Roadmap Evaluation

Final Report

Executive Summary

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Roadmap Evaluation Team

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Joint Foreword

Farah Nazeer, Chief Executive, Women's Aid, and Suzanne Jacob, Chief Executive, SafeLives

Five years have passed since we started the Roadmap project. During this time there have been significant developments, opportunities and challenges. The ongoing global pandemic has had a huge impact on how organisations are able to respond to survivors and on our ability to run our organisations. During this testing time the racist murder of George Floyd took place resulting in the impact of the Black Lives Matter movement which sparked an important moment of reflection in our sector, with charities striving towards change and centring anti-racism in their approach. This continues to be both important and difficult work, which challenges the power dynamics that exist across all our working environments. The report has highlighted that our sector has a long way to go, but we are committed to making important changes. The VAWG sector anti-racism charter is vital in bringing charities together with a consistent approach to anti-racist practice.

We are very proud of our teams, and the staff working for frontline local organisations, for their resilience and determination during the pandemic. They have worked relentlessly to deliver change for survivors of domestic abuse. The ambassadors, professionals and local area representatives for our projects have also demonstrated huge commitment to end abuse against women and girls during this time, and much has been achieved despite the many challenges of the past couple of years. In May 2021, we were both delighted to finally be able welcome the Domestic Abuse Act, which was a critical step forward in the response to survivors. Of course, it still does not go nearly far enough to deliver protection for all women, particularly migrant women. Reforms are also still urgently required to ensure the Act is accompanied by a sustainable funding future for all specialist domestic abuse services. Our organisations will continue to campaign on both of these issues.

We started this work and end it with a commitment to transform the lives of women and girls by a systemic change to policy, practice and commissioning that promotes early intervention and reduces the prevalence, impact and tolerance of domestic violence and abuse. Women's Aid's approach - Change that Lasts- comes from a needs-based perspective, placing the survivor at the heart and building responses around her needs and the strengths and resources available to her, acknowledging that if services listen to what women say they need and build on their strengths, outcomes are often better and sustained. SafeLives' approach – the Whole Picture - works from a risk-led perspective, tailoring responses to all family members who are at risk, or who pose a risk. A Whole Picture approach provides focused support to the whole family - from identification of concerns through to step down and recovery, to respond more effectively to families living with different kinds of abuse and adversity.

We thank UCLan and colleagues for their hard work in conducting this evaluation, and the findings that they have produced will provide valuable learning for ourselves and the wider sector. The Evaluation found that the Roadmap interventions resulted in a number of positive achievements, at the individual, community and systemic level. We have not met all of our ambitions, and some barriers have been challenging – from budget constraints to our local interventions not being as diverse and inclusive as we had intended. We also had a lack of engagement from some who do not consistently see domestic abuse as their business, with national health and education services proving difficult to engage with. However, we were able to engage with some local health agencies, which was important, and we have learned a great deal from this journey.

Despite the hurdles, we celebrate some significant positive outcomes. In all sites, respondents to surveys and interviews said they better understood the value of having victim/survivors involved not just in 'rating' the response they received, but in strategic design and creation of the response. In one site, the concept of having survivor voice even in the most sensitive commissioning decisions is now understood and welcomed, which is a huge step forward. In our teams, survivors of abuse were at the heart of the work, and it was important for us to work with women and girls of different age ranges and demographics. Both organisations engage with men and boys in a range of different ways, however due to the gendered nature of domestic abuse this evaluation, supported by the National Lottery, focused on the impact on women and girls.

System change is a lifetime's work and even five years is just a blink of an eye on the way, compared to the scale and nature of domestic abuse. Knowing from the start that an 'end date' is looming is always fraught in terms of embedding change, and life always intervenes in the shape of local disruptions such as restructure or inspection of statutory agencies, as well as challenges in commissioning cycles and funding for voluntary services. The programme clearly demonstrates the need for long-term, equitable funding with streamlined reporting requirements, so that services can be delivered in a planned, sustainable, and efficient way.

While our approaches are clearly different, we are united in being committed to system change. Working together on this important programme has brought us together as organisations, and identified clear need in three important areas: for there to be a gendered approach at the heart of service provision; for the services provided to have evidence based quality standards; and for there to be sustainable, secure funding for specialist domestic abuse response. Through this collaboration we have already submitted our first ever joint submission to the Government's spending review and continue to work closely together on this area.

Our huge thanks go to everyone involved. We will take this important learning back to our organisations, and it will inform how we now build and develop our work to provide the best possible outcomes for women and girls living with domestic abuse, who inspire all parts of our work.

Executive Summary

Introduction

Women's Aid Federation England (WAFE) and SafeLives (SL) collaborated over five years (2016-21) to develop and implement the Roadmap Programme which aimed to transform the lives of women and girls through systemic change to policy, practice and commissioning by promoting early intervention and reducing the prevalence, impact and tolerance of domestic violence and abuse (DVA). Funded by the Big Lottery's Women and Girls Initiative, WAFE and SL collaborated with DVA survivors and expert partners in specialist frontline services to develop and implement two contrasting interventions in five different sites in England. Both organisations were committed to making DVA services more accessible and responsive to survivors' needs and both aimed to achieve wider system change in the sites where the programmes were delivered.

However, the two organisations chose different but complementary routes by which to reach these broad goals:

WAFE's *Change That Lasts* (CtL) Programme[1] aimed at developing a 'whole community response' that would increase responsiveness to DVA services at three levels: i) the community ii) frontline professionals in organisations that were not specialist DVA organisations and iii) services delivered by DVA specialist organisations. The programme comprised three interventions targeted on these three different audiences and delivered in three sites – Sunderland, Nottingham and Nottinghamshire (Nottingham/shire) and Surrey. *Ask Me* aimed to address cultural and attitudinal barriers to change through training and supporting Community Ambassadors who volunteered to increase awareness and responsiveness to DVA in their local communities. *Trusted Professional* combined training with organisational development to improve expertise and responsiveness among frontline professionals. The VOICES intervention was designed to re-connect specialist DVA services to a strengths-based, needs-led, trauma-informed approach centred on the survivor for practitioners in specialist DVA organisations.

The SafeLives Programme, designed by SafeLives, alongside Pioneers (survivors and experts by experience) and specialist frontline DVA partners, comprised an integrated suite of multiple interventions that would allow survivors and their families to access five different interventions within the same organisation. Two independent services, in Norwich and West Sussex (Worthing, Adur, and Crawley), were commissioned to deliver the interventions, hereafter referred to as the SafeLives Co-Designed Pilots (SLCDPs). These interventions were tailored to the needs of different groups so that survivors and their families could move between and through them on their journey to recovery. The intervention aimed to break down silos between services and deliver a 'whole family' service informed by DVA survivors' views. The SLCDPs were targeted at those assessed as at medium risk of harm; people who wanted to remain in their relationships; those with complex needs; survivors recovering from abuse and children and young people. A wide range of individual and group interventions was utilised and training and skills development were provided to partner agencies.

[1] Described in detail at: https://www.womensaid.org.uk/wp-content/uploads/2020/11/Change-That-Lasts-Impact-Briefing-1.pdf

The Evaluation

The independent evaluation undertaken October 2017-June 2021 was led by Professor Nicky Stanley working with Connect Centre researchers at the University of Central Lancashire together with researchers from Bangor University, University of East London and Manchester Metropolitan University. The mixed-methods study was designed to both measure change achieved by the specific interventions delivered by WAFE and SLCDP and to examine whether and how wider system change was achieved in the five Roadmap sites. The study aimed to explore those factors that facilitated or impeded change both for specific interventions and at the wider level of the whole system.

A realist approach (Pawson and Tilley 1997)[2] which examines what works for whom in what setting was adopted and, in line with this approach, iterative feedback was provided to WAFE and SL. Advice on the evaluation was provided by an Expert Advisory Group and a Survivors' Advisory Group with the latter assisting the recruitment of Survivor Researchers who worked alongside research team on aspects of the Evaluation.

A wide range of methods was utilised to capture data on the process and outcomes of the study. These included:

- Site profiles detailing demographic information, DVA rates and services in the five sites
- Two series of consultation groups with key stakeholders in all five sites
- Surveys of local agencies and Roadmap staff
- Interviews with: survivors and children using Roadmap services, Roadmap staff and managers, trainers and co-ordinators, training participants and with staff in a range of specialist DVA organisations in the five sites.
- Pre- and post- training surveys, Expressions of Interest forms, and How Are You Getting On (HAYGO) questionnaires completed by those participating in Ask Me and Trusted Professional training.
- Outcome measures, including both tested and bespoke measures completed by survivors using both VOICES and SLCDP services.
- Routine monitoring data collected by WAFE and SLCDP through their OnTrack and Insights systems was made available for analysis.
- Social Network Analysis which captured organisations' networks and patterns of influence as well as referral pathways.
- Social Return on Investment analysis, a form of economic analysis that examines the difference an intervention makes in terms of financial savings and which takes account of value for the individual, community and wider stakeholders.

Sensitivity to the ethical and data protection issues involved in conducting research with individuals who have experienced DVA (Women's Aid 2020a)[3] was central to the research and the study received ethical approval from the University of Central Lancashire's Ethics Committee.

[2] Pawson, R. and Tilley, N. (1997) *Realistic Evaluation*. London: Sage.
[3] Women's Aid (2020a) *Research Integrity Framework for Domestic Violence and Abuse.* https://www.womensaid.org.uk/evidence-hub/research-and-publications/research-integrity-framework/

WAFE Interventions

Ask Me Key Findings

'…by 8 o'clock that night, she was on her way to freedom. It was amazing, she was really grateful for what I'd done and I felt proud...' (Participant 12, Sunderland)

- 326 Ambassadors completed Ask Me training in the three sites during the evaluation period. Implementation of the training was assisted by earlier piloting of the intervention, strong local networks, local Women's Aid (WA) organisations' engagement and excellent training materials.
- Nearly all Ask Me volunteers[4] were women (286 women and 4 men attended the training) with the majority aged between 25 and 54: the average age of 42 was younger than the national profile of volunteers. DVA survivors made up a substantial proportion of those attending the Ask Me training.
- People with disabilities attended the training: 34 (12%) disclosed one or more disabilities.
- Most Ambassadors described themselves as White British, 30 (11%) reported having a Black and minoritised background and 15 (5%) reported 'other white background' such as Eastern European. While the ethnic diversity of Ask Me trainees was in line with the ethnicity profile of the country as a whole, more diversity among Ask Me participants might have been anticipated in sites with substantial Black and minoritised populations.
- Immediately post-training, pre/post questionnaires revealed positive changes in knowledge of DVA and skills and confidence to respond to DVA disclosures.
- Interviews provided examples of increased knowledge, confidence and Ask Me Ambassadors (as volunteers were known post-training) improved their ability to respond to survivors post-training*: '…not frightened to broach the subject…almost like breaking the silence'* (Participant 6, Surrey)
- HAYGO forms showed that 78% (n=93) Ambassadors reported having between them at least 598 conversations about DVA since the training. Half of these conversations addressed someone's personal experience of DVA.
- 64% (n=72) of Ambassadors reported providing information and signposting those who had disclosed DVA to national or local DVA organisations.
- Community-focused awareness raising activities were reported by Ambassadors post-training, but the most frequently reported activities were facilitating discussion and disclosure of DVA: *'…by 8 o'clock that night, she was on her way to freedom. It was amazing, she was really grateful for what I'd done and I felt proud...'* (Participant 12, Sunderland)
- Ambassadors suggested top-up training and more regular follow-up support that could be both pro-active and reactive: *'if I then found myself in a situation where I was supporting somebody. I think that's when I would go to them and say, what do I do now?'* (Participant 8, Sunderland)
- Ambassadors' experiences of camaraderie, *'sisterhood'* and belonging to a '*tribe of women'* embodied the importance of combatting DVA collectively and as part of a movement.

[4] While there is no contractual arrangement between Ambassadors and WAFE, for the purposes of this evaluation, Ask Me Ambassadors are conceptualised as volunteers as their activities are voluntary and fit the National Council of Voluntary Organisation's definition of volunteers.

Ask Me Recommendations

- Recruitment strategies for Ask Me should ensure that, when professionals attend Ask Me, they participate in their role as a community member rather than as a professional.
- Recruitment and programme design should aim to achieve a diverse range of participants in Ask Me training.
- Online delivery (introduced in response to Covid-19 restrictions) of the Ask Me training requires robust evaluation, including capturing participant experiences and monitoring whether online delivery impacts adversely on specific groups.
- Given the time commitment required to attend the training, maintaining the current flexible approach to delivery of the two-day course would potentially extend the reach of Ask Me.
- The success of the training programme could be developed further by an increased focus on enhancing understanding of DVA and gender and DVA and Black and minoritised communities. This would help to challenge a gender-neutral approach and increase the confidence of Ambassadors in responding to diverse communities.
- Interview participants recommended 'top-up' training on a range of issues; additional support for Ambassadors both during and post-training to identify how they could make a difference within communities is essential to capitalise on the achievements of the training.
- The piloting of the social franchise model of Ask Me to assess its viability is recommended as this model has not been tested to date.

Trusted Professional Key Findings

'…everybody knows a little bit about domestic violence…but I certainly didn't understand the levels of violence and control…it opened my eyes.' (Training Participant 12, Nottingham/shire)

- The Trusted Professional intervention started off as a stand-alone training day and was developed into a more holistic systems-based intervention for practitioners in statutory organisations and other support services. However, delivery of the new intervention was delayed by the time taken for development, resource issues and the pandemic; consequently, limited data on the revised model was available to the Evaluation.
- In total, 404 professionals from children and families services, the Department of Work and Pensions (in Surrey) and housing completed the Trusted Professional training in the three sites. Fewer health professionals participated in the training.
- The use of local member services to co-deliver the intervention meant that local knowledge and networks maximised implementation opportunities.
- The training was well received with positive comments on the content and delivery from participants: *'I genuinely felt it had been one of the best bits of training I've done in a very long time, …the quality of the training…was excellent'*(Training Participant 19, Sunderland)
- Immediately following the training, positive short-term changes were found in knowledge, attitudes and confidence across the three sites and understanding of coercive control increased*:* *'…everybody knows a little bit about domestic violence…but I certainly didn't understand the levels of violence and control…it opened my eyes.'* (Training Participant 12, Nottingham/shire)
- Post-training interviews provided early evidence of how training translated into practice and showed it had the potential to increase practitioners' readiness to ask questions and respond appropriately: *'…the thing that I walked away with more than anything else, was to be professionally curious, to be unafraid to ask questions'* (Training Participant 3, Nottingham/shire).

- Interviews showed how training translated into practice, particularly where it was supported by organisational cultures conducive to the intervention's philosophy. More challenges were encountered where organisations such as children's social care conceptualised risk differently.
- Interviews with participants, trainers and co-ordinators suggested strengthening training content with additional material addressing diverse forms of abuse, perpetrators and children.
- The future sustainability of the intervention is uncertain as it moves from a free intervention to one where participating organisations will be expected to meet the costs of the intervention alongside the time commitment required.

Trusted Professional Recommendations

- The time and resources required for developing the intervention and engaging interested organisations need to be fully recognised in roll-out and implementation of Trusted Professional.
- The sustainability of the intervention requires careful auditing to assess the viability of the proposed new model for delivering Trusted Professional in the future.
- The partnership model between WAFE and member services is important for effective delivery of the intervention and should be nurtured.
- Preliminary findings on impact from evaluation of the enhanced Trusted Professional model are encouraging, further evaluation is required to assess the longer-term benefits more fully.
- Trusted Professional should continue to target a wide range of organisations, particularly in those statutory sector organisations where DVA is regularly encountered and training should be tailored to reflect different professional groups' knowledge and awareness of DVA.
- The intervention needs to develop strategies to adapt/challenge organisational priorities and working practices which may be antithetical to survivor-led and strengths-based approaches.
- Trusted Professional training needs to address the diverse forms of violence and abuse experienced by survivors and include information on work with DVA perpetrators and children.
- On-going training was recommended by several participants to help embed a survivor-centred approach.

VOICES Key Findings

'[my worker] was always available and always there whenever I needed her to be' (Case Study B)

- The VOICES approach and tools were not implemented until Year 4 of the Roadmap Programme. Buy-in from services and training staff in the VOICES approach took longer than anticipated
- WAFE's OnTrack data showed that 2125 survivors across the three sites received VOICES; over 96% (n=2045) were women.
- 26-35 year olds comprised the largest group of VOICES survivors (36%, n=765).
- 4.5% (n=97) of VOICES survivors were from a Black and minoritised backgrounds. WAFE's OnTrack records were missing data on ethnicity for 24% of survivors.
- Once adopted by practitioners, the VOICES approach and tools were seen as transformative by the majority of practitioners: *'Using the VOICES tools has…raised my personal awareness of the physical, psychological and social impact of trauma on a person's everyday coping.'* (Staff Survey participant).
- The move away from a risk-led to a more survivor-centred approach was valued by most practitioners.
- Survivors had negative experiences of services previously encountered but were very positive about their experiences of VOICES services. One survivor reported dissatisfaction with VOICES staff responses to the racism she was experiencing within the service.

- OnTrack data revealed limited engagement with Black and minoritised communities, this was particularly notable in areas with high levels of Black and minoritised communities.
- Under 1% of cases related to forced marriage or honour-based violence (HBV) across the whole data set.
- A consistent relationship between practitioner and survivor was highly valued and survivors saw this as key to developing their self-confidence, independence, and belief in themselves: *'[my worker] was always available and always there whenever I needed her to be'* (Case Study B).
- Analysis of available data on outcomes demonstrated positive improvements on most items, but very few of these were statistically significant, usually because insufficient numbers of completed measures meant that tests for significance could not be undertaken at both baseline and 12 weeks follow-up.
- Most survivors who reported improvements in safety, coping and mental wellbeing attributed improvements to services, indicating a high level of satisfaction with VOICES.
- Survivors' health outcomes were significantly lower than the accepted UK population norms, indicating that service users experienced worse health than that of the general population.
- Practitioners were generally positive about the support they received for emotionally demanding work and reported that there was rarely any conflict between colleagues. However, over half the staff reported that workloads were too high.

VOICES Recommendations

- Earlier buy-in from member services and adequate preparation and training for staff to adopt VOICES would facilitate implementation.
- Staff need to be trained and equipped to challenge racism when they encounter it.
- All DVA services need to be accessible to Black and minoritised communities and work in a respectful and equal partnership[5] with Black and minoritised DVA services to offer choice and increase uptake of services.
- Ensuring that staff are supported to undertake emotionally demanding work will continue to be essential for VOICES.
- Ensuring that workloads are manageable would contribute to sustaining the VOICES approach.

SafeLives Co-Designed Pilot Interventions

'they're all singing off the same sheet. They're all working with you as a team and I think that is amazing.' (Survivor 5, West Sussex)

'it's helped me be a better mum to the children and helped me understand them and what they've been through more' (Mother, Case Study B)

Findings on implementation and delivery of the SafeLives Co-Designed Pilots (SLCDPs) are presented first, providing wider context for the highly positive findings on the impact and experience of services for survivors and their children.

Implementation and Delivery of the SafeLives Co-Designed Pilots – Key Findings

- The central role of the SafeLives Pioneers in the development of the SLCDPs, alongside the contribution of expert partners, was highly valued – *'it was all shaped by the survivors'* (Senior

[5] See Ascent & Imkaan (2017) Good Practice Briefing: Uncivil Partnerships? Reflections on collaborative working in the ending violence against women and girls sector

Manager 2, SL) - however, locating the development work in the sites themselves would have allowed more consideration of the local context and piloting a whole family approach, rather than individual interventions, would have been beneficial to implementation.

- Planning and set-up of this multi-component integrated intervention in a limited timeframe was an ambitious task. Senior staff agreed that the time allowed for planning and initial implementation in the local sites was insufficient. A fuller picture of the local context might have assisted understanding of local needs and informed decisions about staff salary levels.
- The competitive tendering process in Norwich had a negative impact on partnership working and referral pathways due to the decision not to award the contract to a local high-risk DA provider .
- The expertise and training provided by SafeLives was key for staff in the implementation period.
- A higher proportion of referrals for survivors in West Sussex came from DVA/SV agencies, while in Norwich, Children's Social Care (CSC) was the primary referral agency; some Norwich staff felt this changed the nature of their work with families.
- The importance of an integrated approach, based on trauma informed, strength-based practice, multi-agency working, and a flexible user-led approach to support were consistently identified as the core components of successful delivery across the sites by senior managers and staff.
- The majority of adult service users were white British and heterosexual reflecting the demographic landscape in both sites. Female survivors were predominantly aged 26 to 45, the majority had a child involved in their case and half of these children had CSC involvement. Most children were aged 8-11. Nearly all those using the Engage intervention for perpetrators were male and most were aged 20-39.
- Nearly all survivors had experienced DVA in the past 12 months and roughly a third had experienced multiple forms of DVA. Perpetrators were predominantly an ex-partner.
- The most common form of complex needs for survivors using the service were housing problems, mental health issues or a physical disability or illness. These groups, alongside those survivors still living with the perpetrator, were described as more difficult to engage by staff.
- While multi-agency work was described as well-developed with some organisations, multi-agency communication was less well established with some of the organisations such as GPs and mental health services. These are the organisations more likely to refer those with complex needs or multiple barriers.
- The Complex Needs Idva role required particular expertise and skills to undertake outreach work with potential service users and to establish referral pathways. Where it was achieved, continuity of staff facilitated this work, particularly in the context of establishing a new service.
- The complexity of delivering multiple interventions was viewed as challenging and ambitious in the timeframe, especially in relation to the Engage work which was affected by staff shortages common to this type of work. This intervention reached fewer perpetrators than had been planned. Nevertheless, most staff reported that the ambition of creating an integrated, flexible service had been achieved.
- The variety of complimentary interventions and toolkits was considered to have facilitated tailoring and flexibility in meeting individuals' needs.
- Between November 2018 and December 2020, SafeLives Insights monitoring system recorded closed cases for 362 survivors, 187children and 45 perpetrators. Overall, 69% of survivors received a service just for themselves and 31% received some form of targeted family support.
- Among survivors with children, 60% received support just for themselves and 40% received some form of targeted family support which included parenting support and/or support for their child/ren. Overall, around 40% (n=94) of children received a service just for themselves with no accompanying survivor or perpetrator receiving a SLCDP intervention.
- Barriers to delivery encountered in one or both sites included: challenges concerning staff retention for the Engage and Complex Needs posts, lack of clarity around roles and integration

of interventions, especially Engage work; engagement with survivors with complex needs; and training issues.

- Staff considered that confining the service to those at a specified level of risk was confusing for potential referrers; it could lead to *'shutting and opening the service door'* (Senior Manager 3, SLCDP) and undermine consistency of service for survivors.
- Staff turnover proved a major challenge for one site and was attributed to a shortage of relevant skills in the local area and uncompetitive rates of pay for staff: *'because we are so understaffed, sometimes we have to put a hold on referrals... we've only done that twice, but, unfortunately, then that does get the stigma attached.'* (Staff 9, SLCDP)
- In response to Covid-19 restrictions, service providers developed innovative ways of delivering services to survivors, and, to a lesser extent, their children.

Recommendations on the Implementation and Delivery of the SafeLives Co-Designed Pilots

- More planning time and activity at the local level would ensure a better fit in local service landscapes and enhanced integration of different programme components.
- A whole family administrative system would support more effective and efficient monitoring.
- Whole family DVA training for staff should be an essential prerequisite for any programme seeking to integrate different interventions for family members.
- The SLCDP services targeted a very broad group of survivors and needs: rebalancing resources to increase the capacity of family-focused interventions might enable more survivors and families to access a 'whole family' service when needed.
- Although patterns of SLCDP service use reflected local demographics in terms of Black and minoritised populations, interventions still require further development and testing in areas with greater levels of diversity to determine if they require adaption to meet the needs of different groups of survivors and their families.
- Consideration should be given to ensure the geographical catchment area for the service is sufficiently wide to enable clear routes for local referral agencies.
- Recruitment and retention of staff with expertise require salaries to match local rates: this is an issue for those commissioning services.
- A reconsideration of risk-based service criteria might assist in clarifying referral pathways and increase consistency of support for survivors and their families. Risk levels can fluctuate rapidly and are not easily understood by those using or referring to DVA services. Commissioners should consider other approaches to targeting services that are more comprehensible and reflect survivors' lived experience.

Impact of the SafeLives Co-Designed Pilots – Key Findings

- Survivors identified that the opportunity to receive services for their children as well as parenting support were key reasons for using the service, support for older children and work with perpetrators were also mentioned as motivating factors: *'Helping me to… parent during that time because there were so many things that were going on whilst they were having contact with their father…'* (Survivor 17, West Sussex).
- Previous barriers to DVA help-seeking were commonly identified, including limited/inappropriate provision of DVA services, especially support for children, and services' risk thresholds.
- Prior to referral, survivors reported receiving very little information about the SLCDP service.
- A flexible service, responsive to the needs of survivors, which offered an appropriate level of support was highly valued. Survivors were positive about the range of integrated interventions

which targeted both their own and their children's needs: *'they're all singing off the same sheet. They're all working with you as a team and I think that is amazing*.' (Survivor 5, West Sussex).

- All women interviewed valued their relationships with workers, feeling listened to and understood and considered that the work matched the pace that was comfortable for them: '*I just felt that I was listened to and that… what I was saying was being acted on, so it was very much sort of led by me…'* (Survivor 4, West Sussex)
- Authenticity was important to survivors, and this was enhanced when programmes were delivered by those with relevant experience or expertise.
- The use of creative and engaging toolkits and activities, such as Helping Hands and craft sessions, was viewed very positively by survivors and children.
- Groupwork was highly valued and enabled survivors and children to share their DVA experiences in a supportive environment and to recognise they were not alone.
- Some barriers to service engagement were also identified including: not being able to access support when needed, especially for children due to waiting lists; staff turnover and a lack of evening group work sessions which were not consistently available.
- During Covid-19, survivors generally felt supported by workers through regular telephone or online contact, although some missed the opportunities provided by face-to-face groups and engagement with some children was challenging.
- Most survivors reported feeling confident and optimistic about their own and their children's prospects for the future and considered their initial goals had been met. Mothers reported more confident parenting, increased understanding of the impact of DVA for their children and enhanced family communication and relationships – *'it's helped me be a better mum to the children and helped me understand them and what they've been through more' (Mother, Case Study B)* - although some still had concerns about child contact.
- Children included in the family case studies experienced improvements in mood, sleep, physical health and reductions in fear and anger. There were examples of them successfully navigating key transitions in their lives: *'[my worker] really helped me. I feel more secure and I know people will listen to me and what I want more. I think I am more confident.'* (Family Case Study A)
- Practitioners interviewed for the family case studies described seeking children's opinions and representing their voice in decisions about contact and in child protection cases. Advocacy work with Children's Social Care was common across the wider sample.
- Outcome measures completed by survivors showed improved safety 12 weeks from baseline and this was statistically significant for five out of six questions asked. Survivors' safety also increased further at 6 months, although changes were only statistically significant in respect of safety in the home and neighbourhood. Between baseline and service exit, there were moderate or small statistically significant improvements for all six safety questions.
- Measures of coping and confidence showed improvements on most questions at 12 weeks, although this was only statistically significant for four of the 11 dimensions. At six months from baseline, improvements were found on nearly all these dimensions with change reaching statistical significance on six dimensions. At service exit, four of these dimensions showed statistically significant improvements, all with small effect sizes: dealing with daily life, speaking about experiences of abuse, sleeping well and feeling in control of my life.
- Survivors' improvements in mental wellbeing at six months and service exit reached statistical significance: *'My mental health has obviously got a lot better…I'm not waking up every morning feeling like I'm going to be sick, fearful.'* (Survivor 22, West Sussex)
- Health questionnaires showed some positive change at 12 weeks from baseline and at service exit but a slight decline in health status at 6 months, all changes were not statistically significant.

The visual analogue scale (VAS thermometer), which is easier to complete, showed positive health change at 12 weeks and service exit and a small decline at 6 months.

- Survivors' self-reports showed substantial improvements in safety, coping and confidence, wellbeing and, to a lesser extent, health, since using the SLCDP service. A high proportion of survivors reported this change was entirely or mostly due to their use of the SLCDP service, although attribution of change to the service was lower for health improvements.

Recommendations on Impact of SafeLives Co-Designed Pilots

- The positive outcomes achieved for survivors and children indicate that a survivor-centred service, co-designed with survivors and delivered in a flexible and creative way provides a model for future service provision.
- When first engaging with the SLCDP service, survivors require more detailed explanation of the different support services encompassed by the service.
- A wide range of positive outcomes was reported by survivors and children, however increasing the capacity of whole family provision, including work with children, would reduce waiting times for support, and enable all family members to receive support when they need it.
- Online support was appropriate and necessary during Covid-19 and this was preferred by some survivors, while others required/preferred face to face contact, at least at the outset to support relationship building.
- Ongoing support with managing child contact is an area where continued or follow-up work might be beneficial.

Whole System Impact Key Findings

- Consultations with key stakeholders in the five Roadmap sites in 2019 and 2020 found that clarity of referral pathways was lacking. Fragmentation of DVA services and confusion regarding catchments, referral processes and service offers (with different services working with different levels of risk) were identified as barriers to effective DVA service development and delivery.
- DVA training provided to other local professionals by both WAFE and SLCDPs aimed to improve the wider response to DVA and to strengthen referral pathways. The training was judged to have achieved impact by both stakeholders and staff with WAFE senior managers highlighting the engagement of DWP staff in Surrey in Trusted Professional and SLCDP senior managers flagging the training and collaboration achieved with Children's Social Care.
- However, not all relevant organisations were reached by this training. Health organisations proved more difficult to engage and the Social Network Analysis undertaken found that none of the Roadmap organisations interacted with any health organisation on a regular basis.
- While in 2020, more stakeholders considered that DVA services were accessible for children and young people, remaining gaps were identified for survivors with complex or multiple needs, Black and minoritised survivors and LGBT survivors.
- Stakeholders and senior managers identified early evidence of shifts in language and increasing acceptance of the concepts underpinning Roadmap services across the local sites, but progress in respect of moving away from a focus on risk (for WAFE sites) and readiness to engage perpetrators in change (for SLCDP sites) was considered incremental.
- Senior managers highlighted evidence of impact on commissioning structures in Roadmap sites, *'[to] have somebody local with lived experience on their board that's going to oversee all of that work and…five years ago they wouldn't have had [that]'* (Senior Manager) and: *'we've been really*

successful in building the needs-led into the commissioning strategies …that's a really key piece of sustainability work' (Senior Manager).

- Stakeholders considered that Covid-19 restrictions had little impact on multi-agency work and in some instances multi-agency collaboration was judged to have improved as a consequence of remote working. However, the reduction of face-to-face DVA services was considered to have been detrimental for survivors.
- The collaboration between WAFE and SL on developing the Roadmap required substantial effort and resources but provided a positive experience of working together which led to a number of joint initiatives, including a co-ordinated approach to campaigning: *'…in the public policy space, we're much stronger together…There's been some real wins, in terms of speaking together.'* (Senior Manager). However, the benefits of this partnership appeared to have been confined to the national organisations with little evidence of it flowing down to local levels.

Social Return on Investment Analysis – Key Findings

Social Return on Investment (SROI) analysis was used to examine the economic impact of the Roadmap Programme from the perspective of a wide range of stakeholders. The SROI drew on data captured for both the specific WAFE and SLCDP interventions and information on costs supplied by the two organisations. All Roadmap interventions were found to generate substantial SROI values comparable to those reported for other DVA interventions[6,7,8]:

- The analysis for the Trusted Professional intervention considered the impact of the training for professionals and found a range of social return on investment value of between £3.18 and £8.30, with a base-case scenario or mid-range figure of **£5.31:£1**.
- Outcomes for both volunteers and those in the community living with DVA were analysed for the Ask Me intervention which generated a range of social return on investment of value of between £2.64 and £8.96, with a base-case scenario or mid-range figure of **£5.13:£1.**
- For VOICES, change was identified for survivors, staff and partner organisations and the SROI showed a range of social return on investment value of between £4.51 and £7.37 with a base-case scenario or mid-range figure of **£5.50:£1**
- The SafeLives Co-Designed Pilots achieved outcomes for survivors, their children and volunteers who contributed to service development and delivery and a range of social return on investment of value of between £4.18 and £6.75 with a base-case scenario or mid-range figure of **£5.36:£1**
- The benefits of the Roadmap programme were found to extend beyond the direct benefits for survivors and their families. Social value and cost-savings were identified for a wide range of stakeholders including survivors; their children; volunteers; Women's Aid and their staff; SafeLives and SLCDP staff; children's services; other social care services; and state agencies such as the police, criminal justice system and health services.
- The contribution of volunteers (many of whom were themselves survivors) produced considerable benefits for both organisations and for the volunteers themselves – the community, organisations, volunteers and DVA survivors all benefited from the time taken to train volunteers and the time 'donated' by volunteers.

[6] Selsick, A. and Atkinson, E. (2016) *Refuge: A Social Return on Investment Analysis*. London: New Economics Foundation.
[7] Solace (2015) *Social Impact Report of Ascent Advice & Counselling* https://www.solacewomensaid.org/get-informed/professional-resourcessocial-impact-report-ascent-advice-counselling
[8] Women's Resource Centre (2011) *Hidden value: Demonstrating the extraordinary impact of women's voluntary and community organisations.* https://socialvalueuk.org/wp-content/uploads/2016/03/Hidden%20Value_WRC%20SROI%20Report_%202011%20(2).pdf

11. Wider Messages for Innovative Interventions in DVA

Messages re Implementation of Innovative Interventions

- The time required to develop, implement and evaluate new services is likely to be lengthy when organisations seek to involve survivors and relevant stakeholders. There can be long-term benefits in engaging local stakeholders who bring expert knowledge of the local context and conditions to this process.
- Commissioning arrangements may have long-term effects on referral pathways with competitive tendering processes proving particularly damaging. These arrangements require careful thought and consortium or other approaches may offer useful alternative models for commissioning DVA services (see Barter et al 2018)[9].
- Understanding of the local context where new services are to be introduced is essential and this includes gathering and using knowledge of the skills available in the local workforce, and local wage levels to inform recruitment strategies so that staff turnover is reduced.

Increasing Routes to DVA Support

- DVA services need to have clearly defined user groups that can be easily identified both by other services that refer and signpost survivors to DVA services, but also by survivors themselves. DVA services should identify their target groups using descriptors that are easily understood and communicated, such as geographical catchment areas, survivors with children, survivors recovering from DVA, survivors currently living with DVA etc.
- Survivors value a flexible service that recognises that needs change over time, that acknowledges that both groupwork and individual work can be beneficial, that many survivors need help with parenting as well as support in their own right and that works with children and their parents as well as providing advocacy. However, an integrated service with many constituent interventions can be challenging to sustain and requires substantial resource and a clear remit.

Key Features of Responsive DVA Services

- Both Roadmap interventions demonstrated the value of survivor-centred services. Survivors receiving both WAFE and SLCDP interventions highlighted the importance of feeling that they could exert choice over the pace and type of interventions they received and they reported increased confidence and self-esteem as well as improvements in mental wellbeing.
- Survivors benefited from staff's availability, consistency and good communication skills and these were enhanced by the use of toolkits and visual images.
- The Roadmap services delivered under Covid-19 showed that it is feasible to deliver DVA services remotely to both survivors and perpetrators but this is easier where worker and service user have already established a face-to-face relationship. Particular difficulties emerged in delivering remote services to children, although in some instances, older children felt less pressured by support sessions delivered online.

[9] Barter, C, Bracewell, K., Stanley, N., Chantler, K. (2018) *Scoping Study: Violence Against Women and Girls Services*. Connect Centre, UCLan and Comic Relief. http://clok.uclan.ac.uk/24762/

Responding to Diversity

- Understanding of both diverse forms of DVA and the needs of diverse groups experiencing DVA was considered important by those participating in DVA training. Most of the Roadmap sites did not serve substantial Black and minoritised populations; for the future, it is important that the relevance of Roadmap interventions for Black and minoritised survivors and their families is studied.
- Survivors with complex or multiple needs made up a sizeable proportion of those using Roadmap services. Survivors came to both VOICES and SLCDP services with generally low levels of health and, for SLCDP service users, low mental health. For work with all survivors, especially those with complex or multiple needs, to be effective, DVA services need to establish joint strategic planning and good channels of communication with mental health services, substance misuse services and other services in the health sector. This was a field where DVA organisations' networks and communication were found to be less well developed and the DVA sector should draw on relevant pilots and initiatives[10,11,12] in strengthening these links. Strengthening collaboration with the DVA sector is also a goal for health services as advocated by the 2014 NICE Guideline on domestic violence and abuse for health and social care[13] and this guideline could usefully be updated and reinforced.

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[10] Feder G, Davies RA, Baird K, Dunne D, Eldridge S, Griffiths C, et al. (2011) Identification and referral to improve safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial. *Lancet*. 378(9805):1788–95.

[11] Oram, S., Capron, L., Trevillion, K. (2016) *Promoting Recovery in Mental Health*: Final Evaluation Report. London: King's College London.

Pawson, R. (2013) *The Science of Evaluation: A Realist Manifesto.* London: Sage.

[12] Dheensa, S., Halliwell, G., Daw, J., Jones, S.K., Feder, G. (2020) "From taboo to routine": a qualitative evaluation of a hospital-based advocacy intervention for domestic violence and abuse. *BMC Health Serv Res* **20,** 129. https://doi.org/10.1186/s12913-020-4924-1

[13] NICE (2014) *Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively*. https://www.nice.org.uk/guidance/ph50/resources/guidance-domestic-violence-and-abuse-how-health-services-social-care-and-the-organisations-they-work-with-can-respond-effectively-pdf