



CHILD & WOMAN ABUSE STUDIES UNIT

BEYOND TRAINING: THE SAFE & TOGETHER LONDON PARTNERSHIP MODEL

EVALUATION REPORT YEAR 2

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GLOSSARY

CSC: Children's Social Care

DAPP: Domestic Abuse Perpetrator Programme

DV/DA: Domestic Violence/ Domestic Abuse

LP: London Partnership

MOPAC: Mayor's office for Policing and Crime

S&T: Safe and Together

QA: Quality Assurance

EXECUTIVE SUMMARY

This is the final report of findings from Year 2 evaluation of the London Partnership (LP) project to implement Safe and Together (S&T), an internationally recognised approach to domestic abuse (DA), in six London Boroughs. In Year 1 the partnership was comprised of five East London boroughs with Hammersmith & Fulham joining in Year 2. While we refer to Years 1 and 2, which suggests secure continuity of time we do so in hindsight. The work of the partnership grew in insecure contexts, with precarious funding streams and unknown timeframes at the end of each year.

Year 2 evaluation activity continued across the data collection sources from Year 1 with the addition of: analysis of case audits; monitoring of the marketplace and professional hub; four action learning sets with children's social care (CSC) professionals; a survey of quality assurance staff and exploration of an increase in complaints from perpetrators as an indicator of systems change. Implementation activity continued across four pillars: training; implementation leads; marketplace and professional hub; oversight and reflection. These pillars we argue constitute the London Partnership's emerging and evolving implementation model, which is different from previous iterations of S&T implementations which have rested primarily on training.

Data is presented around these pillars, and a separate chapter explores systems change drawing on change data, quality assurance and an increase of complaints.

Training

All feedback across four training offers (overview, core, perpetrators and supervisors) showed that the learning aims were fulfilled, with a high proportion demonstrating, through open ended questions, their understanding of the key aspects of the S&T approach: framing domestic abuse as a harmful parenting practice; pivoting to perpetrators; partnering with victim-survivors; paying attention to language and documentation. Confidence in engaging with perpetrators increased, and perhaps as importantly did a re-framing of victim-survivors as doing their best to protect children in adverse circumstances. The training continued to both appeal and affect practitioners in significant ways, with significantly less complaints about mode of delivery since it was undertaken by implementation leads rather than the Institute, thus adapted to a UK context. The tools offered to underpin the S&T approach were especially appreciated.

Qualitative work with CSC professionals explored how the training was being applied in their work, finding significant shifts and developments in practice. In Year 2, the LP project had affected an implementation that extended well beyond training, and professionals were able to navigate tensions and challenges through a broader framework of support provided via the emerging and evolving London Partnership model of implementation.

Implementation Leads

The leads are a unique element of the London Partnership model: a key contribution to this being more than another training. The role developed considerably as the project moved from mobilisation and implementation into contextual embedding adapted to the specifics of each borough. A notable aspect to Year 2 was the way implementation leads harnessed their accumulated practice-based knowledge from Year 1 to extend the function of consultations beyond advancing learning to build work stream development and feedback learning within the boroughs and the partnership. While precarity characterised much of their work, it did not prevent from an organic but clear ethos of circular learning and knowledge exchange to fortify and embed the emerging implementation model.

Marketplace and Professional Hub

The goal of the marketplace to extend options for behaviour change opportunities was beginning to be achieved, and this also became a site of creative development. Here providers used the opportunity to build working practices and partnerships with children's social care staff. There remains a gap in behaviour change options for perpetrators from African/Caribbean/Black British communities and this has been taken into future development thinking by Respect. The professional hub was well established and the resources and materials housed within it grew at the end of Year 2, adapted through feedback from practitioners on what they found the most useful. This resource reflects the partnership goal of creating a legacy of resources that could support the model beyond funding terms.

Oversight and Reflection

Both the governance structure and the evaluation are core aspects of oversight and reflection, with ongoing conversations about process, progress and challenges. Due in part to operational contexts of precarity, at points in Year 2 the governance structure hit 'stumbling blocks', impacting capacity to maintain reflective spaces to shape and advance work. Case audits were undertaken in all six boroughs with mixed findings, revealing both the problem in practice the project sought to meet and that in some boroughs 'the green shoots of change' evidenced in Year 1 were growing to forge patterns in practice rooted in less responsabilisation of victim-survivors, and a pivot to perpetrators, in line with the S&T approach.

Systems Change

Whilst there is no straightforward pattern in the change data, the hoped for increase in identification of domestic abuse is evident in three of the four boroughs where the data was provided. Similarly, the decrease in child protection plans and/or children being looked after can be observed in four boroughs. Year 1 found that partnership borough case management

systems had no way of recording interventions with perpetrators of DA. Led by Hackney, work to design and implement a recording system was completed at the end of Year 2. The other boroughs will be invited to adopt/adapt this going forward. This is a concrete indicator of the project effecting systems change. Quality assurance staff were beginning to use S&T principles in their auditing of case files, to notice intended changes in documentation, language and approaches to victim-survivors and perpetrators. This is another indication of the beginnings of systems change. The increase in complaints by perpetrators in the two boroughs with the longest history of using the S&T approach, also emerged as a potentially important indicator of change, and one which boroughs need to anticipate and plan for, work was already underway in one borough to meet this.

Reflections

Findings from Year 2 are framed around the emerging and evolving implementation model that the London Partnership has developed, especially the extent to which it takes this project beyond training. The project continued to achieve many of its aims including moving in the right direction for systems change.

That said, partnership energy and focus had to be rebuilt from the period of uncertainty at the end of Year 1, and a similar context arose in Year 2. Short term uncertain funding limits the potential to achieve outcomes, especially where this involves system change. This project has been implemented in a context characterised by time poverty and precarity: being suspended between 'gearing up or closing down'. This meant that some of the time which could have been spent on strategic steps moving six locations in the same direction was diverted to project survival. Short and insecure funding militates against being able to implement.

1: INTRODUCTION

Safe and Together (from here S&T) is an internationally recognised systems change intervention, combining a training programme with linked tools and resources to improve responses to domestic abuse (DA). S&T seeks to change both practice and systems through three basic principles: keeping children safe and together with the non-offending parent; partnering with the non-offending parent; intervening with the perpetrator. The model was developed in the US to apply specifically to child protection, as it is here that a large proportion of DA cases become known to statutory agencies.

S&T is a trade-marked programme, meaning any take up of the model has to be linked to the Safe and Together Institute¹ through a formal partnership. S&T now has global reach with significant adoptions in the US, Australia and the UK. Previous implementations according to the Institute have seen a 44-66% decrease in domestic abuse related removals of children and almost a third reduction in re-referrals into children welfare organisations

Recent evaluations show that it can reduce the throughput into formal child protection procedures (Humphreys & Nicholson, 2017) and that it changes the framing of victim-survivors reducing the extent that they are held responsible for protecting their children (Mitchell, 2017). A core concept in this evaluation is ‘responsibilisation’ – the ways in which people are made responsible for change in their lives: it has been applied to DA to illustrate how policy and practice, through an emphasis on risk assessment and short-term risk reduction, has increasingly held women responsible for their own and their children’s safety (Coy & Kelly, 2019). Hadjimatheou (2022) makes a similar argument, showing how domestic abuse disclosure schemes, originally envisaged as an empowerment process, are increasingly shaped by children’s social care, and used as a lever to make victim-survivors responsible for protecting children. Both studies document a shift away from the recognition in the 1990s that woman protection could be the best form of child protection, and both note that in the process perpetrators become invisible – a reality S&T explicitly seeks to change.

THE SAFE AND TOGETHER LONDON PARTNERSHIP

In 2019, the charity Respect² and the London boroughs of Hackney and Waltham Forest came together to implement the model into children’s social care. This was the first incarnation of the London S&T Partnership, and implementation activity continued for two years. In 2021 this project was awarded MOPAC funding via the Home Office to continue implementation and expand into three further boroughs: Newham, Tower Hamlets and Redbridge. The five

¹ <https://safeandtogetherinstitute.com/>

² UK organisation that supports and accredits safe and effective interventions with domestic abuse perpetrators

boroughs became the East London Partnership with Respect remaining as core delivery partner.

Funding from the Home Office perpetrator programme (2021-22) lasted only for 8 months (01/08/2021-31/03/2022) and covered 75% of the budget with the rest being met by matched funding from the partners, adding an additional four-months (April-July 2022). Evaluation sat alongside the project from the outset and the Year 1 report, 'Green Shoots of Change'³ was published in September 2022.

Late into the match funding period of Year 1, subsequent Home Office funding was allocated for a further 8 months (Aug 22-March 23), with matched funding again bringing the project period up to a full twelve months. At this stage, a West London borough, Hammersmith and Fulham, joined and the partnership reverted to its original name of the S&T London Partnership.

This report presents findings from Year 2. While we refer to Years 1 and 2, which suggests a continuous process we do so in hindsight. As outlined, the partnership work grew in insecure contexts, with precarious funding streams and unknown timeframes towards the end of both years, in this both the project and evaluation were iterative processes.

PROJECT STRUCTURE AND ACTIVITIES

The long-term aim of the project was to effect sustainable systems change in responses to domestic abuse in children's social care. In the immediate term, implementation sought to increase worker confidence and engagement with perpetrators, to hold them to account and offer behavioural change options, whilst partnering with victim-survivors.

In Year 2 the project structure and activities remained the same, with the only substantive change being that they happened across six boroughs instead of five. The project manager was located in the Waltham Forest VAWG team, co-ordinating the project and Respect remained responsible for workforce development and expanding interventions with perpetrators. Year 1 evidenced the effectiveness and centrality of implementation leads in anchoring and embedding learnings from the training offer. The leads are an original and unique component specific to the London Partnership's implementation strategy. Similarly, the fulcrum of project delivery in Year 1 proved to be the role of the training and resources manager based in Respect, who navigated many unanticipated demands: this role continued to be central in Year 2.

There were some staff changes in Year 2; the project manager within Waltham Forest was replaced and Respect expanded their team, with the addition of a finance manager who also

³ <https://cwasu.org/resource/green-shoots-of-change/>

oversaw the marketplace for perpetrator behaviour change options and a new implementation lead was recruited for Hammersmith and Fulham.

Two cross borough working groups continued to oversee implementation, alongside a smaller performance management group (project manager, two Respect staff and the evaluators) who met weekly to stay connected and up to speed on changes to workflow and timelines (see chapter 4.4).

Project activity remained the same as Year 1: delivery of a training package which was supported through case consultations to embed learning and the development of a cross borough 'marketplace' of behaviour change options and learning resources for professionals – a professional hub. The learnings and momentum from Year 1 provided a foundation to build on, and hone activities to embed the model. For example, implementation leads had trained to deliver core training, training delivery methods were adapted, and boroughs honed their recruitment strategies. Alongside this, implementation leads sought to recruit S&T champions from children's social care staff teams in their boroughs who could undertake case consultations.

Overall, the additional time and funding meant that by the end of Year 2 the partnership had built an implementation model distinct to the London Partnership which we explore in more detail in Chapter 3.

2: EVALUATION FRAMEWORK AND METHODS

Like the project partnership, the evaluation was subject to changing landscapes. Uncertainties of short term and conditional funding structure meant shifting time frames as well as changes in the partnership composition. Our approach to evaluation was to shadow the life course of the project and be agile. The evaluation approach may have been different, if from the outset it had been funded for 24 months. But given the iterative life course of the project, the evaluation mirrored this.

The foundational structure of the evaluation was established in Year 1 through a theory of change developed with the partnership, linking project activities to outcomes that could be measured. The consensus on what the evaluation should address in Year 1 covered:

- increased worker confidence and engagement with perpetrators;
- increased options for behaviour change for perpetrators across the five boroughs;
- increased actions for perpetrators in social care plans;
- increased identification of domestic abuse in children's social care assessments;
- shifts in the language and approach to survivors, a decrease in making them responsible for change.

Year 2 worked to this, but with some additions based on key learnings from Year 1. The time frame was too short to meet the long-term aim of transformation, but it was possible to explore the direction of travel, by seeking to trace: whether there is an increase in knowledge and confidence; a move towards systems change; less making victim-survivors responsible; earlier engagement of perpetrators and expanding opportunities for behaviour change.

The additional year allowed deeper excavations into these outcomes as well as aspects of implementation activity and process that had enabled and constrained the project's success in these areas. The evaluation also sought to address process questions:

- What adaptations have been necessary and why?
- What were the wider contexts that affected implementation?

APPROACH AND DATA COLLECTION

That evaluation was an embedded part of the project allowed us to work in partnership with project staff. This included working together on elements of evaluation design and collating existing and collecting original data. Existing data sources were identified during a theory of change workshop in Year 1, along with those that needed to be created to monitor and evidence process and progress.

A multi-methodological approach, combining both process and outcome evaluations, and multiple layers of data was used for both Years 1 and 2. Qualitative and quantitative data were gathered to enable triangulation and strengthen findings (see Table 1).

Baseline and change data were provided by each borough, on key indicators in children's social care. These were revised in Year 2 to a smaller set of indicators, to have comparable data, but different case management systems made even this complex.

Phased interviews were undertaken to capture perspectives of the range of project staff and stakeholders at different stages of the project: these were also used to explore the usefulness of a range of project activities.

Surveys were administered to all those attending trainings, with a pre and post for the Core training.

The activity logs of implementation leads were sources to explore the process of embedding S&T.

During Year 2, we were also able to:

- include analysis of borough case audits;
- evaluate the marketplace and toolkit (now the professional hub);
- create four action learning sets with children's social care practitioners and managers to explore the challenges, tensions and successes of embedding S&T;
- explore any shifts in practice observed by quality assurance staff;
- explore complaints as an unexpected indicator of holding perpetrators to account.

Table 1 outlines data collection activity across Years 1 and 2.

TABLE 1: DATA COLLECTION ACROSS YEARS 1 AND 2

Data Collection	Year 1	Year 2
Monitoring Data: Baseline and change	Anonymised data on identification of domestic violence in children’s social care cases	Continued but with a smaller set of key indicators (see chapter 5)
Implementation Lead Activity Tracking	Excel spread sheet used by implementation leads to record case consultations and other activities	Continued Analysis of case audits
Training Evaluation Surveys	Post training survey for Overview and Working with Perpetrators courses Pre and post surveys for the Core training	Continued Addition of supervisor training
Data from Children's Social Care professionals	Interviews with social workers, early help teams, family therapists, and intervention workers. Attendance at reflective practice sessions for evaluator facilitated discussions.	Continued Additional four Action Learning Sets: 2 with social workers and 2 with supervisors to explore embedding the model in practice Additional Survey for quality assurance professionals
Qualitative work with project staff and local authority leads	Three phased interviews with the project manager and two core Respect project staff - early, mid-way to track progress and at the end to reflect on learnings Two phased interviews with borough and implementation leads	Continued Additional interviews with those responding to complaints
Data on behaviour change uptake	Interviews with perpetrator intervention providers	Continued Focus group with marketplace providers & referral data

ETHICAL APPROACH

We work to the British Sociological Association's ethical framework, which pivots on professional integrity and building relationships characterised by trust. As far as possible our approach to evaluation is based on collaboration and building partnerships. Ethical approval was granted by London Metropolitan University's Faculty of Social Sciences and Professions research ethics review panel. A data sharing agreement across all the boroughs was devised early on and was adhered to throughout, and all data is anonymised to ensure confidentiality⁴. Data was stored on a firewalled section of the university data storage system only accessible by CWASU staff and IT support.

Interview and survey participants were provided with clear information about what taking part would involve, enabling them to give informed consent, which was renegotiated at different stages of data collection. Research activities were planned to be accessible and flexible so as not to encroach too much on work time, and to afford some form of reciprocity: both interviews and surveys were designed as reflective spaces in which participants were encouraged to think with us.

CHALLENGES AND LIMITATIONS

One of the central challenges of Year 2 was recruiting and retaining social care professionals to action learning sets. Given the unpredictability and demands of the profession, attendance was variable across the sets, with some low or sporadic. Overall, we were able to work in depth with 2 groups, and in less regularity with 2 more. Where scheduling and attendance issues arose, we organised face to face interviews with individuals or worked with those who did attend. Funding insecurity towards the end of Year 2 resulted in reconfigurations across the partnership, and in places staff, which meant that for some staff, their capacity to contribute to qualitative work reduced as focus shifted to securing further funding and potentially managing redundancies. One casualty in this process was access to the full data set for marketplace referrals.

⁴ Quotes from the project team are cited as 'project team member' and includes, borough leads and the Respect staff team. In chapter 4.2, where discussion is explicitly linked to data drawn from interviews with implementation leads, quotes are cited as 'implementation lead'.

3: PROCESS EVALUATION

This section presents findings from qualitative work with the project team and outlines the operational contexts of the project and how they shaped implementation. With conditional and short-term funding underpinning the project the dominant backdrop to delivery became high pressure and suspension. Not knowing whether work could continue meant the partnership team had to find a way to ‘hold space’ and deliver whilst being suspended between gearing up or closing down at the end of both years. This section presents how the partnership adapted, and operated through the suspension and pressure.

‘GETTING THE STEAM TRAIN GOING AGAIN’

The partnership had to ‘hit the ground running’ in Year 1, with COVID-19, time poverty and insecurity about funding presenting contextual challenges. With the news of extended funding coming late in Year 1, it meant that while the project was granted more time and support to develop work, it was not a simple case of a smooth continuation. Energy, focus and morale had to be reinvigorated and recalibrated back from precarity into delivery mode, with one staff member describing this as ‘getting the steam train going again’. Not being able to retain the original staff team, and accumulated experience and knowledge was the biggest concern for the partnership.

Even if we bid and get that funding to continue this project, we’re not going to know about that until the last day of everyone’s contracts by which time they will be gone. No one is going to wait to see if that happens so you’re going to lose all of this experience, all of the knowledge and skills that have been built up around delivering this work, you’re going to have total brain drain, everyone is going to go. And I think that just feels quite frustrating to be extended 8 to 12 months at a time and to be informed in a very last-minute way. (Project team member, interview)

The team did manage to retain all but one of their staff, which meant that the accumulated experience, knowledge and momentum could be carried over and built on as well as shared with the new partner borough, Hammersmith and Fulham. This was undoubtedly, a strength of Year 2 delivery, and one recognised by the partnership.

I see this as a tipping point-we’re a more well-oiled machine, we can- take learning from year one- and expand,

with more space for strategic thinking and planning.
(Project team member, interview)

In practice however, the project continued to be hemmed in by time and funding insecurity. For implementation leads much of the strategic thinking and planning was a live responsive process (see next chapter), where their activity across the different pillars of implementation looped back and work streams and priorities were adjusted. This would not have been possible had the implementation lead staff team changed. Similarly, the training and resources manager role, proved to be a more complicated and demanding one than anticipated in Year 1, retaining the same person in post meant that the training delivery process could be refined to be as enabling as possible, to ensure maximum completions. Existing relationships with, and knowledge of, the S&T institute were also harnessed to mitigate technical issues experienced in Year 1, and revisions were made to the training booking system to increase efficiency.

Precarity underpinned working conditions and shaped the quality of staff commitment. While this was a source of personal and operational stress, in the main it formed a professional impetus to ensure that what they did, and how they did it had future traction.

I know there's a possibility we could be extended, and I know there's a possibility that it's just going to come to a close, how do we sustain? Basically, how do we just sustain the work that we've been doing and not just lose it all?
(Project team member, interview)

Beyond precarious funding structures, children's social care professionals identified the social care profession itself as a potential barrier to sustainability. In Year 1, staff retention, and pressured working conditions were noted as having impacts for both sustainability and professional capacity to work in line with S&T. Into Year 2 staff retention continued to be a concern as a barrier to change. One way to mitigate against this, was seen to be targeted recruitment of experienced long serving staff to the role of champions.

One of the problems that Safe and Together is going to face in our local authority is people who get trained and then are just going to bugger off and go elsewhere and then that opportunity gets lost. (Social worker, interview)

I'm a consistent die-hard, I'm part of the so solid crew... not going anywhere, I'm part of the furniture. If we're going to embed it, we're going to need the die-hards to be the ones championing it so that we're modelling it. We're modelling it for those people that haven't had the training, people

new into the borough, that's how we're going to embed it.
(Senior social worker, interview)

I think that definitely where Safe and Together has been able to be embedded is down to key individuals promoting these ideas. When those individuals have left then you have problems. (Supervisor, interview)

Ensuring training for new social workers, and those working at first point of contact, in assessment teams, for example, are trained was also considered vital, to set a standard and to mitigate against the 'afterlife' of bad practice from the outset.

The assessment social workers, it's a very stressful job, it's high caseloads, it's high turnover, so quite often the people that come into an initial conference are relatively new to the borough, you don't get a lot of die-hards in the assessment service and so you're not going to see a lot of language change there. When it then goes over to the longer-term team, whatever language was used initially has an afterlife, it carries through because what happens is, because people are so overwhelmed and everything, assessments and reports from that initial stage get regurgitated, so even if the new social worker doesn't agree with the language, the language gets used. (Quality assurance professional, ALS).

I think having done the Safe & Together training really early on in my practice is really crucial. (Trainee social worker, interview)

These concerns from CSC professionals, were shared by the project team and shaped their work, in particular the work of the implementation leads (see chapter 4.2).

DOUBLE BURDEN

By the final quarter of Year 2 the insecurity underscoring the project rose to the surface and focus and attention inevitably began to turn to securing funds to continue the work. Here, the double burden of delivering current activity while securing funds for sustainability took its toll on the staff team as individuals as well as partnership cohesion. Like the project itself, towards the end of Year 2 some project staff, were suspended between ensuring (personal) financial security, looking for other jobs while also delivering to their current roles. This had personal

costs in terms of stress but also in part operational costs, in terms of how to pitch S&T to build relationships and standing across boroughs.

“So, is this permanent?” People are asking those kinds of questions! and we’re saying, “Well we hope so” and trying to be optimistic, trying not to overstate, so we’re not lying to people, but also not watering it down, so they think ‘oh just another training ‘. (Project team member, interview)

The strain also had impacts for partnership cohesion, and here the unique staff alchemy which characterised and drove success, based on a tenacious shared commitment to effect change, became marred by pressure and lack of future clarity. This exacerbated emerging cross borough politics and competing priorities in how to continue the work, with two of the original partnership boroughs leaving by the close of Year 2⁵. While it would be an oversimplification to attribute this to precarious operational contexts alone, such contexts compromise partnership cohesion. This is an important learning, given that by the end of Year 2 discussions on a pan London roll out were underway. While funding was not secured for the pan London project, appetite across boroughs remains strong, and if a future pan London project does evolve longer term funding needs to be considered if it is to be effective.

HOLDING SPACE

Qualitative work with the partnership team highlighted the emotional labour of operating in time restricted and tense contexts, which required careful boundary management, as well as the professional labour of having to work fast and strategically, to configure priorities. This was managed within a broader framework of ‘holding space’ and recognising and accepting that systems change is complex and requires time.

It’s meant to be slow; it’s meant to be these difficult long conversations with space for reflection and still some challenge because it’s an embedded culture of practice, it’s not possible to change that in a year... we feel the pressure of deliverables and outcomes, that is just not how systems change works... it sounds really counterintuitive but sometimes we have to rein in. Because all these different new things that have come up ... pull it back to the foundational stuff... so that we’ve laid that proper foundation and we’re not racing ahead to say tick... slow down and just hold space for yourself and for the people

⁵ One borough submitted a competing bid to a funding pot that the Partnership had decided to target.

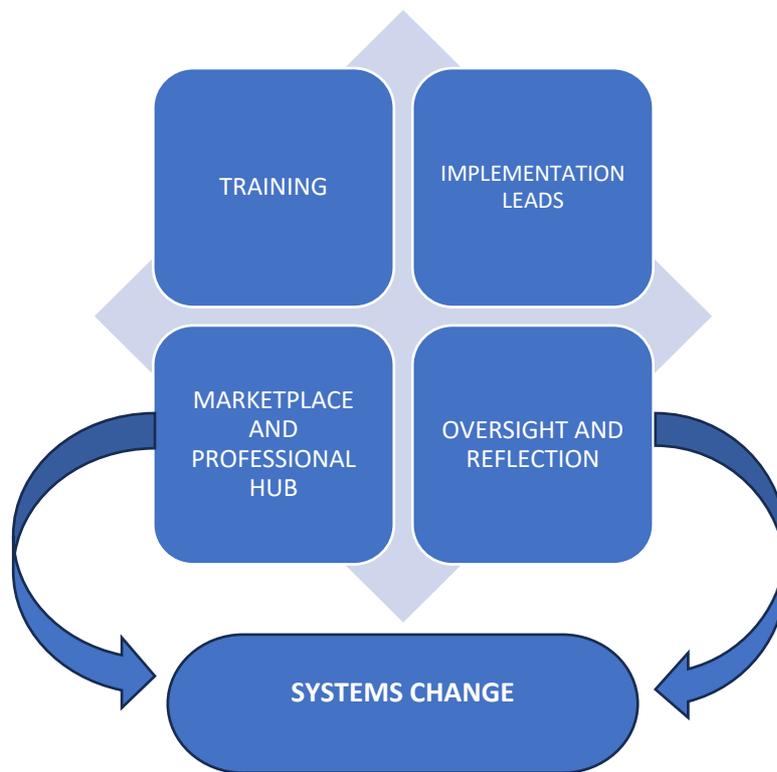
that you're working with... that's where I think you see success in systems change, it's not racing. (Project team member, interview)

Not racing, and holding space was a challenge. In practice, the team, finessed a balance between the two, and were agile, creative and moved fast with the insecurity. Tenacity and expertise carried over from Year 1 enabled the partnership to continue activity around an existing structure whilst also 'holding space' to operate contextually and consider some of the complexities the model gave rise to. Here, for example, tensions between systemic approaches to social work and S&T began to emerge (see chapter 4.1), as did a rise in complaints from perpetrators of abuse in the boroughs with the longest history of the model (see chapter 5). These issues represent potential rupture points to existing cultural climates across social work, by moving perpetrators and patterns of abusive behaviours into view as S&T seeks to do. Such ruptures form part of systems change, and space and time is required in order to anticipate and carefully negotiate them. That the team had enough expertise based on a careful recruitment process, meant that these complexities could be held and as the close of year 2 approached the partnership continued to 'hold space', to carefully consider how to incorporate such complexities into their work.

AN EMERGING AND EVOLVING IMPLEMENTATION MODEL

Overall, what emerged from the pressure was an organic process of shared learning, particularly amongst implementation leads (see chapter 4.2) and a dogged commitment to sustainability. From the outset the project was underpinned by an implementation strategy, formed of four components: training; the work of implementation leads; the marketplace and professional hub and oversight and reflection. Precarity did not prevent an organic but clear ethos of circular learning and knowledge exchange to take shape around these four components. Because of time pressure and that each borough was at a different stage, implementation became opportunistic, contextual and responsive. But by the close of Year 2 the team had developed this into an emerging and evolving implementation model distinct to the London Partnership, especially when compared to previous S&T projects which were often limited to the training pillar. Figure 1 shows how the model was intended to effect systems change. Subsequent chapters describe how these pillars work together through Year 2 findings.

Figure 1: S&T London Partnership implementation model



4: FINDINGS

The following sections present findings on the outcomes from activity across the four pillars of the S&T London Partnership implementation model; training; implementation leads; the marketplace and professional hub and oversight and reflection.

The material presented is based on analysis of the training surveys, case audits, the marketplace referral data and qualitative work with marketplace providers, the partnership team and CSC staff. The final findings chapter explores how far the work has travelled towards systems change.

4.1 TRAINING

Training is the foundational pillar of S&T, and many implementations have rested only on this. The London Partnership model has additional pillars which aim to embed the model to enhance, sustain and incubate a changed institutional culture conducive to systems change. The training offer across the six boroughs, was the introduction overview one day course and the Core four day as developed by the Institute, supplemented by a two-day perpetrator course developed in Year 1 by Respect. A new module for supervisors was also introduced in Year 2.

Table 2 presents an outline of the training delivered across Years 1 and 2 along with the total number of attendees per course (for borough level data see Appendix 1).

TABLE 2: TRAINING DELIVERED AND ATTENDED IN YEARS 1 AND 2

Training	Blocks in Year 1	Blocks in Year 2	Total	Attendance in Year 1	Attendance in Year 2	Total
Overview	6	6	12	286	258	544
Core	10	12	22	195	347	542
Working with perpetrators	10	12	22	123	137	260
Supervisors	n/a	4	4	n/a	31	31

Training is intended to increase worker confidence and knowledge in how to work with perpetrators of domestic abuse, and to shift a focus in practice which makes victim-survivors responsible, to one which ‘pivots to the perpetrator’.

The training survey findings are presented here along with qualitative work with children’s social care professionals, to outline how far these aims were being met in Year 2.

In Year 2 almost all of the training was delivered by the Respect S&T team, as they had completed training for trainers in Year 1. This meant there were far fewer comments on the mode of delivery than in the first year in the feedback forms. There were, however, some comments within the training sessions about the video resources being US focused and considered by some to be outdated.

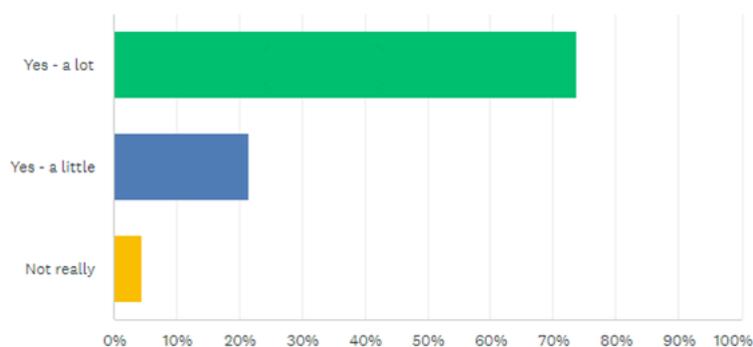
All our feedback surveys combine forced choice and open-ended questions, with the latter designed to elicit the extent to which the key messages and content have been absorbed.

OVERVIEW

There were six overview trainings delivered from September 2022-June 2023: 154 participants completed the feedback, with slightly more from Hammersmith and Fulham, to be expected as this was year one for them. Whilst staff from Children’s Social Care (CSC) were the majority (46%), 10% were located in housing and education respectively, 8% in health and the voluntary sector respectively, with smaller numbers from police and probation. This reflects the intention to widen the training cohort to build multi-agency awareness and buy in to S&T. The majority (88%) were female, and 84% aged 36-65. Participants were diverse in terms of race/ethnicity: 37% White British; 18% Black African; 11% Black Caribbean and Black British respectively and 9% Asian. A lower proportion (8%) reported having a disability. In terms of sexuality there were three lesbians, two gay, and seven bi-sexual. One participant was trans and one intersex.

Participants were asked to rate the knowledge about perpetrators on a scale of 1-7: this increased from an average of four to 5.5 following the training. Figure 2 shows that the training changed perspectives on the role of children’s social care, with 95% reporting it changed a lot or a little

FIGURE 2: DID THE TRAINING MAKE YOU THINK DIFFERENTLY ABOUT THE ROLE OF CSC IN CASES INVOLVING DOMESTIC ABUSE?



An open-ended question explored what had changed with three key take aways predominant: perpetrator accountability; focusing on the strengths of victim-survivors and not holding them responsible; the importance of language and documentation.

Paradigm shift from victim blaming to strength-based perpetrator pattern focus. (Overview survey response)

The manner in the words I use when talking about DA, that the perpetrator is discussed and not just the victim. That the perpetrator has to be made aware of what they have done and the effect on the family as a whole. That I work with the perpetrator too as well as the victim and the children. (Overview survey response)

We often document in a way that is victim blaming of the survivor and overlook all the positive things that she is maintaining e.g., school routines, the chores, meeting the needs of the household members including the perpetrator. (Overview survey response)

It made me realise how powerful language can be - both in terms of when we speak to families and document our intervention. What intervention is offered to families is shaped by our language, in terms of ensuring that we are placing responsibility of the perpetrator's actions on them and not on the victim/survivor. This in turn will help focus intervention on perpetrators and allow us to partner with the victim/survivor. (Overview survey response)

The impact of DA/DV even if the child is not present. i.e. taking the survivors energy and the survivor having to calculate ways of parenting to ensure their child/ren exposure to violence is none/minimum. (Overview survey response)

I will be more alert to any reference to DV in referrals I receive to my project and have started gathering data to see in what percentage of adolescent referrals there has been historic or current DV. (Overview survey response)

I will ask more questions about the measures the survivor has taken to protect their children, in order to understand the unspoken/unreported protective factors. The perpetrator's escalation of control and intimidation. How the survivor's drug or alcohol dependency could be a result of DV. To be more detailed in my report writing of the child's experience. To encourage the perpetrator to be more accountable. (Overview survey response)

These responses illustrate that many participants saw the connectedness of the course content, the ways language and documentation influence the work that follows.

CORE TRAINING

From September 2022-June 2023, 12 blocks of Core training were delivered. The core feedback involves a pre and post survey, with 223 completing the pre and 95 the post. All boroughs were represented, with slightly higher proportions in the pre from Redbridge, Tower Hamlets and Hammersmith and Fulham. Table 3 shows the demographics of participants across the pre and post surveys, showing that most were female members of the CSC workforce, and ethnically diverse. We did ask about whether participants were trans and/or intersex but the numbers were so small (one or two) that percentages were not calculable, this was similar across all of the surveys.

TABLE 3: DEMOGRAPHICS ACROSS PRE AND POST CORE SURVEY

	Pre %	Post %
Proportion CSC	88	87
Female	85	85
Aged 26-50	71	70
White British	29	31
Black British	13	14
Black/Caribbean	13	03
Black /African	13	14
Asian British/Indian	12	10
Disability	15	08
Gay	03	02
Lesbian	00	00
Bi-sexual	05	03

The average assessment of knowledge about perpetrators was 3 pre training and 5 in the post survey, showing clear gains.

An open-ended question asked what they wanted to learn from the training, the most common response by far was how to hold perpetrators to account and work with them.

How to safely write their behaviours into a report that won't compromise family safety. How to engage safely with perpetrators in order to hold them accountable. (Pre-core survey response)

More about current perpetrator programmes and their success rates... availability and so on. Rates of further DV after completing a programme (Pre-core survey response).

I would like more ways of understanding and working with them, looking at how we can work with perpetrators who remain in the family home (Pre-core survey response).

Learn more on how to work with perpetrators to understand the impact of their behaviour on the victim and their children's, especially where they do not understand their behaviour to be abusive (Pre-core survey response).

I always want to know more about engaging perpetrators and holding them accountable. I want to be able to differentiate better between parental conflict and DV/DA and when a parent is using MH or circumstances as a form of coercion. (Pre-core survey response)

Before the training participants saw the role of CSC in terms of child protection, family functioning with some focusing very much on risk. Post training there was an emphasis of holding perpetrators to account and partnering with victim-survivors.

Confidence engaging with perps pre-training was 4 and increased to over 5 after the training.

The next question on the pre-survey asked what three emotions surfaced when thinking about working with perpetrators. The word cloud in Figure 3 shows considerable anxiety and uncertainty.

FIGURE 3: WHAT THREE EMOTIONS COME TO MIND WHEN THINKING ABOUT WORKING WITH PERPETRATORS?



The post word cloud had some of the same words, but there was less uncertainty, with the addition of confidence and work: both key aims of the S&T project.

Additional questions in the post survey asked what they would seek to communicate to perpetrators with responses reflecting the core elements of the S&T approach: that domestic abuse is a parenting choice and the impacts of their behaviour on children. We also asked the three things they had learnt with the most frequent responses being: the importance of language and documentation; mapping perpetrator behaviours and recognising victim-survivor strengths.

The final question asked how they would change their practice as a result, the examples below show how clearly the ambitions of the training had been met for these participants. As in year one there were a minority who saw the approach as familiar, but for many more it represented new knowledge and a new orientation.

Bringing it back to behaviours; "so what did you do?" etc. and how this affects children. (Post-core survey response)

Changing the language used e.g. "I am here because I am concerned about your partners behaviour and I want to help keep you and your children safe". (Post-core survey response)

Everything changes! I am more mindful of patterns of abuse and perpetrators patterns, ensuring they take accountability of their actions and always link conversations to ask how this affects the children. (Post-core survey response)

Acknowledge what the survivor is already doing to keep/ promote family functioning and keeping the children safe. I will be holding the perpetrators to same high standards as the mother. (Post-core survey response)

This training provided good examples of the tools to use when working in a domestic violence case. The Interviewing examples and case planning are valuable to practice. (Post-core survey response)

The mapping perpetrator patterns exercise is a good tool to understand the impact of the perpetrator's behaviour on the child and survivor and family functioning. It helps to intervene and develop and plan. (Post-core survey response)

Recognising the impacted partner as a survivor and working collaboratively to empower them and help them to feel heard and validate their feelings and experiences instead of making them feel like they are doing something wrong. (Post-core survey response)

Placing the responsibility of the DV on the perpetrator instead of the victim. The importance of recognising everything the survivor is managing to do despite the difficulties that they are experiencing. (Post-core survey response)

The increased use of the concept of survivor, which provides space to recognise strengths and efforts to protect children, and the limited reference to risk are notable in these responses.

When asked if anything was missing the majority said no, a couple asked for a more gender-neutral approach and there were comments on wanting material to reflect a UK context but this was minor compared to Year 1. The final comments reflect the wider challenge of working with perpetrators.

It was all great! I have learned so much. I just need to spread the word and put it into practice. (Post-core survey response)

Maybe a little more content around how to respond to perpetrators that are really challenging the purpose of our

involvement, the language we use, and denying that they are a perpetrator or have been abusive. What do we do in cases where the perpetrator has withdrawn from us, but we still need to make every effort to include them in case planning and interventions? (Post-core survey response)

WORKING WITH PERPETRATORS

This specialised two-day training developed by Respect was offered six times during Year 2, 52 participants completed the feedback form. Participants were predominantly female (93%) and mostly ages between 26-50 (68%), and overwhelmingly worked in CSC (85%). They were diverse in terms race/ethnicity – 17% Black British and Black African, 15% White British and Asian, 13% Black Caribbean. 11% reported having a disability. There were no participants who were lesbian or gay and none reported being trans or non-binary.

The average on a scale of 1-7 of knowledge about perpetrators was 4, after the training this increased to 6: the highest across all the trainings suggesting that this course has added value. The majority (85%) reported thinking they would respond differently after the training. When asked what the key learnings they were taking away the most common responses were: interview questions and techniques; language and documentation; and stance, including body language. Given one of the key ambitions is to increase confidence in staff in engaging with perpetrators it was heartening that all reported feeling more confident with over three-quarters (77%) reporting feeling ‘a lot’ more confident and the role plays featured strongly in what had enabled this change. We also asked about confidence in enabling perpetrators to change, with the responses here understandably less optimistic, 53% reported being a ‘a lot’ more confident here, with 43% ‘a little.

Applying learning in practice is not always straightforward, to explore this we asked what the challenges implementing what they had learnt might be. As the responses below illustrate most of the concerns were about resistance from perpetrators, albeit that several had more integrated responses, and having the time to prepare and maintain a clear stance.

Challenge pertains if perpetrators refuse to engage, ie, not accept phone calls, not turning up at sessions. (Perpetrator training survey response)

Remaining focused when engaging with perpetrators and not being drawn into their narrative. (Perpetrator training survey response)

No more focus on victim and failure to protect, meaningful risk assessments and no more closing cases without engaging the perp, or at least documenting behaviours properly and accurately. (Perpetrator training survey response)

Working with challenging perpetrators who do not see any need to change their behaviour. (Perpetrator training survey response)

Fear and personal feelings around perpetrators! It's easy to freeze and revert back to old habits instead of using the new things you've learnt. (Perpetrator training survey response)

Having the time to prepare for meetings with perpetrators ahead of time. Being able to implement these things in the moment, especially with hostile or aggressive perpetrators. (Perpetrator training survey response)

The fact that working with perps is so draining/exhausting, and this model really requires persistence. (Perpetrator training survey response)

In comparison the anticipated benefits of working with the S&T model were linked to more effective child protection, having the space to support survivors and getting whole teams on board.

I will be able to help a perpetrator realise how his/her actions affect others. (Perpetrator training survey response)

I'll have more confidence to interview perpetrators I hope that with the learnt knowledge I will be able to support perpetrators to acknowledge that their behaviour has a negative impact on their partner and children. I hope to be able to motivate perpetrators to change their behaviours. (Perpetrator training survey response)

Being able to document things better, being able to support survivors better, and being able to hold perps accountable

better and having better boundaries with them and clearer expectations. (Perpetrator training survey response)

Sharing the knowledge with the team, having more informed supervision with staff, increased awareness of the complexities of abusive behaviour and ability to identify patterns. (Perpetrator training survey response)

SUPERVISOR TRAINING

This course was delivered as self-study e-learning, with 31 taking it in Year 2 of which 10 completed the feedback form. Participants were from across the boroughs, albeit that for three only one person responded. The feedback form asked about the core elements of the S&T approach.

- Most participants worked in children's social care, were aged 26-65, three were White British, four Black Caribbean/British, most were female, with one male; no participants were lesbian or gay and none reported being trans, intersex or non-binary.
- Nine reported that it had made them a lot or a little more confident in: assessing partnering with survivors; mapping perpetrator patterns; assessment and planning; offering guidance and supporting staff in making decisions; managing staff safety; engaging with perpetrators. The latter had the highest number saying a lot more confident.
- Participants were split about the mode of delivery; two thirds said they preferred e-learning as it was easier to fit with work, a third that they would prefer face to face.
- When asked to rate the content and delivery out of ten the average score for both was 8.

REFLECTIONS

Similar to Year 1 findings, all of the trainings increased knowledge and confidence and shifted the attention of participants to focusing on perpetrators. The messages about language and documentation were clearly received as was the shift in thinking about victim-survivors as doing their best rather than 'failing to protect'. Both core and perpetrator trainings provided tools and practice-based knowledge that was appreciated by participants. Survey responses also reflect a professional appetite and need, that practitioners are committed and curious to gain the skills and confidence to work with perpetrators, with the training effectively contributing to this.

4.1.2 INTO PRACTICE

TENSIONS AND OPPORTUNITIES

The training surveys were supplemented by in depth qualitative work with CSC professionals, to explore how training was being implemented into practice. In Year 2 implementation was moving beyond increasing confidence, creating 'green shoots of change', into a deeper implementation. Having had more time, tensions and challenges began to rise and deepen, and careful considerations of how to reconcile them were happening. The project had begun to effect contextual embedding, where principles of S&T were adapted and developed through practice-based expertise, and the work of implementation leads and other pillars of the London Partnership model. Qualitative work with professionals offered rich insight into this process, revealing apparent tensions between systemic approaches to social work and S&T, and seemingly competing priorities, of accountability, engagement and creating opportunities for change.

A central tension for some was a perceived dissonance between S&T and systemic approaches, which frames families as systems with surface and deeper layers. Whilst the power relations of generation are recognised, parents are often ungendered meaning that the power and control that is so central to the S&T approach can feel in tension with a systemic approach. Family therapy is a key component of systemic approaches in social work.

One of the key ideas about systemic is this idea that there's no kind of like truth, that there's multiple truths, and it's about being irreverent to what you're told and looking for exceptions and uncertainty. Perhaps the language of Safe and Together is quite certain, so perpetrator, survivor, it's quite totalising in that sense, so, 'you're a perpetrator' ... how do we really invite perpetrators to the table from there? (Family therapist, ALS⁶)

The word perpetrator, was a point of contention for some, based on a perception that it was too affronting, and posed barriers for engagement.

I think we might need to think about the language in terms of perpetrator, those kinds of things...you've got to get the engagement and the language runs the risk of excluding dad. (Senior social worker, interview)

⁶ ACTION LEARNING SET

Perpetrator makes me uneasy; you can't really change from a negative connotation.... If you're thought of badly, it's very difficult to change because you just feel guilty and shame and you're not very nice about yourself. (Family therapist, ALS)

This tension hinged on the balance between accountability and blame, with some seeing the shift in language and focus on perpetrators as potentially blaming with the effect of closing down pathways to change. In the main, however, S&T's focus on accountability was framed as an opportunity, as an opening up of space for perpetrators to move into with potential for change. Here, clarity of language and 'pivoting to the perpetrator' meant 'an invitation to responsibility', a way to disrupt denial, minimisation and defensiveness. Many however, also recognised and were learning through experience that effective application of S&T principles were contingent on pace and agility, including how to link with a systemic framework.

We need the word perpetrator, I feel like we need to use that word at some point in the intervention because it does hold them accountable...otherwise what changes, what really changes? I think I got stuck on that word a little bit and knowing that actually we could bring it in later... so she (Implementation lead) really helped me be flexible with the model. (Social worker, ALS)

I haven't had the language before this... we would just avoid it or I pamper the dad or I try to make it manageable and palatable. Now I try to make it realistically palatable for both of us, by addressing the violence, clearing the air and finding a way to do the work properly and honestly... I did name it to him, I didn't go in and say, "your behaviour is your parenting choice", we planned it really carefully, I went in with a systemic family therapist... so we planned the session really carefully and we started with some strength based stuff....Then we went onto to name it with him, we also helped signpost him to services... it's just thinking about it, planning it, you can offer them the support as well, if they don't want to take it, they don't but they've never had that approach before.... I think that's down to this family being historically in the social care system for years and years. He was shocked at the

approach, something he'd not experienced maybe. (Senior social worker, ALS)

It was clear that professionals were beginning to blend their accumulated practice-based expertise, with the tools and principles of S&T. The support of implementation leads being crucial to them being able to translate the principles into practice in an effective way.

... it's so important to have somebody who's really knowledgeable and is an expert in that field. Because I think the training alone, I think my critique was with the training rather than how we've then gone on to implement it and I think she (implementation lead) has been really helpful in addressing some of those difficulties because of the expertise that she has. That's why I think their role is really important. (Social worker ALS)

Having access to think with someone through a S&T lens meant professionals were able to learn from experience, and adapt, gently reshaping their language and approach to effect S&T orientated practice.

We were finding that at the beginning, going through those perpetrator questions, we weren't getting far they were like, "I'm not working with you anymore," and that was that. So, we've changed the way we were asking our questions... rather than, "Tell me about the incident that brought us here?"[to] "Tell me about the kind of father you want your children to see you as?... a lot of the practitioners are finding that helpful. That just felt a lot less blamey but I think we got it wrong in the beginning... We kept thinking, "We want to hold them accountable; we want them to say your behaviour is wrong," and all of this, but our language was wrong. It wasn't wrong, it was unhelpful if the perpetrators were disengaging, for the survivors of abuse, and we needed to keep that focus. (Social worker, ALS)

If a dad came to the conference, would I use language such as perpetrator pattern? Maybe not but I would use language that meant the same thing. (Child protection chair, interview)

We use the word when you 'chose' to do that, and that's been a big shift for us. "When you made the choice to hit", "When you chose to punch your partner in the face", the workers have said that's been quite good, they've seen a shift we've stuck with that and it seems to have been quite effective using choice...we're finding that the perpetrators are less likely then to be able to come back... By using the word choice they're less likely to come back with all of these excuses because it removes that ability ... So, it becomes actually we're shutting that down before it even starts. And letting them know there's another way, another choice. (Social worker, ALS)

That's changed for me as well, just before Christmas I told a dad, "You only call me when you want to know about housing, when are you going to call me about your children and how they're getting on?". We had a very rich and robust conversation about that... he's got a lifelong restraining order on his wife for what he did... I think that helped him to start seeing, I'm a parent to those children as well to some degree. (Social worker, ALS)

Some participants explicitly explored how to reconcile perceived tensions between systemic approaches and S&T, especially senior CSC professionals and family therapists. This is an interesting and important part of systems change, more noticeable in the boroughs with longer implementation.

I think in systemic practice, we have such an emphasis on engagement, how can we join, how can we meet the family where they're at, and I wasn't sure initially how to marry those two ideas together... but now I am seeing connections, I do really want to develop this idea further about using Safe and Together and systemic. They are compatible, but just trying to articulate that in a way that makes sense to people. (Family therapist, interview)

There are some aspects of the Safe and Together model which I think fit very nicely with systemic ideas, particularly perpetrator mapping and looking at it in the wider context

and certainly looking at rather than incidents, looking at patterns. (Senior social worker, interview)

One of the things that Safe and Together does do with dads is very much, it sits really nicely with Alan Jenkins' work in terms of ethical strivings, in terms of what kind of dad do you want to be, what kind of relationship do you want to enjoy? (Social Worker, ALS)

BUILDING NEW WAYS OF WORKING

S&T also raised dilemmas for professionals in how to navigate and hold both professional empathy and accountability.

I feel sometimes a bit conflicted, particularly when working with young men who might be care experienced and you can understand, you can see the context that some of these behaviours have come from. (Social worker, ALS)

Many spoke from practice-based knowledge, to describe their belief that some perpetrators want to change, but that systems that keep them out of the spotlight close down any possibility, and that S&T, if finessed well, could create opportunities.

I wonder if the fact that we just let them go in the past and said, "can't get them", has actually exasperated the DV because they've just... we've just let them go, there's no accountability, no engagement, no change. All right they might get arrested, they quite often do, but that's not dealing with it. They come out and they do it again, come out and do it again. (Social worker, ALS)

For some, S&T had enabled them to 'hook in' on this perceived will to change, to engage and work more effectively with perpetrators of abuse.

I don't think he's proud and even the fact when you run after the offence, away from the grandma or the police, suggests that he's not proud of his behaviour and that as a younger dad, first time dad, he more than likely wants change but again, he's caught up in a cycle of using substances, to feel better about whatever else is ailing him and attacking his partner as part of "I'm better than her", whatever his motivation is around that, we haven't arrived

there yet... But I believe the majority of dads or perpetrators don't want to do it and often, that's why they will find a reason, a trigger elsewhere outside of themselves to say, "this is why I did it, it's not me, it's this thing that is triggered in me when that person does". So, if we can hook in on that... there's something there that wants change. And this model lets me hook in. (Social Worker, ALS)

The model had also had an enabling effect in terms of building stronger and more meaningful relationships with victim-survivors of abuse. The strengths-based approach and partnering principle, affording a less punitive and judgemental tone, and capacity to 'be real' about the nuances and complexities of DA. One professional, also a victim-survivor of DA also reflected on the potential impacts for victim-survivors of such an approach.

I'm somehow managing to reach out to this woman. I think S&T's helping me do that a little bit more, be real with the work... build a relationship with victims. (Social worker, ALS).

I was a victim of severe domestic violence when my kids were little and you're just running because you think they're going to take your kids away, you're lying, you're scared, if someone come up to me when my kids were little and said, "You're doing everything you can", which I bloody well did, I did everything I could to keep my kids safe, there's a lot I regret but we're not in a therapy session! If someone said that to me, it would have just made me go, "right, I can breathe a bit". (Senior social worker, ALS)

The tensions, discussed so far, stemmed from an overarching commitment and belief that working effectively with DA meant working with perpetrators to support them to change.

The best thing to do, aside from protecting children, is get to that person and help them change. (Family therapist, ALS).

it's always in my mind how you have the best type of conversation that's going to create the best opportunity for change, because that's what you're doing justice for the children and the survivor. (Senior social worker, interview).

For some, S&T had improved professional capacity to not only engage perpetrators, but to continue to work with them as well as to build stronger knowledge of, and partnerships with behaviour change programmes (see also Chapter 4.3).

I think we are definitely engaging with the perpetrators more, 100%. We feel more equipped, – we’re following a programme, we’re following an evidence-based programme and we know that there’s more likely to be a positive outcome which motivates the worker to keep going...we’re having a lot more referrals to programmes for perpetrators that are successful...what we were doing before, we were referring to programme and they would say, “they are not ready for our programme”. Now we’re able to get them to a place we feel they are ready... before, we weren’t holding them accountable because we didn’t feel like we were able to. So yeah, we’re better at that and the perpetrators feel better. (Social Worker, ALS)

FROM RESPONSIBILISATION TO CONTEXT AND CURIOSITY

The Safe & Together model and the training has impacted the way I work with everyone, not just domestic violence cases. (Senior Social Worker, ALS)

The paradigm shift from ‘failure to protect’ to a strength-based lens, had also created a broader shift in perspectives beyond DA. Here, for example some spoke about the model creating a deeper professional curiosity (Kelly & Meyson, 2016) and contextual analysis across different aspects of their work. While this may converge with a broader and emerging institutional approach in some boroughs, it was clear that S&T had animated for professionals the importance of understandings and exploring lives through a different ethics of practice which does not hold people struggling responsible and explores the wider contexts of their lives.

So much of the things that came out of the case examples, that came out of the ideas, I’ve actually been able to transfer over to other aspects of Child Protection that are not related to domestic violence. For example, I worked with a mum who was a drug addict and professionals were really critical of her shoplifting because she was shoplifting for food, so I actually said, “Well, she’s feeding her unborn baby’. (Social Worker, ALS)

It's about context, isn't it? Because before I go into a conference, I read all the reports from professionals and I'll have a chat with parents. But I've read all the reports from professionals and it's always mum failed to call the police, mum let him in, mum did this, mum did that, it goes on and on and you see the other professionals following suit with that, they all mirror. When I actually hear now in conference mum didn't call the police, I'll say, "Why, why didn't she?" Nine times out of 10 they're stumped, they look at you as if to say, "What do you mean, why didn't she, she just didn't." "But why didn't she, why didn't she call, did you ask her?" and I put it down as a positive and that came directly after doing the Safe and Together training. (Child protection chair, ALS)

It almost gives you a really nice framework to start coaching and mentoring and introducing this idea of curiosity, which sits really beautifully with the systemic. A recent domestic violence case, they were criticising mum because mum at 2.00am grabbed the baby out of the cot and ran outside and it was cold. They were like, "Oh, terrible mother for grabbing baby and taking her outside in the cold." I'm like, "Why did she do that?" (Quality assurance, ALS)

REFRAMING SAFETY AND RISK

Somebody once said to me, "You either do social work or you are social work," and sometimes it can feel like you're being asked to do something rather than feeling it and I guess that comes with confidence doesn't it really? (Quality assurance professional, ALS)

Assessing and understanding safety and risk were aspects of practice where implementation had enabled change, by affording nuance and complexity to be held. S&T had for some, provided a legitimising framework with practical tools for professionals to work in a way that previously had been more difficult because they felt like they were 'fighting battles', having to work in a way at odds with their practice-based expertise. Here, discussions revealed an accumulated and embodied expertise in the context of DA. What emerged was tension between this expertise and systems that overemphasise CJS remedies, victim-survivors leaving,

or perpetrators being removed as the ways to mitigate harm. Historically, practitioners have had to find ways to navigate this tension, in order to apply their expertise within a system that does not recognise it, and their 'invisible practices' remain overlooked (Healey, Humphreys, et al 2018). For some, S&T had given them the space to practice more freely while for others it had changed their framing of risk and safety altogether.

I think what's interesting about Safe and Together is it forces us to think about safety potentially in a more realistic way... calmness isn't always safety. Even with a perpetrator where they go really silent before something happens, a calm atmosphere might not be calm. It's about perceptions of safety, and risk, that are not always right. (Supervisor, ALS)

The default position is, "You need to leave. Because then I know, or I think I will know, that you will be safe, and I don't have to hold the risk". But skilled practitioners know that actually, post-separation abuse is extraordinarily common, so somebody leaving doesn't necessarily make them safe. Also, in the way that we think, "Father's separated, and everything is safe," and we end our involvement. We always, more often than not, get re-referrals on these kinds of cases. We know about the risk in contact as well.... family time together, and emotional abuse can happen, even if it is being supervised. A supervisor doesn't know every look that a parent gives a child. They don't know every nuance... But we are seeing a shift, it's a lot less coming through just as a standard thing, "I must call the police". We're asking mum, "What do you want on the action plan, tell us about your safety plan?", they're really good at it. They're much better than we ever could have been, that one line we put in was really unsafe. These mums are very good at knowing exactly what the safety plan is and I think that's been a big shift for our practitioners asking the survivors. Then giving those survivors that affirmation. (Quality assurance, ALS)

I've had one young couple where the dad has text me and said, "She let me see my child last week". I'm like, "Yeah, and did you harm the child?". So I've had to give back a different, rather than, "That's wrong we said on the safety

plan that you were coming to the house and she let you in”, I don’t do that. “What did you do when you got in?” It’s an interesting dynamic but you can easily get caught on the safety plans and we’re going to enforce on that basis.
(Social worker, ALS)

Qualitative work with CSC professionals enabled explorations of how the training was being applied in their work, with as outlined, significant shifts and developments in practice. The qualitative work also revealed that in Year 2, the London Partnership project had affected an implementation that extended well beyond training, professionals were able to navigate tensions and challenges through a broader framework of support provided via the emerging and evolving London Partnership model of implementation.

4.2 IMPLEMENTATION LEADS

I’m not there to give them fish, I’m there to teach them to fish. (Implementation lead, interview)

The role and function of implementation leads was a unique feature to the S&T London Partnership implementation model. The premise being that to have a dedicated person located within the boroughs with expertise on the S&T approach to domestic abuse would support implementation through a number of activities, including case consultations. This aspect of the London Partnership model, advanced the project beyond training, and aimed to embed the model through a sustained programme of work shaped around supporting CSC staff, capacity and knowledge building to develop and strengthen institutional buy in, and to build ‘scaffolding for change’.

The role of implementation leads developed considerably from Year 1, not only in terms of workloads with new activities such as delivering core training and case audits, but in borough specific streams of work some, moving from implementation to embedding the model. These developments however were not uniform across boroughs, and were shaped by how long they had been working with the model and different levels of buy in.

If you think of it like a relay race, we’re just at different baton points. (Implementation lead, interview)

As outlined in Year 1, boroughs began from ‘different starting places’ and the fact that two of the boroughs had worked already for two years with S&T was evident to the implementation leads, who noted a marked difference in language use and the extent to which the S&T approach was endorsed by managers and supervisors. From Year 1 there was a strong sense

that leadership in both boroughs were invested in and driving S&T as standard practice, which carried over into Year 2.

While, In Year 1, two of the new partners had developed in-house approaches in the previous two years; in one case S&T was understood as an addition to this, in the other it was understood as more of a challenge. The latter meant that there was less commitment to S&T from the outset. The varying levels of institutional commitment across the boroughs meant different levels of buoyancy and working contexts for the leads.

Year 2 work evolved in relation to contextual needs. For most, Year 1 focus and activity orbited around mobilisation, making themselves and the model known across boroughs, offering case consultations and recruiting to training. While this continued for all boroughs in Year 2, and began for the new partner borough, the work of contextual embedding began, with specific work streams evolving in response to identified practice areas. In this Implementation activity became a structured but iterative process, with the leads feeding learning forward into their practice and strategy.

Delivering core training for example, offered front line insight to help shape their work in consultations, or to design a themed workshop, produce a short guide for social workers, and target staff groups for briefings. Delivering training also opened up spaces to learn more about what context specific challenges exist in applying the model in practice.

What's been really useful about delivering training is, asking, not just training participants but practitioners generally, to differentiate between the obstacles they're facing that are theirs, and the obstacles they're facing that are organisational. So, this has been really useful in core training, because it was very useful to unpack, "Well actually, was that a case of you having ignorance in your own practice, or a lack of knowledge or a lack of training, or was that a case of it not being culturally or organisationally viable for you to practice in the way that you wanted?". (Implementation lead, interview)

Having 'scaffolding for change' including senior level buy in to support systems change was a central theme of findings from Year 1 evaluation, and continued to varying degrees for some into Year 2, shaping what could be achieved. In boroughs with strong buy in there was more space for implementation leads to do far more contextual embedding, strategising and planning, while for others with less senior level coordination and buy in, their work was restricted.

... we could do this forever but it's not getting the model embedded anymore because you need to have a bigger buy-in and you need to have some commitment... some senior guidance and buy in... some social workers will be doing a better job but that's not the system change that we were looking for. (Implementation lead, interview)

While leads working in this context were strategic in planning and targeting their work to mitigate these challenges, building the scaffolding for change, the role of implementation leads will ultimately be stilted or limited without firm institutional foundations.

Differences in contextual embedding were also drawn around how long they had been part of the S&T partnership. In the boroughs with the longest history of implementation for example an increase in complaints from perpetrators of abuse in children's social care was detected (see chapter 5). In response, workshops on working with complaints were designed and delivered, as part of a broader scheme of work to 'perpetrator proof' systems in the borough.

As outlined previously, such development work was undertaken in precarity, and formed part of a contextual and responsive strategy. With firmer and longer funding frameworks this scaffolding could be planned, enhanced and operationalised across the partnership. That said, a clear strength of the implementation leads was the collaborative and shared learning approach fostered across the team, which enabled iterative development across work streams in some boroughs, while benefitting the direction of the partnership. This was particularly valuable to the newest partnership borough, who were able to learn from and shape work based on Year 1 learnings. The unique staff alchemy reported in Year 1 was strong across the leads, and their commitment, expertise and tenacity through insecurity was notable. Without their proactive agility, precarity and time pressure could have had far greater costs to the project.

CASE CONSULTATIONS

Training was an added part to the role of implementation leads in Year 2 and took up considerable time, but a central feature continued to be case consultations. One-to-one sessions, offering opportunities for social care staff to discuss cases, were on the one hand intended to enable learning from training to be put into practice and on the other to pick up opportunities for embedding systems change. Consultations also worked to strengthen relationships with practitioners, helping to further establish the leads as a visible, accessible and valuable resource to extend the model beyond 'just another training', a concern expressed by many in Year 1.

Year 1 found that expert facilitated space to discuss and work through cases enhanced professional’s confidence to apply the model in practice and strengthened their understandings of it. The same pattern emerged from practitioner feedback in Year 2, for this social worker, and many others as discussed in the previous section, consultations had clear impacts on aiding them apply the model in practice.

... she’s been absolutely brilliant. It’s been amazing working with her, she’s given me the confidence, and knowledge, and what I loved is the recording, for example, we’ve got a CIN (child in need) meeting and the mum had to come, it was like “make sure, get the dates from Mum when she can come” and I said... “are we going to invite the father?” because he’s got contact with the children and they were like, “He won’t come”. I said, “let’s invite him but then if he doesn’t come, let’s say that”. In the past, I might have said, “telephone Dad, can’t get him” but now it’s, “called him, asked him if he would come” ... I’m getting more concise with recording his actions which has been, I think fantastic because it’s kept him in the loop. (Social worker, Interview).

In Year 2, across the six boroughs a total of 350 case consultations were held (see Table 4) with professionals working across early help and family support teams and in various roles including student and senior social workers, and family therapists.

TABLE 4: CASE CONSULTATIONS ACROSS YEARS 1 AND 2

Borough	N of consultations in Year 1	Across N of months	N of Consultations in year 2	Across N of months
Hammersmith and Fulham	n/a	n/a	27	8
Hackney	81	9	63	8
Waltham Forest	99	9	63	8
Redbridge	19	9	41	8
Tower Hamlets	27	7	63	11
Newham	38	7	93	11
Total	264		350	

Due to the differing time periods for which data was available and the fact that each borough has a different implementation term, straight forward comparisons across years and boroughs are not possible. Some patterns do however emerge.

More consultations took place in Year 2 for all the boroughs newer to S&T, whilst they fell for Hackney and Waltham Forest. There are probably trade-offs here between work with individual practitioners and more strategic systems change work. Here activity included: contributing to the practice guidance board to ensure guidance was congruent to S&T; the development of a domestic violence informed supervision template; broader partnership work and contributing to developing a system to record perpetrator engagement on CSC systems. A Champions scheme, was also in development across boroughs where social care professionals were being recruited to drive implementation across their team and more broadly including through doing case consultations. This formed part of a broader strategy of sustainability in Year 2, particularly in boroughs with longer familiarity with S&T.

In Year 2, case consultations organically extended their function as a practice support space, to a space for work stream development and learning for the partnership. With a firm foundation of experience, leads were not only able to finesse how to utilise consultations to maximise their effectiveness, but also to identify areas of practice to focus on across their work, to build relationships and further invest borough CSC staff in the model, such as encouraging all child protection chairs to do the core training.

LEARNINGS FOR THE PARTNERSHIP

A central learning from Year 2 with respect to implementation leads, is that the role can be dynamic, adapting to the stage of development in each borough. The ethos of shared learning and knowledge exchange could be harnessed and formalised more, possibly through creating an internal action learning set among the leads as a reflective space to work together on emerging issues and tensions.

Workloads also need to be considered as the role evolves. As the leads gain more traction in boroughs, demand may rise for case consultations and at the same time, opportunities and ideas for systems change will rise. This tension needs to be acknowledged and met. The champions' scheme has already been conceived to this end, but at the end of Year 2 is only in early stages of development and not enough is known about effectiveness. Careful consideration needs to be paid to how to ensure champions can offer similar support and expertise as the leads themselves.

4.3 THE MARKETPLACE AND PROFESSIONAL HUB

The marketplace and professional hub were also unique features of the London Partnership implementation model. This pillar intended to provide CSC professionals with opportunities, tools and resources to support their work. The marketplace went live at the end of Year 1 and sought to extend opportunities for behaviour change options for perpetrators and fill gaps in provision in terms of access in community languages, and for female and LGBT perpetrators. It worked by opening up referral access to services across the boroughs. The final offer was made up of six options provided by Respect accredited organisations (see Figure 4).

FIGURE 4: THE FINAL MARKETPLACE OFFER



The services include one to one and group work and cover a diverse range including age, sex, ethnicity, faith, sexual orientation and relationship status of the perpetrator and/or survivor(s). That said, there remains a gap in the offer for behaviour change options for perpetrators from African/Caribbean/Black British communities (see also Westmarland and Kelly, 2022). This was

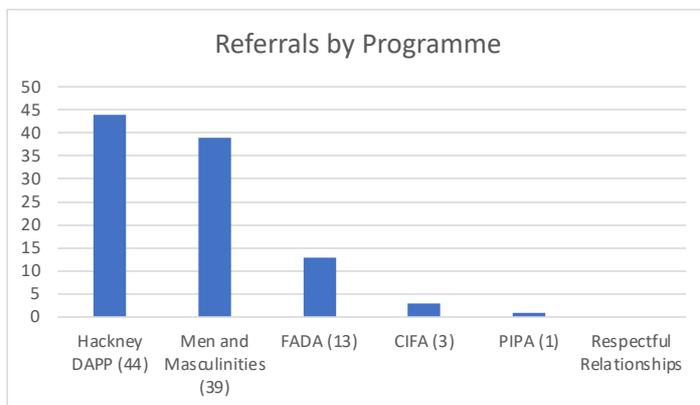
a point of consideration for the partnership during Year 2, with Respect taking this back into their future planning. All perpetrator intervention programmes in the marketplace also have an integrated survivor support service.

REFERRALS

The partnership began collating data on referrals into the marketplace in September 2022. The data collected included referral source, whether the referral was accepted and demographic details of the perpetrator and their engagement with the programmes they had been referred to.

A total of 100 referrals were recorded across the six providers between September 2022-March 2023⁷ (see Figure 5)

FIGURE 5: REFERRALS TO THE MARKETPLACE BY PROGRAMME



Just under half (20) of the referrals into the Hackney DAPP were internal, and just over half (24) came from other boroughs i.e., through the marketplace as intended. Two of the boroughs with in-house behaviour change provision, Redbridge and Hackney, used the marketplace the least, but both made use of services they did not currently provide.

For Hackney DAPP, of the 44 referrals over half (24) were accepted by the service, and of those, 7 were deemed suitable at the point of assessment, with only 2 of those 7 originating from a different borough (Newham), suggesting that more cross-borough work needs to be done in terms of ensuring suitability.

For Men and Masculinities, all but two referrals were accepted (37) with one being transferred to a different service and one declined due to the man being unable to start. Of those accepted the majority were deemed suitable (32). All of FADA referrals (13) were accepted, with two

⁷ Data only available for all 6 providers to March 2023

deemed unsuitable and one not engaging. The one referral to PIPA was transferred to a different service, and the three CIFA referrals accepted and deemed suitable.

As much of the programme work is ongoing across time the data on perpetrator engagement is pending or for shorter programmes, incomplete. That said for Men and Masculinities, the majority of perpetrators were attending sessions, with two having dropped out, one refusing to engage and another man referred out of London. Data on perpetrator engagement for the other programmes was either not recorded or unavailable at the time of writing.

Of the 100 referrals 87 were men with 13 women referred to FADA, all were recorded as heterosexual apart from two as sexuality unknown. Sixteen were recorded as having a language need, and while race was not recorded in consistent categories, 15 were recorded as being from African/Caribbean/Black British communities, 41 as Asian, including, Indian, Pakistani, Bangladeshi, and Chinese and 20 as White or White British. The referrals were, therefore, primarily seeking more appropriate services for minoritised men: one of the intentions of the marketplace.

The referral data shows that while in its infancy, the goal of increasing and expanding opportunities for change interventions was beginning to be met. That cross-borough referrals, were beginning to happen also reflects that this aspect of the partnership work, held potential to grow. The qualitative work with marketplace providers also revealed early signs of an unexpected outcome of enabling working partnerships between social care professionals and behaviour change professionals.

ENABLING PARTNERSHIPS FOR CHANGE

It is really important to have close relationships with social workers – they can increase the motivation, they can intervene if someone has a wobble whilst in the programme, but they are not always responsive when we get in touch. (Behaviour change professional, focus group)

A necessary shift highlighted in Year 1, and something the partnership hoped to address through implementation was a problem in practice identified as ‘a refer out’ culture. An approach, where lack of confidence and competence to work with perpetrators, means a referral to a programme can be seen as an end point. The qualitative work with marketplace providers allowed us to explore whether there were any indications that this was beginning to change. Did they sense any shifts in the quality of referrals received from social workers, was there any evidence that social workers had done more pre-work with perpetrators, and post work to support them and other family members through the programmes? Our findings here

were mixed with some reporting that overall, a shift in the quality of referrals was detectable, here, less victim blame and more accountability being placed with perpetrators was noted.

We can see referrals are less punitive to survivors, I am winning less and there is a clearer responsibility being placed on Perpetrators. (Behaviour change professional, focus group)

That said, there were differences made between referrals from boroughs who had a shorter implementation history.

Not seen a change over time from other boroughs, I still wince at some of them compared to Hackney. Still see a lot of 'incidents of DV in the family'. (Behaviour change professional, focus group)

This highlights that time is needed to see the deep level of change the partnership hoped to affect in the long term. Time not only for the learning from training and case consultations to translate into practice more firmly, but also operational time to help inform working strategies. Once the marketplace was up and running, providers were able to identify points of focus and improvement to enhance the effectiveness of the offer. One marketplace provider for example, reframed the number of unsuitable referrals as an indicator of ineffectiveness to a learning opportunity, a space to effect change.

The data could suggest that the marketplace was not successful, as a lot of referrals were not accepted, but there is the issue of whether social workers learn through this what an appropriate referral is. (Behaviour change professional, focus group).

Marketplace providers had already begun to seize the opportunity.

We have started to have pre referral joint meetings where we go through what to expect, what engagement looks like, so we are all on the same page. This also means social workers are more informed for the next referral. We want social workers to be more involved, to be interested in how men are doing. I also want social workers to talk more with children about how they feel about their father being on the programme. (Behaviour change professional, focus group)

S&T had also begun to shape practice in behaviour change work, with one practitioner reflecting that S&T core training had provided tools that had been useful in direct work with perpetrators, especially the mapping patterns tool. The pro-active responses from some providers highlight how this pillar could be grown and developed over time: not just as a vehicle to increase options for behaviour change but also to embed learning, and forge stronger working and learning partnerships.

FROM TOOLKIT TO PROFESSIONAL HUB

The partnership understood that embedding S&T required tools and resources that could be accessed by all staff across the boroughs, especially since some of the Institute tools are limited to those who have completed core training. Precarity, also heightened an impetus for sustainability, with the professional hub envisaged as one way to help sustain the model even if funding and support ceased. Originally conceived as a set of interactive tools and resources, to promote cross borough learning and knowledge exchange, the concept of the toolkit shifted to early learning during Year 1. The interactive offer did not have as high a take up as expected and feedback from the Core training stressed how useful professionals found static tools. This led to a re-think of the shape of the toolkit, into a professional hub, a static online portal hosting an array of material which could be developed across time in response to practitioner feedback and identified need.

STRUCTURE AND CONTENT OF THE HUB

The hub is organised into six sections, with each hosting links and downloadable resources pertaining to the theme of the following six section. The hub also hosted a booking system for training.

- Training and Events
- Resources for Practitioners
- Resources for Managers
- Perpetrator Intervention Marketplace
- Contact with Implementation Leads
- Evaluation

The resources are updated regularly when a particular area of practice has been flagged as potentially useful, or need been identified. The most visited pages (see Table 5) were the ones which enabled bookings onto Core training, reflecting the operational value of the hub, as well as the resources page with feedback from practitioners suggesting that the Hub was emerging as valuable.

I've found the ones (resources) that are out there already for different areas of practice really helpful. (Social worker, action learning set)

TABLE 5: VISITS TO THE PROFESSIONAL HUB BY PAGE JUNE 2022-JUNE2023

Professional Hub Page	Number of visits
TRAINING	
Training and Events	679
S&T: core training	491
S&T: E-Learning courses	202
S&T: Overview training	115
RESOURCES	
Main landing page	1503
Resources for practitioners	477
Engaging with perpetrators	317
Perpetrator marketplace	278
Resources for managers	241
Partnering with Survivors	236
Events	225
Contact us	216
Evaluation	171
Working with perpetrators	123
Working with Children	114

The marketplace and professional hub were ambitious undertakings as part of an already time pressured workload. As reported in Year 1 there were delays in the marketplace going live but that it was used and new links created through it in Year 2 is notable, especially as some of the project resource and time for it were lost due to staff illness. The pressure of securing subsequent funding at the end of Year 2 means that the marketplace had to be omitted from subsequent funding terms, and project activity, but the learnings from Year 2, are important. The early indications that professional partnerships for learning, to increase confidence and knowledge for social care professionals, is an unexpected and important learning and one that could be enhanced and built on across the other pillars of implementation.

Similarly, that the professional hub was live from the beginning of year 2, streamlining booking for training and case consultations alongside providing a resource that can be accessed and grown across time reflects a will to both leave a legacy to help sustain the model and also build an implementation beyond 'just another training'. These two aspects of implementation, combined with training and the role of implementation leads, create an eco-system for embedding S&T, strengthening foundations to effect long term change.

4.4 OVERSIGHT AND REFLECTION

Alongside evaluation, which was embedded from the outset, the partnership built a governance structure to track project process and progress. In part this was a necessity and standard for any project. However, this aspect was rooted in a deeper ambition to ensure work was collaborative, and iterative, based on live shared learnings. Governance and case audits formed the nucleus to how the team monitored and reviewed implementation across Year 2 and this section outlines how far the governance structure and the ongoing feedback from the evaluation enabled oversight and reflection.

GOVERNANCE

As in Year 1, two cross borough working groups oversaw implementation. The Operational group was led by the project manager based in Waltham Forest, and comprised the borough leads, Respect staff, including implementation leads, and evaluators. This group met bi-weekly, to discuss and feedback on project progress. The Steering group, which met monthly usually before or after an operational group, was smaller, comprised of the project manager based in Waltham Forest, the Respect project manager, head of services/senior practitioners from boroughs and evaluators. This group was concerned with overarching project issues and direction such as finance and implementation strategy. A smaller performance management group (project manager in Waltham Forest, two Respect staff and the evaluators) also met bi-weekly to stay connected and up to speed on changes to workflow and timelines. There were also regular internal meetings held within the Respect team. The different groups meant the project and partnership were regularly in touch, to review and monitor activity and direction of travel.

During Year 2 however, the momentum gained in Year 1 in terms of using these spaces, in particular the operational group meetings, to take and follow through on clear decisions was not as evident.

I think we hit a bit of a stumbling block in terms of governance. (Project team member, interview)

That a new project manager in Waltham Forest had to be appointed at the start of year 2 meant that accumulated knowledge, relationships and working rapport had to be rebuilt. In the process several key decisions were not followed up, including getting the commitment to matched funding formalised across all the boroughs. These spaces intended to be runways to hone work, and share experience to drive the project forward, towards the end of Year 2, became stilted and for some, operational group meetings lacked focus, and constrained space for productive collaborations and reflections. In part, this is linked to the disproportionate amount of time spent on discussions of potential funding streams to maintain the project. The

pressure and suspension created by short term funding outlined in chapter three, having operational costs for the project, and ultimately constricted the team's capacity to achieve in full its ambition to ensure work was collaborative, iterative and based on live shared learnings

CASE AUDITS

Early in Year 2, implementation leads undertook case audits, to explore whether S&T orientated practice was detectable and to identify areas which needed strengthening. As outlined the role of implementation leads evolved during Year 2, including to varying degrees increased workload which meant case audits were conducted under pressure without adequate time for piloting and reflection. That said, valuable lessons were learned which strengthened a commitment to improve the process in the future. Findings from the audits allow some claims to be made on how far S&T orientated practice could be detected across boroughs.

METHOD AND FINDINGS

Using the Institute's self-assessment tool as guidance and in conversation with the evaluators, an audit tool was developed to assess practice against S&T principles. While the intention was to adopt a consistent approach to case audits both across boroughs and between implementation leads, standardisation was not achieved: this was in part due to boroughs having different perspectives on what should be focused on and in part due to there being insufficient time for leads to build a shared approach. The only cross borough consistency, therefore, in the process was the tool.

Whilst 10-20 cases per borough cannot be representative of practice, the process offered a snapshot to explore how far S&T principles could be detected across case file documentation, specifically in terms of whether language and approach pivot to the perpetrator and do not hold victim-survivors responsible. We present here an overview summary of reported findings from each borough, followed by a short discussion of their significance to evaluation

Hackney

Hackney planned a two-part comparison audit. The first audit, drew a randomised sample of 20 cases closed to children's services where DV had been a factor from April-June 2022, towards the end of Year 1, with intention to review a further 20 later on. Due to time constraints however, the follow up audits were not completed. The first audit, evidenced S&T orientated practice, specifically around the use of DV informed language and engagement with and focus on perpetrators of abuse. In almost half of cases reviewed there was evidence of regular and consistent efforts being made to engage and intervene with the perpetrator, and case plans centred on the perpetrator rather than victim-survivor.

Hammersmith and Fulham

Joining the partnership in Year 2, Hammersmith and Fulham were the only borough to review ten cases early on to gain a baseline insight into practice, with a subsequent review of a further five cases once training and other implementation activity had taken place.

Across the second audit, shifts in language and practice were detectable, with evidence that S&T principles were beginning to be applied to practice and case documentation. The most visible shifts recorded were greater accountability for perpetrators on case plans and assessments, and language that located the source of harm as the actions of the perpetrator. There was also evidence that survivor strengths in continuing their efforts to keep the children safe, were being highlighted across case files.

Newham

Newham audited ten cases sourced from a random time period up to August 2022, where children were currently on child protection plans linked to domestic abuse. The audits found high levels of inconsistencies in approach across practitioners, and while there was some evidence of engaging perpetrators, none of the cases documented concrete actions, specific behaviours or measures for change. There was very little assessment of victim-survivor strengths, and in just under half of the cases mutualising language for the abuse was used.

Redbridge

One audit was completed across ten cases in Redbridge, selected by the quality assurance manager up to August 2022. They reflect practice in line with the core principles of S&T. Nine of the ten cases were noted as not using victim blaming language, and harm was articulated through a perpetrator pattern-based lens, with practitioners engaging with perpetrators on a routine basis and efforts made to do so documented even when unsuccessful. In half the cases, specific abusive behaviours had been documented, along with concrete actions and measures for change. There were, however, improvements that could be made with respect to documenting the full spectrum of harms, and possible interplays with issues such as mental health and substance misuse.

Tower Hamlets

Like Newham, Tower Hamlets audited ten cases sourced from a random time period up to August 2022, where children were currently on child protection plans linked to domestic abuse. There was some evidence of S&T orientated practice, but high levels of inconsistency across and within the case files, with less evidence of practice pivoting to perpetrators. None of the cases recorded concrete actions for change or documented specific abusive behaviours. Victim blaming language was detected, and on child protection plans generic language was used which failed to identify and name the source of harm as the perpetrator.

Waltham Forest

In Waltham Forest, a two-part process was intended, the first part to review 20 randomised cases closed to children's services where domestic violence had been a factor from Oct-Dec 2019 to establish a baseline of practice, with a subsequent audit from a later period for comparison. However due to time the second audit was not completed. This data set is therefore from pre-implementation, albeit that some staff in the borough had previously engaged with S&T. Findings reflect limited engagement with perpetrators, language which placed responsibility on both parents and overall poor understandings of domestic abuse.

LEARNINGS

The case audits offer valuable insight into the problem the partnership aimed to address, and reflect that in some of the boroughs the 'green shoots of change' identified in Year 1 are beginning to forge patterns in practice, rooted in less responsabilisation of victim-survivors, and a pivot to perpetrators. In Redbridge and Hammersmith and Fulham for example, harm was articulated through a perpetrator pattern-based lens, little victim blaming language was detected and practice which holds perpetrators to account was noted. That the strongest shift in Hammersmith and Fulham was about language, echoes findings from Year 1, and is congruent to the early stages of implementation the borough is in.

In order for case audits to have more value in implementation and evaluation, a clearer methodology needs to be developed. This includes finding a way to balance methodological consistency with differences across the boroughs in terms of stage in implementation and broader context of implementation. A shared sampling strategy across leads and boroughs will also contribute to enhanced learning: this needs to be built between leads and evaluators and endorsed across the partnership.

5: SYSTEMS CHANGE

The overarching and long-term goal of the project, and the four pillars of implementation was to effect systems change in how children's social care responds to domestic abuse. An ambitious endeavour in any context, more so for a short-term project spanning six sites. The evaluation sought to explore early indicators of systems change through children's social care data, as well as any other potentially salient sites of change as they arose. In Year 2, shifts in quality assurance practice and increased complaints from perpetrators of DA emerged as potential early indicators of systems change. Year 1 also highlighted that CSC data recording systems had no way of recording perpetrator engagement across cases, addressing this became a priority for Year 2. While the time frame was too short to meet the long-term aim of transformation across years 1 and 2, it is possible to explore the direction of travel, and a move towards systems change. This closing chapter reports on these indicators.

CHANGE DATA

As noted in the Year 1 report the boroughs have both different case management systems and varying intake processes, both making generating comparable data for the key indicators of change included in the original funding application problematic. These included: A cyber-attack that had corrupted Hackney data; there being three different case management systems across the boroughs; boroughs having different metrics through which they monitored children's social care cases.

The change data indicators were refined at the start of Year 2 through a discussion between evaluators and the partnership to cover four fields, making it simpler to collate. The indicators were: the number of new cases in which DV was identified at referral; the number of new cases where it was identified within assessment; the number of new child protection plans where DV was a factor; and the number of children taken into care where DV was a factor. Five of the boroughs provided all of this data for July 2022-June 2023 and it is presented in Table 6.

In terms of the expected outcomes, whilst there are variations across quarters and incomplete data from one borough:

- three boroughs (Hackney, Newham and Waltham Forest) have increased identification of domestic abuse;
- two (Hackney and Waltham Forest) a decrease in child protection plans where domestic abuse is identified;
- Three (Newham, Redbridge and Waltham Forest) a decrease in looked after children where domestic abuse is identified.

This reflects that, as in Year 1, the intended direction of travel continues to be on track nearing the end of Year 2. Given the project’s length, these are proportionate findings for the long-term aim of sustainable systems change, which as one project team member articulated, is a gradual process, with shifts in practice being the necessary initial change.

Fundamentally this is an attempt to change a workforce approach, and to change systems which over the longer term will have direct changes for families, but if you’re looking for the direct change in the families before practitioner change has happened, you’re looking in the wrong place. (Project team member, interview)

There are several differences in Table 6 that warrant further discussion within the project.

- The very wide variations in case identification across boroughs, with very low numbers in Hammersmith and Fulham (N=278) and the highest in Redbridge (N=4173).
- Markedly different patterns in terms of the proportion identified at referral and through assessment: at referral is high in Hackney, Tower Hamlets, Redbridge and Hammersmith and Fulham, assessment numbers higher in Waltham Forest and Newham.
- The proportions of cases resulting in child protection plans and children taken into care are low as percentage of total cases, and despite being much lower numbers are a higher proportion in Hammersmith and Fulham, the most recent member of the partnership. They are lowest in Waltham Forest, one of the boroughs with the longest engagement with S&T

TABLE 6: KEY INDICATORS IN CHILDREN’S SOCIAL CARE DATA JULY 2022-JUNE 2023

Borough	New DV cases on referral*	New DV cases after assessment	Total cases	New child protection plans where DV a factor	% of total cases	Children taken into care where DV a factor	% of total cases
Hackney	1107	538	1645	95	0.05	12	0.007
Waltham Forest	398	1486	1884	68	0.03	72	0.003
Tower Hamlets	3182		3182				
Redbridge	2698	1475	4173	195	0.05	32	0.007
Newham	1269	1724	2993	262	0.08	75	0.02
Hammersmith & Fulham	247	31	278	31	0.1	36	0.1

DOCUMENTING ENGAGEMENT WITH PERPETRATORS

Year 1 work revealed that no borough had any way, other than free text, to record children's social care actions/interventions that were specific requirements or expectations of perpetrators: the other key change indicator. This became a priority to resolve in Year 2. After considerable discussion a template was developed for pilot in Hackney in Mosaic, and the page went live at the end of Year 2 (see Appendix 2). Other boroughs will be invited to adopt/adapt it in Year 3, but for some adaptations to their case management systems are outsourced making this a lengthy and costly undertaking.

That a core difference in approach to S&T is a 'pivot to perpetrators', embedding a method to record this information within case management systems, would mean a concrete move towards systems change.

INCREASE IN COMPLAINTS: AN INDICATOR OF CHANGE?

As part of a pattern of coercive control (Stark, 2007; Katz, 2016) perpetrators are known to manipulate systems in myriad ways including making false allegations of abuse or 'parental alienation'⁸ against victim-survivors in family court proceedings; strategically using mental health and addiction issues against them; and using legal processes to harass them (Mandel, Mitchell and Stearns-Mandel, 2020). S&T aims to bring perpetrators into sight and hold them to account for their abusive practices. This is a significant departure from the problems in practice the project sought to meet: a disproportionate focus on victim-survivors, through a 'failure to protect' lens, which ultimately invisibilises perpetrators of abuse. Rupturing and disrupting this invisibility, will no doubt have ramifications for some perpetrators patterns of abuse.

An increase in complaints by perpetrators was detected in Year 2 by the two boroughs with the longest history of implementation (Hackney and Waltham Forest): and may evidence that practitioners are disrupting the status quo of invisibility and lack of accountability for perpetrators. Indeed, this was a point of concern, and reflection for professionals during qualitative work, where there was a sense that shifts in approach would lead to new problems for practice, these orbited around; increased emotional labour for workers, worker safety and apprehension around how some perpetrators would respond.

⁸ This is not a formally recognised concept, but has been widely used in family law cases. In 2022 WHO issued a briefing challenging its evidential basis (<https://www.who.int/standards/classifications/frequently-asked-questions/parental-alienation>) and in June 2023 the UN Special Rapporteur on Violence Against Women issued a report raising serious concerns about its use in legal processes (<https://www.ohchr.org/en/documents/thematic-reports/ahrc5336-custody-violence-against-women-and-violence-against-children>).

While as outlined in Chapter 4.2.1 there were examples of practice where S&T had enabled positive engagement, professionals expressed apprehension that pivoting to the perpetrator would have challenging outcomes.

There's the worry of, "Okay so how will domestic violence change?" but not in the good way, in the bad ways, what ways will people go...? They have gone undercover and are flying under that radar but if we're shining that light in that direction? What way will they go? (Supervisor, ALS)

That's something at the back of my mind, that the deeper you get in and the more active you get... where am I taking him psychologically in terms of re-enacting the violence? (Social worker, ALS)

while I'm raising up these matters? What else am I raising up in him? Will he say "social Care are getting on me and that causes me to beat you". (Social worker, ALS)

The project sought to meet this issue by the addition of the working with perpetrators training, as well as creating resources and sessions on worker safety. This sense of potential unsafety involved in rupturing the status quo in practice, was somewhat appeased by local support mechanisms, but not resolved, highlighting that broader system change would be required.

I'm not sure where the support will come in or if I'm just too far out on a limb and I need to know not to swallow Safe & Together completely and then run out there with it because I'm all on my own.... I'm not, I've got a really good management team but the system is the system and the service is the service and it has its limitations. (Social worker, ALS).

... it's not that our police are unresponsive or anything, there are some really good colleagues, but it's just, it just doesn't feel it works very well, the systems don't work together very well. (Social worker, ALS)

when we do start to work perpetrators, they'll complain against the practitioner by saying that they are on mum's side. So, all the things that we're aligning ourself with mum, with the survivor, but the perpetrators are not liking

that so they're putting complaints in. Is really uncomfortable for our workers to constantly be dealing with complaints and I think it's making them not want to work with perpetrators because then they're being held accountable with a complaint against them. (Supervisor, ALS)

So it feels like a bit of a cycle...the people that the complaints go to quite often haven't done the Safe and Together training and are saying, "Well maybe you shouldn't have said that to dad, maybe that was triggering for dad"... it's frustrating. (Social worker, ALS)

As noted earlier, one implementation lead had delivered workshops to build capacity for practitioners to work with complaints, with plans to work with complaints teams to 'perpetrator proof' the system. This kind of work requires time to develop and has potential to change systems by limiting the extent that they can be used by perpetrators as an extension of coercive control.

Towards the end of Year 2, evaluators also met with the head of complaints for one of the two boroughs where an increase in complaints had been detected, to pursue possible data capture methods to explore this further. However, complexities in accessing a workable data set, meant this was not possible in Year 2. Tracking complaints remains a salient and important site of analysis as a signifier of change going forward.

QUALITY ASSURANCE

I think it's really difficult to change cultures in institutions and Safe and Together asks for a cultural shift ... I think CP chairs, people in quality assurance in a sense are the people where it matters, because they're the people evaluating what is good work. (Social worker, interview)

I'm picking it up in quality assurance, don't worry, and sending emails to senior managers saying, "This language is atrocious!". (Quality assurance professional, ALS)

The action learning sets found that implementation had effected direct changes to professional practice, with quality assurance revealed as a space where systems change could and was beginning to take place. Echoing Year 1 findings where social workers framed the partnership

project as a legitimising foundation from which to change practice, this quality assurance professional also saw the model and partnership as an 'anchor' for change.

I think it's helped me to anchor what I'm saying with something more tangible. It's very easy when I'm doing quality assurance work to say the language needs to improve because we don't write "relationship difficulties", "parental discord". Someone could quite easily read that and say, "Well that's just that person's view, there's nothing wrong with my sentence." Actually, being able to anchor it to say, "The Safe & Together model which we are embedding in (borough) explains that," so it actually gives it a point of reference. (Quality assurance professional, ALS)

The action learning sets prompted us to further explore quality assurance as a space of change via a survey for professionals across the six boroughs. However, this was quite late into Year 2 and the survey garnered only four responses from Newham. Findings are therefore limited but all responses reported changes to practice at the point of assessment, on case planning and case notes, and at child protection panels in terms of less victim blaming language and more holding preparators to account. As with complaints, quality assurance remains a salient site of analysis for systems change going forward.

6: REFLECTIONS

S&T training continues to both appeal and affect practitioners in significant ways. Both core and perpetrator trainings provided tools and practice-based knowledge that was appreciated by participants. As with Year 1, all of the trainings increased knowledge and confidence and shifted the attention of participants to focusing on perpetrators. There was a recorded shift in thinking about victim-survivors as doing their best rather than ‘failing to protect’, and messages about language and documentation were clearly received.

In Year 2 the project had moved beyond effecting ‘green shoots of change’, qualitative work with CSC professionals reflecting how the training was being applied in their work, with significant shifts and developments in practice. Principles of S&T were adapted and developed through practice-based expertise, and the work of implementation leads and other supporting pillars of the LP model.

The role of implementation leads developed considerably across year 2 as the project moved in five boroughs from mobilisation, and implementation into contextual embedding. Case consultations continued to be a valued space to embed and extend the learning. Practitioners reported that the consultations increased their confidence and deepened their understandings. Into Year 2, more than a space to support practice, implementation leads were able to harness learning, knowledge and skills to organically extend their function by picking up emerging barriers, gaps and challenges at institutional and systems levels. Their participation in the operational group meant that these learnings could be shared across the partnership.

Similarly, beyond the marketplace’s goal of extending options for behaviour change, which Year 2 referral data showed was beginning to be achieved, this also became a site of creative development. Providers used the opportunity to build working practices and partnerships with children’s social care staff. There remains a gap in behaviour change options designed to address perpetrators from African/Caribbean/Black British communities, a challenge which Respect intends to address.

The professional hub was well established with expanding resources and materials at the end of Year 2. This contributed to the goal of creating a legacy of resources that could support and embed the model beyond funding terms.

Case audits were completed in all six boroughs with mixed findings. In two of the East London boroughs ‘the green shoots of change’ evidenced in Year 1 were growing to forge patterns in practice rooted in less responsabilisation of victim-survivors, and a pivot to perpetrators, in line with the S&T approach. In Hammersmith and Fulham, a systematic audit method allowed clear connections to be made between implementation and shifts in language and approach across

case file documentation. In Tower Hamlets and Newham however, there was less evidence of S&T orientated practice.

A more standardised approach to case audits needs to be agreed across the partnership, whilst recognising the complexities across a multi-site project given the different contexts, and systems in place.

The challenges of comparable data in relation to the agreed indicators in children's social care, with boroughs having both different case management systems and varying intake processes. We do, however, now have four clear fields and data for a year for five of the six boroughs. Whilst there is no straightforward pattern in the change data, the hoped for increase in identification of domestic abuse is evident in four boroughs. Similarly, the decrease in child protection plans and/or children being looked after can be observed in four boroughs.

Year 1 found that partnership borough case management systems had no way of recording interventions with perpetrators of DA. Led by Hackney, work on developing a process was completed and is now operational. Other boroughs will be invited to adopt/adapt it going forward.

Due to timeframes, and like the project itself, in part evaluation was an iterative process, and other potential indicators of change were followed as they arose. An increase in complaints in two of the boroughs with the longest histories with S&T, and shifts in practice at quality assurance level, for example, became evidence of a move towards systems change proportionate to the length of the project. These should continue to be traced over time.

Both years for this project were characterised by time poverty and precarity in funding. Implementation was undertaken in a context of suspense: between 'gearing up or closing down' with too much pressure to be able to focus sufficiently or clearly enough on strategic steps to move in the same direction, whilst also addressing borough level implementation needs. Short and insecure funding militates against being able to do both simultaneously and potential is lost. This is a poor investment, and the contexts of implementation, shaped by conditional and short-term funding structure may not facilitate the sustainable change it expects.

In conclusion the two years have resulted in the emergence of an implementation model for S&T which moves far beyond the training package offered by the Institute, comprising implementation leads, the marketplace, professional hub and ongoing insight and reflection. This is the unique contribution of the London Partnership which carries the protentional of this project to be more than 'just another training'.

RECOMMENDATIONS

We make these in light of the fact that at the very end of Year 2 continuation funding was provided by MOPAC, with a matched funding commitment made by partner Local Authorities. Two boroughs dropped out (Redbridge and Tower Hamlets) and two new boroughs joined (Barnet and Barking and Dagenham). This will make the evaluation going forward more complex as there will be three tracks of work: three original boroughs, one which joined in Year 2 and two new boroughs in Year 3.

1. The role and job description for implementation leads needs to reflect how this has evolved but also the different borough contexts they are working in.
2. The shift in governance to a community of practice needs to take opportunities to explore more strategic issues as they emerge and foster ways to capitalise on shared expertise and experience across the project team.
3. An action learning set with implementation leads should focus on honing the case audit tool, developing shared understandings of the assessment and learning functions of this activity.
4. Boroughs to be invited to adopt/adapt the case management approach to recording engagements and interventions with perpetrators.
5. The evaluation to continue to monitor complaints and quality assurance as potential indicators of change and to pick up new areas of challenge and insight as raised in the community of practice.

APPENDIX 1: TRAINING DELIVERY DATA

Overview: Attendance numbers for Years 1 and 2 by borough

OVERVIEW	Year 1 N attended	Year 2 N attended	Total N for Year 1 and 2
Hackney	46	29	75
Waltham Forest	41	47	88
Newham	74	29	103
Redbridge	57	53	110
Tower Hamlets	68	44	112
H&F	0	56	56
Total	286	258	544

Core: Attendance numbers for Years 1 and 2 by borough

CORE	Year 1 N attended	Year 2 N attended	Total N for Year 1 and 2
Hackney	18	60	78
Waltham Forest	31	57	88
Newham	43	57	100
Redbridge	51	61	112
Tower Hamlets	52	63	115
H&F	0	49	49
Total	195	347	542

Working with Perpetrators: Attendance numbers for years 1 and 2

WORKING WITH PERPETRATORS	Year 1 N attended	Year 2 N * attended	Total N for Year 1 and 2
Hackney	20	n/a	n/a
Waltham Forest	16	n/a	n/a
Newham	36	n/a	n/a
Redbridge	24	n/a	n/a
Tower Hamlets	27	n/a	n/a
H&F	0	n/a	n/a
Total	123	137	260

*Data not available per borough



Perpetrator Engagement Form

CHILD/YOUNG PERSON DETAILS

Child/young person details

ID	NAME	DOB/EDD	GENDER	DISABILITY	ADDRESS	ETHNICITY	RELIGION	CHILDS INVOLVEMENT STATUS

Perpetrator Details

Perpetrator Details

NAME	DOB/EDD	GENDER	DISABILITY	ADDRESS	ETHNICITY	RELIGION	SEXUALITY

What is a safe way to contact the perpetrator?

Additional Information about the perpetrator:

Communication needs (including language and need for interpreter) regarding any of the people named above

Vulnerability:	
Housing status of the perpetrator:	

Victim details

Victim details

NAME	DOB/ EDD	GENDER	DISABILITY	ADDRESS	ETHNICITY	RELIGION	SEXUALITY

Additional Information about the victim:

Communication needs (including language and need for interpreter) regarding any of the people named above:

Vulnerability:	
Housing status of the perpetrator:	

Details of any child(ren) under 18:

Other Family / Household members Details:

NAME	DOB/ EDD	GENDER	DISABILITY	ADDRESS	ETHNICITY	RELIGION	SEXUALITY

Communication needs (including language and need for interpreter) regarding any of the

people named above

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Legal Status

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Perpetrator engagement

GUIDANCE [safe and together Guidance and resources](#)

Date:

Has the perpetrator been spoken to directly about their abusive and/or violent behaviour?

Yes

No

(Guidance) [Mapping Perpetrators Patterns](#)

(Guidance) [Investigation Relationship Interview Protocol](#)

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Has the perpetrator been spoken to about how their abusive and/or violent behaviour is a parenting choice?

Yes
No

Has the perpetrator been spoken to about the impact their abusive and/or violent behaviour has on the child(ren) and the harm caused?

Yes
No

(Guidance) Motivational Sessions for men using violence and/or abuse

Have actions in the plan been attributed to the perpetrator to reduce the risk of harm they pose?

Yes
No

[\(Guidance\) Perpetrator Case Planning Grid](#)

[\(Guidance\) The choose to change Toolkit: a process to help men who choose violence to develop a support network to interrupt their violence and increase safety for other family members](#)

Intersection and intersectionality:

[\(Guidance\) Intersections and intersectionality Guidance](#)

If you answered no to any of the above, please explain why not? i.e not acknowledging behaviour/non engagement/not safe to do so currently?

Summary of engagement

Was Referral to perpetrator behaviour change programme made?

Yes

No

[\(Guidance\) Referral to behaviour change Domestic Abuse Perpetrator Programme](#)

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