University of
BRISTOL

EXECUTIVE SUMMARY

**Evaluation of the Drive Project - a pilot to address high-risk perpetrators of domestic abuse
Year 1 Feasibility Study**

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INTRODUCTION

The Drive Project is a new response to domestic abuse that aims to reduce the number of child and adult victims of domestic abuse by disrupting and changing perpetrator behaviour. It implements a whole-system, whole-family approach using an intensive individual case management approach alongside a co-ordinated multi-agency response to drive perpetrators to change their behaviour. The Drive Project focuses on increasing victim safety alongside the crucial protective work of victims' services. The service has been developed to knit together existing services, complementing and enhancing existing interventions.

The Drive Project pilot focuses on priority high-risk or serial perpetrators, as this group carries the greatest risk of serious harm and engage poorly in available services. All Drive interventions are driven by the primary aims of reducing risk and increasing victim safety.

The Drive Project launched in April 2016 and is being piloted in three areas across England and Wales (Essex, South Wales and West Sussex) from 2016-2019. It is run by a partnership between Respect, SafeLives and Social Finance. The costs are being met by a combination of local funding from Police and Crime Commissioners, Police Innovation Fund funding and philanthropic grants from Lloyds Bank Foundation for England and Wales, The Tudor Trust and Comic Relief.

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

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

The Drive intervention takes randomly allocated high-risk perpetrators associated with victim/survivors (V/Ss) who have been referred to Multi-Agency Risk Assessment Conferences (Marac). The intervention lasts 10 months and is comprised of 'direct' one-to-one work carried out by Case Managers with Service Users (SUs); 'indirect' work carried out at a multi-agency level primarily to share information, manage risk and disrupt perpetration; and one-to-one Idva support for the linked victim/survivors. To the extent that Case Managers both assist SUs to meet basic needs (e.g. around housing or substance misuse treatment) *and* intervene to disrupt perpetration via the criminal justice system, the intervention can be characterised as comprising a combined 'support' and 'disrupt' element.

THE FEASIBILITY STUDY EVALUATION

Following a process of competitive tendering, a research team at the University of Bristol was commissioned to evaluate the Drive Pilot, led by Professor Marianne Hester.

There are three phases to the evaluation, of which Phases 1 and 2 have been completed for this report:
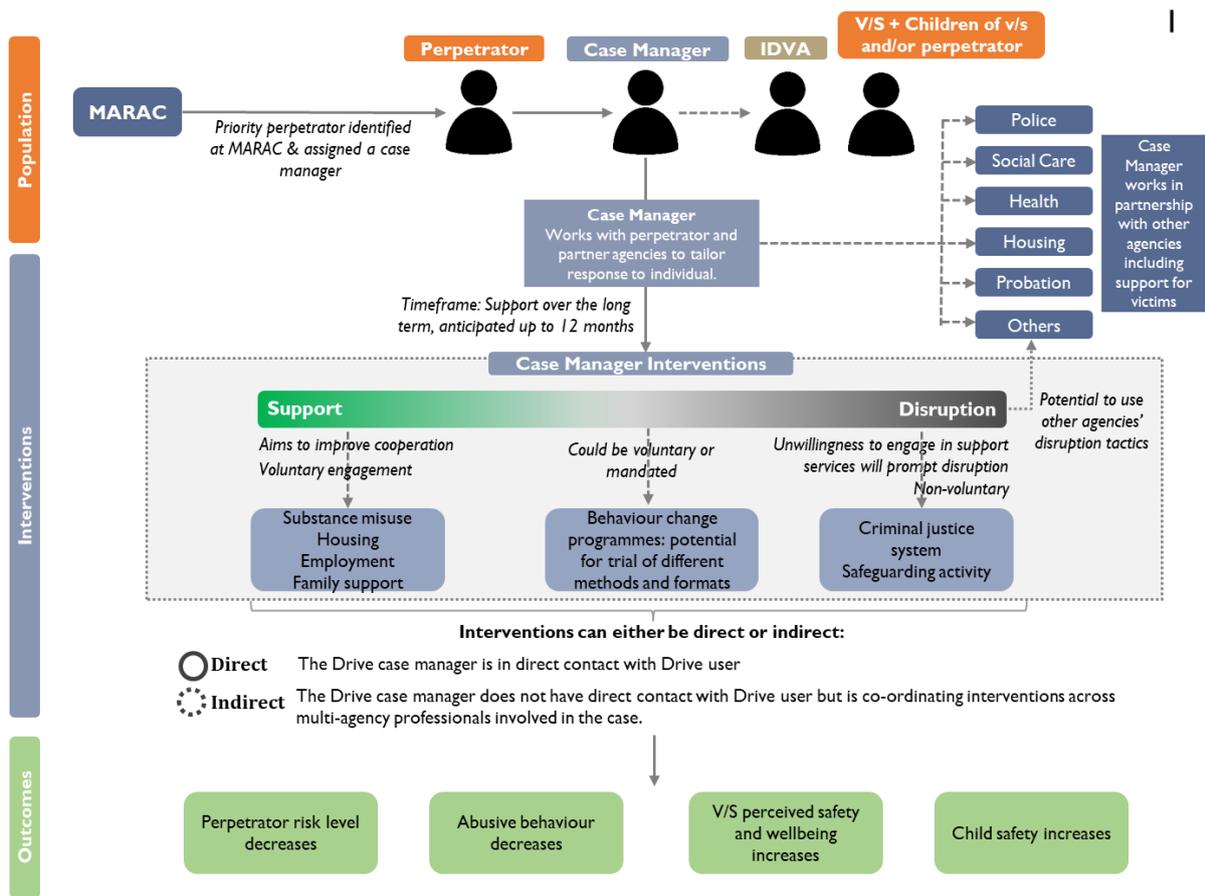
- Phase 1 – This was a short Development Phase to establish processes of data collection and protocols with the Drive Project staff and relevant agencies and to obtain ethical approval from the University of Bristol Ethics Committee. (January to March 2016).

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

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

The evaluation team were tasked with providing a quantitative assessment of the efficacy of the Drive intervention, to demonstrate how outcomes are sustained over time, and to provide both quantitative and qualitative insights into which aspects of the intervention are core to any outcomes achieved. To this end, the evaluation team were asked to consider a number of key research questions, as follows:

1. How and why have perpetrators changed their behaviour? Is this change sustained over time?
2. Are adult victims and children living in households where domestic abuse is present safer?
3. What is the profile of the perpetrators worked with?
4. What were the interventions delivered and how did these differ between different types of case?
5. Are there other material impacts (e.g. school attendance, employment, health benefits)?
6. Is there any scope to intervene earlier?
7. In what ways does the model generate/require changes in agency behaviour, leadership and interaction/modes of operation?

This report covers the first year feasibility study of the evaluation (Phase 2 above). It has been possible to provide initial answers for questions 3 and 4 and there are emerging findings which have been captured in relation to questions 1, 2 and 7.

A logic model visually illustrating the aims of the evaluation is outlined below (Figure 1).

Population

Interventions

Outcomes

Perpetrator | **Case Manager** | **IDVA** | **V/S + Children of v/s and/or perpetrator**

MARAC

Priority perpetrator identified at MARAC & assigned a case manager

Police
Social Care
Health
Housing
Probation
Others

Case Manager works in partnership with other agencies including support for victims

Case Manager
Works with perpetrator and partner agencies to tailor response to individual.

Timeframe: Support over the long term, anticipated up to 12 months

Case Manager Interventions

Support ———————————————— **Disruption**

Aims to improve cooperation Voluntary engagement

Could be voluntary or mandated

Unwillingness to engage in support services will prompt disruption Non-voluntary

Potential to use other agencies' disruption tactics

Substance misuse
Housing
Employment
Family support

Behaviour change programmes: potential for trial of different methods and formats

Criminal justice system
Safeguarding activity

Interventions can either be direct or indirect:

⬤ **Direct** — The Drive case manager is in direct contact with Drive user

◌ **Indirect** — The Drive case manager does not have direct contact with Drive user but is co-ordinating interventions across multi-agency professionals involved in the case.

Perpetrator risk level decreases

Abusive behaviour decreases

V/S perceived safety and wellbeing increases

Child safety increases

Executive Summary of Feasibility Study Findings

Introduction

The Drive Project is ambitious, aiming to manage the risk and harm posed by perpetrators linked to victims referred to Marac. Considerable challenges were overcome in the first year, including building multiple new partnerships, embedding new approaches to working with high-risk, high-harm perpetrators of domestic abuse, establishing new or expanded services in each area to deliver Drive and finally, the technical challenges presented by the evaluation itself.

This evaluation shows that considerable progress has been made on all fronts. A number of practical and technical challenges have been overcome in relation to randomisation and data collection resulting in a feasible evaluation methodology. Most importantly, the case for working with this group of perpetrators has been strengthened by the data collected as well as the feedback from the practitioners on the ground. The data shows that this is a high-risk, high-harm cohort with a complex needs profile that is distinct from other perpetrator groups, such as those presenting at structured domestic violence perpetrator programme groups. Many have not been worked with in any consistent or focused way before. The emerging findings suggest that the model which combines both support and disrupt work is resulting in encouraging early data in cases where direct contact has been made. These emerging findings also demonstrate the clear need for, and potential of, a coordinated response for disruption where direct contact is not possible.

The feasibility study has highlighted that ongoing work is still needed in terms of system change to develop the quality and range of perpetrator information available at Marac, to develop processes for multi-agency disruption and to allow much swifter sharing of relevant information.

The emerging findings in terms of impact on risk and abuse are encouraging, albeit on small numbers of cases, reflecting the fact that relatively few perpetrators had completed the 10-month Drive intervention at this feasibility phase of the evaluation. The next stage of the evaluation will be completed in June 2019 and will include more data on outcomes both for perpetrators and for their partners or ex-partners.

The Feasibility of the Drive Project

This report is an evaluation of the feasibility phase of the Drive Project. It outlines the work carried out, and emerging findings in year one of the three-year Drive pilot and evaluation. This phase of the Drive evaluation sought to test and ascertain the feasibility of:

- participant recruitment, randomisation and follow up research;

- data collection processes and protocols;

- the acceptability of the pilot to perpetrators and victim/survivors of DVA;

- an evaluation of the Drive implementation and delivery process.

In addition to being able to confirm the feasibility of the Drive Project model, the data from the Year 1 evaluation has provided a detailed picture of the profile of Drive Service Users as well as the nature of the interventions delivered with some emerging data on their impact.

In relation to evaluation feasibility, our findings indicate that whilst there were considerable challenges to overcome in relation to randomisation, on-going data collection processes and outcome measurement during year one, adaptations were identified and made, resulting in a model and methodology that is feasible for full main phase evaluation in Years 2 and 3 of delivery (June 2017 – June 2019).

In relation to the Drive intervention feasibility, this evaluation established that it was possible for Drive Case Managers to combine support and disrupt interventions and to engage in both 1:1 direct contact work as well as indirect work to trigger and co-ordinate 'disrupt strategies' to be delivered in partnership with other agencies including police, probation, CRC and children's social care.

There are also early emerging findings which indicate reductions in abuse by Service Users across the duration of the intervention, that victim safety is increased and that the pilot itself did not create greater harm to victims. As to be expected, the sample size of completed cases in the first year of a 10 month intervention is small and for that reason these emerging findings must be treated with caution.

The emerging findings discussed in this report are based on 198 perpetrator cases which were allocated to Drive during Year 1, 48 of which had completed the 10-month intervention by April 2017. In addition, analysis has been completed on the profile of a control group of perpetrators who were not assigned to Drive (1,574 perpetrators). The profile and outcomes data on victim/survivors who are engaging with Idva provision has also been analysed. This comprises 62 V/S linked to Drive cases and 379 V/S linked to control cases. This analysis has been supplemented by 34 practitioner interviews, 11 Service User interviews and 2 victim/survivor interviews.

As the evaluation now progresses to the main phase (June 2017 to June 2019), outcomes will be assessed more robustly for a larger sample size, with an estimated 250 Drive cases to be closed by the end of Year 2 (April 2018). This will also include longer term impacts on perpetrator offending and behaviour as well as the life quality for victims and their children.

Other key emerging findings

Other key emerging findings are summarised below.

1. **The profile of Service Users supported by the Drive Project was the same as the control group. The average age was 34 years, the majority described themselves as White British and 93% were men. Service users presented with a high level of complex needs, distinguishing them from other perpetrator groups, for example, those who present at DVPPs.**

   Based on analysis of the 48 Drive cases that had closed by April 2017, when information about complex needs was known: 69% reported substance misuse issues, 70% alcohol misuse issues, 68% housing issues and 71% mental health issues. More than a third of SUs (38.5%; n=15) had three complex needs, more than a quarter (28.2%; n=11) had one complex need, 12.8% (n=5) had two complex needs, and 7.7% (n=3) had four complex needs. Only 12.8% (n=5) did not have any complex needs. More than half of Service Users had previous criminal offences and 40% had previous DVA offences. Homelessness was a common issue as were problems with literacy and other basic skills.

   Drive relies on a functioning system of effective services for people experiencing multiple complex needs. Absolutely critical, given the needs profile of Drive Service

Users, are adequate local provision in mental health, housing and substance misuse if the likelihood of generating and sustaining change is to be maximised.

2. **One of the innovative aspects of the Drive intervention is the dynamic combination of both support and creative disrupt interventions in the same case. Considerable skill is required on the part Drive Case Managers to effectively balance these approaches to challenge behaviour whilst maintaining perpetrator engagement.**

The evaluation found that Case Managers are in a unique position to challenge the perpetrator given: 1) high levels of information sharing, especially via the Marac and with the Idva; 2) the length of the intervention; and 3) the persistence of the Case Managers. Case Managers demonstrated particular nuance and skill in their work to:

- initially engage Service Users through a self-serving desire for support in order to do change work with a wider positive impact:

"He's the only one that's helped me, and stuck by his word. So I'll give him my respect, that's why I agree to do this for him... [...] he found me the GP [...], rung him to see are they taking on people. He helped me out with shopping money, he helped me out with a deposit and that. He said if you need to go anywhere I'll come with you, support." *(Drive Service User)*

- explore vulnerability and the impact of past life experience, without allowing the SU to re-conceptualise themselves as a victim

"She doesn't judge me for the things I've done, she kind of wants to help me. She kind of realises that it may not be my … it's my choices for what I think I've done, but there is a reason behind the choices that I've made, and she wants to kind of get to the root of them and try and change my way of thinking." *(Drive Service User)*

- balance rapport-building and maintaining engagement with challenging problematic attitudes and belief

"I was getting angry, you know, I was getting angry. [...] Well now I've calmed down you know…. when I'm angry I walk away. He's tells me 'go an 'ave a little walk' 'go an do whatever you've got to do' and 'just keep feeding the good dog'. If you fed the bad dog, take the food back off him. You know, it's… it's just one of them things you know – I was ready to blow all the time you know. It's really nice you know. Taking things out on people which support me the most, you know – you shouldn't be doing that." *(Drive Service User)*

3. **Early findings show that where direct contact was made with a Drive Service User, there was a greater reduction in risk.**

Direct contact is not always possible with this high-risk cohort for reasons that include victim safety and perpetrator non-engagement. Drive Case Managers were able to make direct contact with 19 out of 48 Service Users allocated to Drive (40%). The Drive intervention in these contact cases comprised a combination of engagement, support, disrupt and behavior change work. For the 29 cases (60%) where direct contact was not possible, the Drive intervention focused on co-ordinating a multi-agency response to increase risk management and disruption activity.

Drawing on analysis of closed Drive cases where information on risk was recorded, when direct contact was made Case Managers assessed reductions in risk in 64% of cases (9 out of 14 cases) compared to reductions in risk in 36% of cases where direct contact was not made (5 out of 13 cases).

4. **Securing effective multi-agency relationships and information sharing was critical to enabling Drive to effectively co-ordinate a multi-agency response to perpetrators.**

Co-ordinating a multi-agency response requires significant activity by Drive Case Managers to gather and share information, trigger, advocate and leverage action by other relevant agencies. This multi-agency work, that does not involve working directly with a perpetrator, is termed 'indirect work'. Indirect work refers to all activity on a Drive case excluding 'direct' face-to-face or telephone contact between the Service User and the Case Manager. Within this indirect work, information sharing was by far the most prevalent form of activity. This was a challenging area of work for Drive. A significant proportion of Case Managers' time is spent on multiple follow-up contacts to multi-agency partners seeking information. Factors that prevent the swift sharing of information include a lack of continuity in response from agencies due to staff turnover and staff leave, high workloads, competing priorities, and in some cases individual gatekeepers causing delays.

Escalation processes need to be available to Case Managers to help overcome some of these systems problems. There is also a need for a form of perpetrator-focused multi-agency forum to work alongside the Marac process to focus on effectively coordinating a multi-agency response to disrupt perpetrators' abusive behaviour as well as monitor high-risk perpetrators over time to avoid future high-risk incidents.

5. **Greater opportunities to safeguard children connected with Drive Service Users**

Around 10% of recorded multi-agency working was concerned with child safeguarding. Case notes provide examples of Drive led activity informing and resulting in effective child safeguarding. This includes children being registered with children's social services and child protection cases being reopened as a result of Drive-information sharing, as well as children being de-registered. For example, in one case a letter of commendation was sent from children's social services to the Drive Service Manager detailing the progress made with the Service User including: "increased understanding of domestic violence, resulting in no further incidents during the period of registration; information, advice and reflection to assist change in behaviour and safer relationships; enabling the family to identify community resources that are available to advise and assist on matters such as benefits; assisting father to find employment; and ongoing support to the family post-registration that the family welcomed and valued."

6. **A crucial factor for the effectiveness of information sharing and multi-agency work was the co-location of the Idva service with the Drive Case Managers**

Co-location of services was raised as a key strength in the practitioner interviews. Being able to work face-to-face was time-saving, relationship reinforcing and reduces email use.

7. **Aspirational and compulsory levers helped to change Service User behaviour**

Aspirational levers for change, for example to 'be a good father', had a strong impact on Service Users and were used in combination with more compulsory levers such as writing the need for engagement with a Drive Case Manager into a Service User's license agreement. Prison was also found to be an effective place to engage and begin behaviour change work especially for younger Service Users.

As related by one victim/survivor, the hope in this kind of work is that it gets the perpetrator to a place where he is able to take responsibility.

> *"[CM] is working with my ex-partner, and, just helping him like, [...] just like trying to help him to get to the stage where he like admits a few things like, [...] He talks, he talks to [CM]. He is like trusting [CM] a bit now. It's like, it's like he opens up and then like tells him everything that's going on."* (Drive V/S - VS1)

As related by this Service User, whose child protection plan stipulated engagement with Drive, they could see the impact of changing their behaviour:

> *"…even my girlfriend's saying to me this is where we need to be, you know. But I think I could still get better you know, I don't think I'm over that speed hump in the road [...] But yeah, I'm very happy the way it's going. Well like I said, the family's starting to recognise we're getting on much sweeter…. Same with the kids, texts, I mean 'daddy we love you', know what I mean? The kids are phoning me up 'I love you dad, love you', I mean it's nice … it's nice to hear that…"* (Drive Service User)

8. **Both Case Managers and Idvas judged that the risk posed towards victims by Service Users was reduced.**

Case Managers perceived the risk posed by Service Users to be reduced for 14 out of the 28 Drive cases completed in Year One where information was known (50%). Idvas judged there was a reduction in risk for 15 out of 19 victim/survivors associated with Drive cases (78.9%). This compared to a reduction in risk for 161 out of 221 control group V/Ss (72.8%). There was a greater reduction in risk posed by Service Users where Case Managers had made contact.

9. **There was a statistically significant reduction in the number of Service Users who were using physically abusive behaviour. In addition, there are emerging findings of a decrease in the proportion of SUs who used moderate and high levels of physical, sexual, and harassment and stalking behaviours.**

At intake, 29 Service Users (82.9%) were using physical abuse. At exit, the number of Service Users who used physical abuse decreased to 23 (65.7%). This change, which is statistically significant, was a consequence of 6 Service Users who used physical abuse at intake but not exit. In addition, there are emerging findings of a decrease in the proportion of SUs who used moderate and high levels of physical, sexual, and harassment and stalking behaviours.

Next Steps

The main phase of the Drive Project evaluation will now proceed from June 2017 – June 2019.

Learnings from the Year 1 Feasibility Study have been incorporated in amendments to the evaluation approach, data collection systems and processes as well as to the Drive delivery model.

The main phase evaluation will now look at the impact of Drive on reducing abuse, reducing risk and increasing victim safety with a growing sample size. This will include an increased number of victim interviews and, crucially, the analysis of Service User offending pre- and post- the Drive intervention alongside a cost-benefit analysis.

There will be further in-depth analysis of the nature of Drive intervention in both direct contact cases and in cases where direct contact is not possible. The latter will include analysis of disruption activity and the impact it has, including the analysis of where and how Drive has made a difference and where impact might have occurred anyway due to existing multi-agency activity.