court urging the judge to reject the application due to safety concerns for the victim/survivor. At the time of writing, the service user remains in prison and is engaging with his Drive case manager. Safety planning for the victim/survivor was also being undertaken.

**Salient questions & learning**

This case is an excellent example of effective and efficient multi-agency collaboration and risk management. Relevant and proportionate information sharing was essential for the quick responses to the rapid developments in the case. The multi-agency working also provided a holistic approach to the work, enabling a thorough understanding of the case from all possible angles.

A key question remains – what happens after Drive?

4. **Case Manager, Social Worker and IDVA Collaborative Working**

Keywords: deep institutional advocacy, what can be done when service users don’t change, the value of collaboration.

**Background information**

This family’s case was open to social services due to the risk posed by the father (the Drive service user) to the mother (the victim/survivor) and the children, who were on a child protection plan. The victim/survivor was engaging with the IDVA, and the service user was
engaging with the Drive case manager, but was, according to the social worker, ‘not in a place where he wanted to change any of his behaviours’ (T1.15 social worker).

**Information sharing and multi-agency working:**

The Drive case manager attended and provided written reports to the core group formed at the child protection meetings. The case manager acted as a bridge between children’s social services and the service user – as a check and balance on the service user and what he was saying about his own improvement/change, and as an advocate for the victim/survivor by highlighting the patterns of abuse and control that other professionals were not aware of or did not previously understand as abuse (this was reported by a social worker present T1.15).

This provided a venue and communication channel for information sharing between the Drive case manager, social worker, and the IDVA. In the words of the social worker, the Drive case manager will ‘liaise with me, keep me updated about what the service user (the dad) was doing, any police involvement, how their sessions are going, engagement – things like that” (T1.15. social worker). For the social worker, hearing about the service user's behaviour from someone working directly with the service user was reported as being particularly ‘valid' and impactful.

The case manager shared information with the social worker and IDVA, who communicated with the victim/survivor. The case manager fed back his assessment that the service user was engaging with Drive as ‘box ticking exercise’ without real commitment to change. As the social worker reports:

> And I suppose just like really highlighting with me and the [IDVA], the patterns of control within the relationship. I think… so when I was first working the case, mum was very hopeful that he would change and that actually things were going to be different now that they had had a baby, and dad would be very much obviously saying those things to her, and she would say ‘Oh well, he is meeting with [the case manager], like he’s trying to change, he’s working with Drive’ – but actually just meeting with [the case manager], he’s not trying to change, it’s almost just ticking the box. And [the case manager] was really… yeah, he was really clear about that – actually [the service user] the dad has not really done very much at all in terms of being able to reflect even anything that he would want to change within his behaviour or take any responsibility. So… yeah, that was helpful for her to hear as well.

For the social worker, of particular importance to this case was having someone to work specifically with the father and the extent to which this offered insight into his behaviour and accountability in relation to his claims to have changed:

> … like [the IDVA], she would work really closely with the woman and would keep me updated and support her… but when Drive’s not involved it feels like there’s a kind of gap. Often the dad’s… well the dad in this case, he wouldn’t be wanting to really engage with me because I’m the social worker and I have to kind of… yeah, my focus is on the children’s safety, and I didn’t really feel it was safe for him to see the children… but yeah, it just meant that he had someone working specifically with him.

 [...]
It hasn't necessarily led to positive outcomes in that if dad is particularly difficult to engage… so I think [the case manager] has struggled with that […] but it has helped in terms of me knowing more about what's going on I suppose, and [the case manager]'s been really helpful in that respect. And I think it's helped because somebody is… [the case manager]'s been trying to build a relationship with him, with the dad, so we have got some insights that I wouldn't have got necessarily had there not been a professional involved specifically working with dad around his patterns of behaviour within relationships and that kind of thing. And also it meant that… so… there being a consistent working with dad throughout the time that the [children's cases] have been open has meant that when dad’s tried to tell me one story, and then I speak to [the case manager], we can kind of piece together where he's trying to… not play us off against each other, but he’s trying to portray things in one way to me when actually [the case manager] knows differently (T1.15. social worker).

The information shared by the case manager was thought by the social worker to have directly influenced their child protection decisions. The mother and children were subsequently moved to a refuge out of the area.

Social workers are closely monitoring the service user’s requests for and actions in relation to contact with the children, recognising that this may be used to continue perpetration against the victim/survivor. Their focus is on what the service user is or is not demonstrating in terms of evidence of behaviour change, including addressing substance misuse issues. Crucially, the focus is on the service user's behaviour, not that of the victim/survivor.

Salient questions & learning:

This case demonstrates the utility of information sharing and collaborative working even in the absence of behaviour change – as a tool both to understand the whole picture and proactively exercise a continuous assessment of the case. Drive was impactful here in two key aspects – first, in providing information to allow the other professionals to better assess and manage risk, and second, in helping to change the focus of professionals away from the conduct of the victim/survivor to the service user, who is wholly responsible for the abuse.

5. Victim/Survivor Rent Arrears Paid Off to Enable Priority Re-Housing

Keywords: housing, local authority, multi-agency work, IDVA

Background information

While the victim/survivor and service user were separated, the victim/survivor remained under surveillance from the service user and his family and friends, who would report back to him on her whereabouts.

For this reason, the victim/survivor wanted to move but was given very low priority by the council due to rent arrears (of approximately £200-300). To be prioritised, the victim/survivor would have to make ten consecutive monthly payments or pay the arrears in full. Paying in full was not an option at her income level and a ten-month delay before getting on the priority list exposed her to significant risk.

Disruption work with the IDVA
Working closely with the IDVA, the Drive team identified, facilitated, and enabled the housing officer to access a ring-fenced fund within the local authority that was specifically designated for assisting victims of domestic abuse. This was used to pay the arrears and get the victim/survivor on the priority housing list, so she could relocate.