

Draft 1 | Confidential

West Midlands OPCC

Final Report of the  
Evaluation of the Domestic  
Violence Perpetrator  
Programme

April 2020

# Table of contents

<b>Executive Summary</b> .....	<b>4</b>
<b>1 Introduction</b> .....	<b>21</b>
1.1 Overview .....	21
1.2 About the DVPP .....	21
1.3 Evaluation questions .....	22
1.4 Methodology .....	24
1.5 Evaluation challenges and limitations .....	28
1.6 Report structure .....	29
<b>2 Principles of good practice</b> .....	<b>31</b>
2.1 Overview .....	31
2.2 Good practice principles .....	31
<b>3 About My Time</b> .....	<b>40</b>
3.1 Key messages .....	40
3.2 Overview .....	46
3.3 Policy context .....	46
3.4 Aims and rationale .....	49
3.5 Inputs .....	50
3.6 Activities .....	51
3.7 Outputs .....	57
3.8 Monitoring .....	60
3.9 Intended impacts and outcomes .....	60
<b>4 Implementation and delivery</b> .....	<b>62</b>
4.1 Key messages .....	62
4.2 Overview .....	67
4.3 Context .....	67
4.4 Eligibility criteria .....	75
4.5 Assessment and referral process .....	76
4.6 Accessibility and engagement .....	80
4.7 Multi-agency and partnership working .....	88
<b>5 Impacts and Outcomes</b> .....	<b>91</b>
5.1 Key messages .....	91
5.2 Overview .....	96

5.3 Outcomes for perpetrators .....96

5.4 Outcomes for ex(partners) .....99

5.5 Outcomes for children and young people .....103

5.6 Outcomes for professionals .....105

**6 Conclusions and recommendations.....107**

# Executive Summary

## Introduction

Cordis Bright was commissioned by the West Midlands Office of the Police and Crime Commissioner (OPCC) to conduct an independent process and impact evaluation of the West Midlands Domestic Violence Perpetrator Programme (DVPP). This executive summary presents the key findings from the final evaluation report.

## About the DVPP

The OPCC commissioned the Richmond Fellowship to deliver the DVPP. The programme is called My Time and started operating in September 2017. In addition to the DVPP, the OPCC commissioned an Integrated Support Service (ISS) for the (ex)partners of perpetrators who are receiving support from My Time. The ISS is being provided by four Women's Aid organisations across the West Midlands region; Birmingham and Solihull Women's Aid, Black Country Women's Aid, Coventry Haven and Wolverhampton Haven.

My Time originally received £350,000 per year of OPCC funding for two years, until September 2019. The programme was subsequently extended for a further 12 months to September 2020, receiving an additional year of funding. In total, the OPCC has provided £1.05 million for the delivery of the My Time programme.

The ISS received a total of £298,000 for the first two years of delivery. The level of additional funding for the extension from September 2019 was not available to inform the evaluation.

The commissioning process for the DVPP began in 2016 in line with Government policy which emphasises their increasing importance in improving outcomes for victims, but in a context where the evidence base for successful DVPPs was relatively weak. Given this context, the DVPP was an ambitious, innovative, multi-agency, multi-site programme seeking to work with statutory and VCS partners to improve outcomes for perpetrators, (ex)partners, children and young people, and professional staff across the West Midlands' seven local authority areas.

As such, any consideration of its impact on outcomes should be considered in the context of an emerging and improving evidence base around DVPPs, to which this evaluation will contribute.<sup>1</sup>

## Why was the DVPP commissioned?

The commissioning process for the DVPP began in 2016, with the contract to deliver the DVPP being awarded to the Richmond Fellowship in January 2017.

---

<sup>1</sup> See for example, the recent evaluation of the encouraging Drive programme: [http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3\\_UoBEvaluationReport\\_Final.pdf](http://driveproject.org.uk/wp-content/uploads/2020/03/DriveYear3_UoBEvaluationReport_Final.pdf)

At this time, there was (and continues to be) a growing interest across the UK in how DVPPs may contribute to improving the safety of victims of domestic violence. In 2016, the Government released a National Statement of Expectations for Violence Against Women and Girls, which placed a clear expectation on local commissioners to have a clear focus on perpetrators in order to keep victims safe.

In the context of the increased interest and focus on perpetrator interventions, the My Time programme was commissioned to respond to a need in the West Midlands for a regional perpetrator programme that provides parallel support for perpetrators, victims and children, that ran for a longer intervention period of time than other DVPPs in the area. There was also an identified need for a DVPP that focuses on the impact domestic abuse has on children, and so the referral pathways were developed whereby children's services referred fathers into the programme who had children on a Child Protection (CP) or Child in Need (CIN) plan.

Its activities and intended outcomes were closely linked to policy at the time. However, they do not seem to be linked closely to a clearly developed, agreed and communicated theory of change. Evidence suggests that basing a DVPP model on a clear theory of change is key in enabling partnership working and mitigating risk.<sup>2</sup> Similar programmes should in the future co-develop theories of change/logic models which as far as possible are evidence-based. This may help to ensure shared understanding as well as increase "buy-in" to the programme.

At the time of commissioning, there was a limited evidence base around what works in commissioning and delivering DVPPs, and there was no simple off-the-shelf intervention option that the OPCC could have commissioned. It was therefore expected that to some large extent the My Time DVPP would be explorative in nature, and the findings in relation to its implementation would provide a valuable contribution to the evidence base of what works in implementing DVPPs. Evaluation findings should therefore be considered in this context. It is hoped that this evaluation report will contribute to this evidence base and help to inform the West Midlands OPCC's future commissioning decisions.

### Implementation and delivery

The My Time DVPP has adopted an innovative and ambitious approach to addressing domestic violence across a wide area. The longer period of intervention that it provides compared to other DVPPs on offer in the area was considered a key strength of the programme by stakeholders and social workers, and important in addressing the gap in current service provision.

---

<sup>2</sup> See Appendix 2 for examples from the following: King's College London, 2015; Brooks et al, 2014; Gondolf, 2012; Schucan-Bird et al, n.d

### *Commissioning*

The success of the programme could have potentially been improved through changes to the commissioning process:

- The aims and rationale of the DVPP were developed in line with best practice principles and policy at the time. However, some important stakeholders (such as leads from children's services and probation) were not included in the initial consultation stage. This led to misunderstandings among social workers about key elements of the programme (such as eligibility criteria).
- Conducting a more robust strategic needs assessment before commissioning the DVPP that identified need for services, mapped existing supply of DVPPs and their characteristics and evidenced gaps would have further assisted commissioners and providers to commission and develop the DVPP. It was reported that in some instances the programme was not meeting an unmet need, as other services were available in some local authority areas that social workers were more likely to refer into. This would also have helped inform how the target cohort of perpetrators were to be engaged with effectively.

### *Communication and partnership working*

The rapid evidence review (see Appendix 2) is clear that effective DVPPs require effective multi-agency working, and the West Midlands DVPP has taken a multi-agency approach to the delivery of its programme.

The programme has been commissioned with a linked ISS, in line with Respect guidelines, and key stakeholders reported that after a turbulent start, the relationship between My Time and the ISS was now positive and based on mutual respect. Open communication between the providers was identified as a key strength.

Multi-agency working between providers and commissioners, and referral partners, was also reported to have improved over the course of the programme's implementation. However, initially the programme required greater clarity regarding the mechanisms through which the DVPP would communicate with referral partners.

Whilst communication and partnership working between providers, commissioners and referral partners has improved over the past two and half years, this has not been reflected in the performance of the DVPP. As detailed below, low referral rates and conversion rates from referral to engagement or completion of the programme have been a key challenge for My Time over the course of its implementation; to date, only 2% of referrals have completed the programme.

### *Referrals*

Once commissioned in January 2017, My Time intended to begin accepting referrals from April 2017. Due to delays in confirming the structure of the ISS,

including how the ISS would receive referrals, and how support would be provided in a way which minimised risk for (ex)partners and children and young people, referrals did not begin to be accepted by the DVPP until September 2017.

The DVPP has been flexible to change its approach in response to low referral and conversion rates as it has evolved. Key changes included expanding the eligibility criteria to those receiving support from Early Help and adapting the referral pathway so that the ISS would offer a place to an (ex)partner after the perpetrator had been assessed as suitable for My Time.

However, it was not clear that these changes had an impact on referral numbers; although there was a steady increase in referral numbers over the course of the programme, the monitoring figures suggest this increase was more likely due to the programme becoming more embedded in the West Midlands over time. It was suggested that although training was helpful in increasing social workers' understanding of the programme, it was not sufficiently widespread to have a substantial impact.

Enabling factors that had a positive effect on referral numbers include:

- High levels of buy-in from Directors of Children's Services in some areas, which increased social workers' awareness of the programme.
- Other DVPP option being unavailable in a local authority area.

Challenges to referrals include:

- Competition with other DVPPs.
- A reported need for systemic culture change within social care around working with perpetrators of domestic abuse, to support social workers to work directly with perpetrators to encourage their engagement with the DVPP.
- Social workers' lack of awareness of the DVPP.
- Communication from My Time to referral partners regarding the referral process, to ensure knowledge around DVPPs is sustained irrespective of staff turnover, could have been more effective.
- The length of the referral and assessment process.

Quarterly monitoring data shows a general increase in referrals across areas after clarifications were made to the eligibility criteria. However, there is insufficient data to assess whether this has also resulted in an increase in the number of perpetrators completing the programme, and referral rates remain low compared to the capacity of the programme.

### *Conversion rates*

My Time experienced lower than expected conversion rates from referral to completion; only 23.8% of referrals were assessed as suitable for the programme (256 out of 1,074 referrals), and of those who started (196) only 12.2% went on to complete the programme (24 perpetrators).

These conversion figures are lower than other DVPPs; for example,

- An evaluation of the Venta programme showed that 50% of referrals completed the programme, and 63% of those who started the programme completed (see Appendix 2).
- Akoensi, Koehler and Humphreys' systematic review of the state of evidence for DVPPs in Europe found that around 25% of people who start DVPPs go on to complete them.
- It is not possible to compare My Time's conversion rates to the Drive programme (because the Drive evaluation was a randomised control trial, the assessment process differed and is not comparable).

Therefore, although attrition for DVPPs tends to be high, My Time's attrition rate is considerably higher than others. There were also no clear targets for referral numbers, assessments, or levels of attrition for the DVPP. This makes it difficult to benchmark success.

Key barriers to perpetrators' engagement included:

- Social workers lacking in awareness of My Time.
- The length of the referral and assessment process.
- The accessibility of the assessment and the session themselves.
- The format of the programme, including the length and the group delivery model.

The DVPP has responded to these challenges by increasing training for social workers around the My Time offer as well as offering training on how to work with users of abuse to motivate them to engage with services.

It was unclear whether work on re-engaging with the programme after dropping out was being offered to perpetrators. Evidence suggests that additional one-to-one engagement work, such as the use of IDVAs or key workers as in the Drive model (see Appendix 2), may reduce barriers to participation for perpetrators.

Key enablers to perpetrators' engagement included:

- Face-to-face introductions to My Time for social workers, which increased their awareness of the programme and their ability to work with perpetrators to support them to engage.



- The perpetrators' motivation to change, which formed part of the eligibility criteria for the programme.

The impacts and outcomes of the programme were linked to policy and good practice principles available at the time of commissioning. There was a shared understanding of these among stakeholders and social workers. However, these outcomes were not Specific, Measurable, Achievable, Relevant, and Timebound (SMART) and there were limited shared mechanisms in place to systematically monitor them. Respect guidelines (2017) state that data should be collected over a meaningful time period to give clear evidence of effectiveness.

### Impacts and outcomes

Overall, the evaluation found mixed evidence as to whether the My Time model has been effective in achieving its intended outcomes for perpetrators, (ex)partners and professionals.

The original service specification for the DVPP outlined a range of outcomes data intended to be reported on quarterly, and it was initially intended for My Time and the ISS to use the Impact framework toolkit, which was established by the European Commission's Daphne III programme<sup>3</sup>, to capture impact and outcome data from perpetrators and (ex)partners).

However, since being commissioned the DVPP has not developed formalised, agreed and consistent outcomes measures across My Time and ISS provision. The Impact framework toolkit has not been used consistently as it was considered too burdensome by providers, difficult to pull numerical information from that would be useful in measuring outcomes, and was not specifically related to intended outcomes. The toolkit is also based on the assumption that perpetrators would be present for the duration of the programme, but due to high drop-out rates in My Time, this was a challenge to use.

This makes it difficult to measure and attribute the impact of My Time at this stage, and has also made monitoring of DVPP performance over the course of the past two and a half years challenging.

At the time of writing, the My Time programme was in the process of developing outcomes measures to sufficiently capture the complex challenge of changing abusive behaviour. Having these outcomes measures and mechanisms for collecting outcomes data in place from the beginning of the programme is essential for effective monitoring of performance against intended impacts and outcomes, and reflects Respect and NICE guidelines regarding understanding the impacts of DVPPs.

---

<sup>3</sup> For more information, see <https://www.work-with-perpetrators.eu/research/project-impact/impact-monitoring-toolkit.html>

From qualitative data collected by the evaluation, there are mixed indications of whether the My Time model is effective in achieving its intended impacts and outcomes for (ex)partners, perpetrators and professionals:

- Perpetrators reported that they felt they had benefited from the My Time programme, identifying that it had given them an improved understanding of the effect of domestic abuse on their partner and children, and reduced their violent offending, but there were mixed views among (ex)partners on whether My Time had a positive impact on their feelings of safety and repeat offending.
- There was consensus from stakeholders, perpetrators and (ex)partners that the My Time programme contributed to children and young people feeling safer, although it should be noted that there was no direct consultation or outcomes data captured from children and young people.
- Even in cases where women reported that participating in My Time had not resulted in changes to their partner’s behaviour, the support they received from the ISS had an impact on positive changes in their own lives; for example, they felt the support they had received gave them the tools to make safer decisions.

### Summary of evaluation questions

Figure 4 details the evaluation questions addressed in this report and provides a summary of the relevant evidence presented in this report.

*Figure 1: Summary of evaluation questions*

Evaluation question	Summary
<b>Programme implementation and partnership working</b>	
1. To what extent were the requirements and standards for the DVPP set out in the specification and bid adhered to?	Implementation of the DVPP has largely reflected the requirements and standards set out in the original specification and bid, with the notable exception of the collection and reporting of outcomes data. Where changes have been made, for example regarding the DVPP’s eligibility criteria, these changes appear to be based on feedback from programme stakeholders and have been agreed before implementation.
2. How well did the referral and assessment mechanisms function?	Referral rates have been consistently low throughout the DVPP’s operation.  Changes to eligibility criteria and local authority engagement, referred to in the interim evaluation report, appear to have increased referrals somewhat. However, assessment rates have remained static.

Evaluation question	Summary
3. How well did the provider of the DVPP work with other organisations to support and safeguard children and (ex)partners, and how effective do stakeholders consider this support and risk management for children and (ex)partners to have been?	<p>Partnership working between the DVPP and ISS providers has improved over time and is now seen by stakeholders as a key strength of the programme.</p> <p>Due to the low numbers of perpetrators who have attended sessions or completed the programme, very limited evidence was available regarding the DVPP’s impact on risk management for (ex)partners and children and young people.</p>
<b>Programme delivery and quality</b>	
4. Was the programme fully implemented across the force area?	The My Time DVPP has been implemented across the force area, although referral rates have varied between local authority areas.
5. Was the programme accessible to all those eligible?	<p>As reported in the interim evaluation report, programme documentation suggests that the programme is accessible to a range of perpetrators through flexible session timings and one-to-one support for those with barriers to engagement, such as language requirements.</p> <p>Awareness of these factors amongst referral partners remains mixed, and communications and engagement between the DVPP and referral partners remains an area for improvement.</p>
6. How well did the programme manage and reduce attrition?	The interim evaluation report found that rates of disengagement were high amongst perpetrators. Final evaluation data suggests that attrition rates have remained high, with only 24 perpetrators having completed the full 30 week programme.
7. Were there certain elements of the programme that led to increased risks to women and children?	<p>Key stakeholders were clear that the partnership working between the DVPP and the ISS providers has minimised the risk to (ex)partners and children and young people.</p> <p>Qualitative evidence suggests that the programme may have contributed towards increased feelings of safety for children and</p>

Evaluation question	Summary
	young people. Evidence regarding the impact on (ex)partners was mixed.
8. What made perpetrators stay on the project to completion?	There are insufficient perpetrators who have completed the programme (24) to explore this in detail. There is some evidence to suggest that perpetrators were more likely to engage if they had been offered an assessment soon after the initial referral, and if they are older and come from a family with a CP plan. However, the small number of completions mean this data should be treated with caution.
9. Did the programme work better for certain groups of people?	There are insufficient perpetrators who have completed the programme to explore this, and DVPP outcomes data was not available.
10. Did the programme improve the multi-agency response to domestic violence?	The programme is taking a multi-agency approach to delivering the DVPP and supported the establishment of local multi-agency forums to explore perpetrator interventions. However, levels of engagement with the DVPP varied between local authority areas.
Outcomes/impact	
11. To what extent did the programme produce the desired improvements in the specified outcomes for men, women and children?	Assessing impact is challenging due to the low numbers of perpetrators who have completed the programme, and the current absence of a systematic approach to collecting outcomes data.
12. How did the programme impact on the specified outcomes?	At the time of writing, the My Time programme is in the process of developing outcomes measures that are linked more closely to the specific outcome of the programme, to sufficiently capture the complex challenge of changing abusive behaviour.

## Conclusions and recommendations

The West Midlands DVPP represents an innovative and ambitious response to Government calls for a focus on perpetrators within domestic abuse commissioning. The delivery of the DVPP has been responsive and flexible, with feedback from stakeholders across the West Midlands resulting in changes to

eligibility criteria, referral processes and programme communications throughout the course of its delivery.

However, referral and attendance rates have been consistently low compared with the capacity of the DVPP, due to a combination of low levels of awareness and understanding of the programme amongst referral partners, the presence of alternative DVPP provision at a local level, and a lack of capacity in children's services to support perpetrators to engage with the programme. These issues may have been mitigated by a thorough needs assessment and consultation process prior to the commissioning of the service, involving all relevant partners across the region.

Despite this, there is evidence to suggest that the DVPP has enabled at least 330 women to receive support, some of whom may not have engaged with support services otherwise. The evidence base regarding what works in commissioning and delivering perpetrator interventions is emergent, and the lessons learned during the implementation and delivery of the West Midlands DVPP can contribute to this growing evidence base to support the commissioning and delivery of future programmes, both in the West Midlands and more widely.

Based on the evidence presented in this evaluation report, and building on those presented in the interim evaluation report, Figure 2 presents a number of recommendations for the future commissioning of perpetrator interventions in the West Midlands.

We recognise that not all stakeholders are likely to agree with all recommendations. However, we hope that they support the improvement and development of future services and commissioning.

Figure 2: Recommendations

Recommendation	Evidence base	Section(s)
<b>Recommendations for similar programmes and future commissioning</b>		
1. Future commissioning activity for similar programmes should begin with a needs assessment and review of existing provision that is being delivered in the region.	<p>As identified in the interim evaluation report, there is evidence from key stakeholder interviews that the OPCC consulted with local authorities about local needs before commissioning. However, key stakeholders reported concern that some voices were not being represented within this consultation process, for example, from local authority children’s services.</p> <p>A thorough needs assessment would inform eligibility criteria, and assess whether future programmes are a) distinct enough from other DVPPs in the area, and b) targeting the appropriate cohort.</p>	4.3

Recommendation	Evidence base	Section(s)
<p>2. Commissioning strategies should be based on regularly-updated reviews of new and emerging evidence regarding what works in engaging perpetrators, and improving outcomes for perpetrators, women and children.</p>	<p>Over the two-and-a-half-year duration of this evaluation, the evidence base regarding what works in commissioning and delivering effective perpetrator interventions has expanded, and will continue to do so in coming years.</p> <p>In order to ensure commissioning decisions are based on the most up-to-date evidence, regular reviews of new and emerging evidence should form an integral part of future commissioning strategies. In particular, evidence regarding supporting perpetrators to engage with interventions will support future commissioning decisions to increase the number of perpetrators programmes work with.</p>	<p>4.3, 4.6</p>
<p>3. Similar programmes should in the future co-develop theories of change/logic models which as far as possible are evidence-based. This should include developing impacts and outcomes for programmes which are linked to policy and good practice principles, are Specific, Measurable, Achievable, Relevant, and Timebound (SMART), and defining clear mechanisms to systematically monitor them.</p>	<p>The West Midlands DVPP did not appear to have a clear theory of change linking its activities to its intended impacts and outcomes. Evidence suggests that basing a DVPP model on a clear theory of change is key in enabling partnership working and mitigating risk. This may help to ensure shared understanding as well as increase “buy-in” to future programmes.</p>	<p>4.3, 4.4, 5</p>

Recommendation	Evidence base	Section(s)
<p>4. Ensure data collection and monitoring processes are embedded from an early stage in programme implementation, including approaches to monitoring (including monitoring of training) and assessment of the impact of the programme on outcomes for participants.</p>	<p>The evaluation identified a number of issues with data collection and monitoring processes for the DVPP, and monitoring and outcomes data has not been being collected in a systematic or consistent way over the whole course of the programme’s implementation.</p> <p>Respect guidelines (2017) state that data should be collected over a meaningful time period to give clear evidence of effectiveness.</p> <p>As a result, future commissioned programmes should ensure expectations and mechanisms for collecting and analysing monitoring and outcomes data are clarified at the programme’s outset, and responsibilities and reporting requirements agreed with all partners.</p>	<p>3.7, 3.8, 4.5, 5</p>



Recommendation	Evidence base	Section(s)
<p>5. The development of future programmes should include developing a communication strategy which is linked to the programme’s implementation timescales, and details mechanisms for ongoing and regular communication between all relevant partners.</p> <p>Communications should focus on ensuring that partners retain relevant knowledge about programmes institutionally, so that engagement is not impacted by high levels of staff turnover. This may include integrating information regarding future programmes into staff induction processes in relevant partner organisations.</p> <p>Communications should also include details of the rationale for interventions, to improve understanding of programmes and increase referral rates.</p>	<p>The DVPP has suffered from low referral rates throughout, in part due to a lack of awareness and understanding of the nature of the programme amongst referral partners. This was exacerbated by delays in programme implementation resulting in initial briefings to social workers being out of date by the time the programme began accepting referrals.</p> <p>Initial communication between the DVPP and its referral partners could have been improved through a communication strategy linked to the programme’s implementation timescales. In addition, mechanisms for ongoing communication between the DVPP and referral partners, such as local forums, appear to have been successful in those areas where these were established early on.</p>	<p>3.6, 4.3, 4.4, 4.6.2, 4.6.3, 4.7, 5.6</p>

Recommendation	Evidence base	Section(s)
<p>6. Future commissioning strategies for perpetrator interventions should include a focus on working with social care professionals to deliver systemic change regarding their understanding and confidence of working with families where domestic abuse is an issue, and in particular on working directly with perpetrators to support their engagement with appropriate interventions. Evidence suggests that one-to-one work can be supportive of engagement.<sup>4</sup></p>	<p>The evaluation found evidence that the DVPP has had a limited impact on professionals' knowledge, understanding and confidence in responding to domestic abuse.</p> <p>There was also evidence that greater work with perpetrators to support their engagement with the DVPP may have decreased attrition rates for the programme. Emerging evidence regarding the benefits of additional engagement work with perpetrators, such as the use of IDVAs or key workers as in the Drive model, should also be explored.</p>	<p>4.3, 4.6</p>
<p><b>Recommendations for improvements to the West Midlands DVPP</b></p>		

<sup>4</sup> See Hester et al. 2019. More detail available in Appendix 2.

Recommendation	Evidence base	Section(s)
<p>1. Continuing the progress made in preparing data for the interim and final evaluation reports, My Time and ISS providers should finalise and agree approaches to the collection and reporting of monitoring and outcomes data.</p>	<p>Monitoring and outcomes data relating to perpetrators and (ex)partners receiving support from My Time and the ISS was not readily available throughout the evaluation. In addition to making the evaluation of the DVPP's delivery and impact challenging, the lack of data hinders the ability of the OPCC to review, support and challenge providers where necessary.</p> <p>This data is extremely important for the DVPP to evidence its impact (or otherwise) and for the OPCC to inform future commissioning decisions regarding the scale, scope and shape of future perpetrator interventions in the West Midlands.</p>	<p>3.8, 4.5, 5</p>
<p>2. Referral routes and joint-working arrangements between My Time and providers of services that support perpetrators with other issues that link to domestic violence, such as substance misuse and mental health, should be reviewed.</p>	<p>The evaluation found that stakeholders were unclear regarding the support available through the My Time programme for perpetrators with other issues linked to domestic abuse, such as substance misuse and mental health.</p> <p>Reviewing existing referral routes and joint-working arrangements, putting in place additional arrangements where appropriate, and communicating this to partners, may help to support the programme in reducing attrition rates and improving outcomes for perpetrators, (ex)partners and children and young people.</p>	<p>4.3, 5.6</p>

Recommendation	Evidence base	Section(s)
<p>3. If the DVPP is extended beyond September 2020, and therefore referrals to the programme re-opened, the following changes should be considered:</p> <ul style="list-style-type: none"> <li>a. Building on training delivered since the interim evaluation report, the programme should continue to work with referral partners to develop social workers' skills and confidence in working with perpetrators, including developing their understanding of perpetrator programmes, their rationale and their potential impact.</li> <li>b. A focus should be placed on reducing the average number of days between referral and the first assessment offered to a perpetrator, and on supporting perpetrators to attend assessments.</li> <li>c. Linked to this, the accessibility of the referral process should be reviewed in order to limit the burden placed on social workers and service users.</li> <li>d. Work with local authority Directors of Children's Services (DCSs) to increase referrals should continue.</li> </ul>	<p>These recommendations are based on evidence presented in the interim and final evaluation reports, which suggests that these changes may support referrals to the programme, and engagement from perpetrators.</p> <p>However, as the programme is not currently accepting referrals as it moves towards the DVPP's contract end date in September 2020, these recommendations are not relevant unless a decision is made to extend the DVPP beyond then.</p> <p>Any commissioning decisions should be made taking into account the recommendations detailed above.</p>	<p>4.3, 4.4, 4.5, 4.6, 4.7, 5</p>

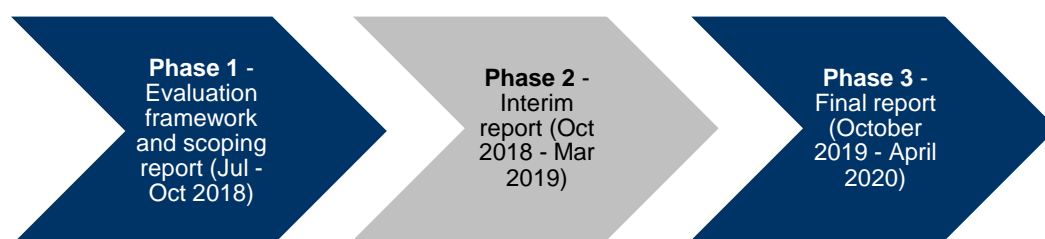
# 1 Introduction

## 1.1 Overview

Cordis Bright was commissioned by the West Midlands Office of the Police and Crime Commissioner (OPCC) to conduct a process and impact evaluation of the West Midlands Domestic Violence Perpetrator Programme (DVPP). This is the final report of the evaluation.

The evaluation was delivered in three phases. These are summarised in Figure 3:

*Figure 3 Summary of the three phased evaluation approach*



This report can be read in conjunction with the following outputs delivered as part of the evaluation:

- Evaluation framework and scoping report delivered in October 2018
- Interim report delivered in March 2019

This final evaluation report presents findings regarding the implementation and delivery of the DVPP, as well as the impact the programme has had to date for perpetrators, (ex)partners, children and young people, and professional staff. It is based on evidence gathered using the methods described below (section 1.4), linked to the evaluation framework designed by Cordis Bright and agreed in collaboration with OPCC and key DVPP stakeholders (See Appendix 1 for the evaluation framework).

## 1.2 About the DVPP

The OPCC commissioned the Richmond Fellowship to deliver the My Time DVPP which started operating in September 2017. In addition to the DVPP, the OPCC commissioned an Integrated Support Service (ISS) for the (ex)partners of perpetrators who are receiving support from My Time.

The primary focus of this evaluation is the My Time DVPP operating across the West Midlands. My Time is a 30-week programme intended for male perpetrators of domestic violence who have children on a Child in Need (CIN), Child

Protection (CP) plan, or who is part of a family receiving support from Early Help. In order for the perpetrator to attend the programme, both he and the victim/survivor have to give their written consent to the support. The victim should then also receive support from the corresponding Integrated Support Service (made up of four Women’s Aid services: Birmingham and Solihull Women’s Aid, Black Country Women’s Aid, Coventry Haven and Wolverhampton Haven).

The sessions offered by My Time are run for two hours, weekly, over a 30-week rolling programme. The majority of the DVPP is delivered through group sessions, involving up to 12 participants. Emphasis throughout the sessions is placed on the impact of the abuse on women and children. It is intended that the facilitators will create an open learning environment, whilst also challenging beliefs and assumptions around permission to abuse. The activities of the My Time programme are described further in 3.6.

The My Time DVPP is also in line with Respect standard, having achieved Stage One Respect Status.<sup>5</sup> Stage one focuses on safety and the risk management processes of the organisation.<sup>6</sup> Organisations achieving stage one are expected to complete stage two within a year.

### 1.3 Evaluation questions

Figure 4 summarises the evaluation questions addressed in the report which were agreed with the OPCC and DVPP stakeholders as part of the evaluation framework (see Appendix 1). The table also signposts to relevant report section(s) in which the questions are addressed.

*Figure 4: Summary of evaluation questions and report section(s) in which they are addressed*

Evaluation question	Section(s)
<b>Programme implementation and partnership working</b>	
1. To what extent were the requirements and standards for the DVPP set out in the specification and bid adhered to?	3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 4.3
2. How well did the referral and assessment mechanisms function?	3.6, 4.5

<sup>5</sup> Respect is a domestic abuse organisation for work with perpetrators, male victims and young people’s violence in close relationships. Respect has developed the Respect Standard, a nationally recognised quality assurance scheme for organisations working with perpetrators of domestic violence and abuse in the UK. The Respect Standard set out an evidence-based, safety-focused framework which identifies good practice for organisations to ensure that they are meeting the needs of service users safely and effectively, with the safety of survivors and their children at the heart. More information can be found at: <http://respect.uk.net/information-support/local-respect-accredited-services/> . Last accessed 8<sup>th</sup> April, 2020.

<sup>6</sup> <http://respect.uk.net/wp-content/uploads/2017/02/Respect-Standard-15.11.17.pdf> . Last accessed 8<sup>th</sup> April, 2020.

Evaluation question	Section(s)
3. How well did the provider of the DVPP work with other organisations to support and safeguard children and (ex)partners, and how effective do stakeholders consider this support and risk management for children and (ex)partners to have been?	4.7, 5.4, 5.5
<b>Programme delivery and quality</b>	
4. Was the programme fully implemented across the force area?	3.6
5. Was the programme accessible to all those eligible?	4.6
6. How well did the programme manage and reduce attrition?	3.6, 4.5, 4.6
7. Were there certain elements of the programme that led to increased risks to women and children?	5.4, 5.5
8. What made perpetrators stay on the project to completion?	4.6
9. Did the programme work better for certain groups of people?	4.6
10. Did the programme improve the multi-agency response to domestic violence?	4.7, 5.6
<b>Impacts and Outcomes</b>	
11. To what extent did the programme produce the desired improvements in the specified outcomes for men, women and children?	5.3, 5.4, 5.5
12. How did the programme impact on the specified outcomes?	5.3, 5.4, 5.5, 5.6

## 1.4 Methodology

The evaluation took a collaborative approach. In line with this approach, all research approaches, tools and topic guides were designed by Cordis Bright, discussed and agreed with the Evaluation Steering Group, which included key stakeholders from the OPCC, the ISS, and My Time, before use in the field.

The evaluation consisted of three phases:

1. Scoping Phase
2. Interim Report
3. Final Report

The methodology employed in each phase is based-on the evaluation framework (Appendix 1) produced in the scoping phase. Figure 5 summarises key evaluation activity for each phase.

*Figure 5: Methodology of evaluation*

Methodology	Phase 1	Phase 2	Phase 3
Review of programme documentation	✓	✓	✓
Rapid evidence assessment	✓	-	✓
Data scoping study	✓	-	-
Qualitative consultation with key stakeholders	n=15	n=13	n=14
Qualitative consultation with social workers	-	n=17	n=11
Analysis of monitoring and impact data for ISS	-	✓	✓
Qualitative consultation with My Time and ISS service users	-	-	n=13
Analysis of monitoring and impact data for My Time	-	✓	✓
Sense-testing workshop with Evaluation Steering Group	✓	✓	TBC

The following provides further detail about each method employed in the evaluation.

### *Review of programme documentation*

Across all phases of the evaluation, we reviewed over 40 of the DVPP’s strategic and operational documents and performance management information, including wider contextual documentation. This included programme outcomes toolkits, promotional materials, referral forms, and funding documentation.



### *Rapid evidence assessment*

In Phase One of the evaluation we conducted a rapid evidence assessment of policy documentation, research and evaluations to inform and identify evidence-based good practice principles of “what works” in improving outcomes for domestic abuse perpetrators, victims and children and young people. This involved developing a review protocol and bibliography which was circulated and agreed with OPCC colleagues before the review proceeded. In Phase Three of the evaluation this was updated with more recent evidence that had been published since the first review was conducted in 2018.

### *Data scoping study*

During Phase One, we met with key data managers from the DVPP, OPCC, Police, and ISS to discuss useful secondary data which may be available to demonstrate the impact of the DVPP. This process was used to inform the development of the live evaluation framework, and agree the data analysed in the interim and final evaluation reports.

### *Qualitative consultation with key stakeholders*

Key stakeholders were consulted in each phase of the evaluation:

- **Phase One:** Six stakeholders from the OPCC, three from My Time and six from the ISS were consulted.
- **Phase Two:** Four stakeholders from children’s services, three from local authorities, three from My Time, two from the ISS, and one from the OPCC were consulted. We contacted 20 key stakeholders to invite them to participate in a telephone interview. These contacts were identified by the OPCC. We sent reminders to those who did not respond, and follow-up reminders subsequently.
- **Phase Three:** Three stakeholders from children’s services, one from a local authority, four from My Time, four from the ISS, and two from the OPCC were consulted. It was not possible for the OPCC to identify stakeholders for phase three of the evaluation, so we contacted those who had been invited to interview as part of Phase Two, and worked with My Time and ISS colleagues to identify additional people it would be useful to speak to. 27 stakeholders were initially contacted with follow up emails sent weekly if no response was received. This was then followed up with phone calls where we had a contact number.

### *Qualitative consultation with social workers*

Social workers were consulted in Phases Two and Three of the evaluation. Figure 6 provides a summary of the interviewees.

Figure 6: Summary of social worker interviewees

Local authority	Phase Two	Phase Three
Birmingham and Solihull	3	1
Coventry	9	8
Dudley	1	0
Walsall	1	1
Wolverhampton	2	1
Sandwell	1	0
<b>Totals</b>	<b>17</b>	<b>11</b>
<b>Grand total</b>	<b>28</b>	

In Phase Two, Cordis Bright contacted 23 social workers to invite them to participate in a telephone interview. These contacts were identified by the OPCC. We sent reminders to those who did not respond, and follow-up reminders subsequently. A total of 19 interviews were arranged. Due to last minute changes in their availability, two social workers were subsequently unable to participate and we were unable to contact them to reschedule.

In Phase Three, the OPCC were unable to identify social workers to be interviewed. Cordis Bright therefore contacted those who were interviewed in phase two, and worked with these contacts, as well as contacts from My Time and ISS, to identify any additional social workers we could contact, as we were aware that many may have moved on since Phase Two. In total, 44 social workers were contacted and follow up emails within two weeks were sent to those with a valid email address. There were several instances where social workers had not used the service or had not had a client complete the programme, so declined an interview, although attempts were made to request interviews anyway.

#### *Qualitative consultation with My Time and ISS service users*

The ISS arranged 15 interviews with (ex) partners. Due to a number of women not being able to attend, nine were interviewed. Five took place face-to-face and the remaining four were telephone interviews.

Eleven interviews were arranged by My Time with perpetrators. Due to a number of men not being able to attend, four were interviewed. Two took place at a My Time office and two took place over the phone. Additional interviews were offered over telephone for perpetrators unable to attend face-to-face interviews, but no perpetrators took up this offer.

### *Analysis of monitoring and impact data for ISS and My Time*

As part of Phase Two of the evaluation we worked with the DVPP and ISS providers to collate and analyse DVPP and ISS monitoring and outcomes data. This process revealed that monitoring and outcomes data for perpetrators and (ex)partners being supported by the DVPP and ISS had not been being collected in a systematic or consistent manner by the providers.

This involved meeting with DVPP and ISS providers to understand the flow of perpetrators and (ex)partners from referral through the respective services. The extent to which this flow was evidenced with data was also explored.

This work with DVPP and ISS providers included developing a spreadsheet template to capture:

- Matched My Time and ISS references (to enable perpetrators and (ex)partners to be matched for more in-depth analyses)
- Referral source and area
- Date of referral, assessment, and closure
- Outcome of assessment
- Demographic information, including age, ethnicity, religion, and additional needs
- Number and ages of children
- Type of support received, including number of sessions attended for perpetrators
- Reason for closing the case
- Change in outcomes between beginning and end of support in relation to health and wellbeing, everyday life, safety, feelings of being informed/empowered, and confidence in reporting

In Phase Two, data was received from My Time for all perpetrators referred into the programme and ISS providers covering six of the seven local authority areas (ISS data for Coventry was not received). Outcome data was not received. Cordis Bright then worked with My Time between Phase Two and Phase Three of the evaluation to help improve data collection. In Phase Three, data was received from both My Time and ISS for all perpetrators and all areas. It is important to note that in places this data was incomplete, for example, in relation to outcome data for perpetrators and (ex)partners, and as a result the analysis in this report is limited.

### *Sense-testing workshop with Evaluation Steering Group*

Following the delivery of this draft scoping report and evaluation framework in Phase One, and the delivery of the draft interim report in Phase 2, we held sense-testing workshops with key evaluation stakeholders and made revisions based on feedback. A sense-testing workshop for the final report is scheduled for the end of April 2020.

#### **A note on terminology used in this report**

**Stakeholders:** includes representatives from children’s services, the OPCC, the ISS, My Time and local authorities.

**(Ex)partners:** Women supported by the ISS whose partners or former partners were attending My Time sessions.

**Perpetrators:** Men being supported by My Time.

**Social workers:** Social workers from children’s services in each of the seven local authority areas who may have referred into My Time.

**The ISS:** The Integrated Support Services offering parallel support to (ex)partners.

**My Time:** The My Time DVPP which works with men who have a history of domestic abuse.

## **1.5 Evaluation challenges and limitations**

The following evaluation challenges and limitations should be considered when reading this report:

- **Level of consultation with service users.** In Phase Two of the evaluation, it was not possible to conduct qualitative consultation with service users due to the low numbers of people who had gone through the programme at that point. In Phase Three of the evaluation, interviews were conducted with four perpetrators and nine (ex)partners. Perpetrators and (ex)partners were selected for interview by the ISS and My Time. As far as possible, it was intended that couples would be matched (i.e. both the perpetrator and the (ex)partner would be interviewed). It should therefore be noted that the findings in this report may not necessarily reflect the views of all who are involved or who have had experience with the programme, both due to the low sample size and the fact that the provider organisations selected the participants.
- **Outcomes data for perpetrators.** When the evaluation framework was developed, the programme was intending to use the IMPACT toolkit to collect responses from perpetrators and (ex)partners. It was recommended in the interim report that this toolkit, or a similar survey tool, should be used to

measure distance travelled. At the time Cordis Bright requested data from My Time for the final evaluation report, My Time reported that the use of the toolkit was being reviewed, and a different set of outcomes data was being collected. Cordis Bright offered support with the review of the toolkit and collection of the data. When this outcomes data was not received, this was followed up via email and phone. However, this data was not available at the time of reporting. This has resulted in challenges in demonstrating quantifiable impact and outcomes for the programme. It is our understanding that My Time is continuing to work on developing a toolkit to measure distance travelled. Cordis Bright will continue to work closely with My Time to analyse outcomes data for as part of the final data update in September 2020.

- **Lower numbers of perpetrators completing the programme than expected.** Only 24 perpetrators have completed the programme. This combined with the data challenges outlined above further make it difficult to understand whether the intervention improves outcomes, and for what kind of perpetrator it works best.
- **Attribution of impact.** It is possible that perpetrators and (ex)partners will have been receiving support from other services/interventions which may have had similar intended impacts/outcomes. It is challenging therefore to attribute any observed changes in outcomes to the DVPP. The possibility of conducting a randomised control trial or quasi-experimental design to help mitigate this limitation was explored, but was ruled to not be possible. As such, we have used a mixed method approach which aims to understand the impacts that the DVPP achieved through triangulation of findings.
- **A lack of a clear theory of change** that was shared and understood by all partners was also a challenge within the evaluation as it was not clear by which mechanisms the programme intended to achieve its intended outcomes. This again makes it difficult to attribute change and limits our understanding of what activities are linked to impacts within the programme.

## 1.6 Report structure

The structure of this report is as follows:

- **Section 2: Principles of good practice** provides a summary of the principles of good practice for designing and delivering DVPPs based on existing evidence. This includes evidence identified through the refresh of the evidence review in January 2020. The full evidence review can be found in Appendix 2.
- **Section 3: About My Time** provides a summary of the West Midlands DVPP, including programme inputs, activities, outputs, impacts and outcomes.
- **Section 4: Implementation and delivery** examines the process and implementation factors of the programme, informed by views from (ex)partners, perpetrators, social workers, and other key stakeholders across the West Midlands, and presents an analysis of programme monitoring data collected by My Time and ISS providers.

- **Section 5: Impacts and Outcomes** presents findings from interviews related to the impact of the DVPP on outcomes for perpetrators, (ex)partners, children and young people, and professional staff, and outcomes data from the ISS.
- **Section 6: Conclusions and recommendations** outlines conclusions and recommendations from the evaluation.
- **Appendices** are available as a separate document, and include:
  - Appendix 1: Evaluation framework
  - Appendix 2: Updated rapid evidence review
  - Appendix 3: Data Study
  - Appendix 4: My Time perpetrator demographic data
  - Appendix 5: ISS demographic data

## 2 Principles of good practice

### 2.1 Overview

The following section provides a set of evidence-based good practice principles against which My Time can be benchmarked. These principles have been identified through a rapid evidence review of ‘what works’ in delivering services which improve outcomes for domestic abuse perpetrators, (ex)partners and children and young people.

The rapid evidence review was conducted in August 2018 and updated in January 2020, using a review protocol drafted by Cordis Bright and agreed with the West Midlands OPCC. This generated a bibliography of key literature on DVPPs, which was designed to identify principles of good practice of “what works” in delivering services which improve outcomes for domestic abuse perpetrators, (ex)partners and children and young people.

The good practice principles identified in this review have been used to benchmark the practice of the My Time DVPP. It should be noted that the body of evidence about DVPPs is relatively young and still emerging. Although there have been important additions to the field in recent years, a lack of strong evidence continues to hamper the development of and focus on DVPPs. This evaluation of the West Midlands DVPP should help to contribute to this field of evidence.

### 2.2 Good practice principles

Figure 7 summarises good practice principles identified through the rapid evidence review which can be seen in Appendix 2. In the chapters that follow we use these principles to benchmark the findings in each section of the report as appropriate.

Figure 7: Good practice principles for DVPPs

Important success factors	Elements	Source(s)
Basing an intervention on a clear theory of change and communicating the model effectively.	A clear understanding of the model and the roles and links between different organisation is key in enabling partnership working and mitigating risk.	King's College London, 2015; Brooks et al, 2014; Gondolf, 2012; Schucan-Bird et al, n.d
	Ensure interventions are based on a clear model of change.	The Welsh Government's Perpetrator Service Standards, 2018
	Programmes require strong links between their theoretical foundations and the empirical evidence underpinning those theories	Dempsey, 2009; Day, 2009
Prioritised outcomes for victims, survivors and children	Ensure interventions primarily aim to increase the safety of the perpetrator's partner and children (if they have any). Ensure this is monitored and reported. In addition, staff should report on the perpetrators' attitudinal change, their understanding of violence and accountability, and their ability and willingness to seek help.	NICE, 2014



Important success factors	Elements	Source(s)
	<p>A positive outcome for children whose father has participated on a domestic violence perpetrator programme has a range of dimensions.</p> <ul style="list-style-type: none"> <li>• Men on domestic violence perpetrator programmes should be actively encouraged and supported to tell their children about their attendance.</li> <li>• There is a need for more direct support services for the children of men on domestic violence perpetrator programmes.</li> </ul>	Alderson, Kelly, Westmarland 2013
	Programmes should engage with fathers' desires to forge relationships with their children, emphasising the impact domestic violence has on this possibility.	Guy, 2014; Meyer, 2018
	Strong evaluation and the development of tangible, measurable targets can support programmes to develop strong links between theoretical foundations and empirical evidence.	Dempsey, 2009; Day, 2009
	Interventions should adopt a family-focussed approach. Victims and perpetrators should be worked with separately, to ensure risk management and victim safety.	Miles & De Claire, 2018; Welsh Government, 2019
Effective multi-agency working	Approaches should use multi-agency, whole-system approaches effectively to understand and meet the support needs of victims, survivors and family members.	Home Office, 2016; Welsh Government, 2019

Important success factors	Elements	Source(s)
	Local partnerships should include frontline practitioner representatives, service users or their representatives, and agency representatives (preferably senior officers) from health, local authority, public health, sexual violence services, housing, schools/colleges, PCCs, community safety partnerships, criminal justice agencies (including probation), CAFCASS and specialist voluntary/community/private organisations.	NICE, 2014
	The involvement of other agencies and the need to share information should form part of the risk management plan when working with perpetrators of domestic abuse.	NOMS, 2016
	Multiple reviews have found that increased multi-agency working across the criminal justice system, health and social services, and other agencies are effective at increasing referrals, reducing further violence and supporting victims and survivors.	Gondolf, 2012
	Information sharing, institutional advocacy (including IDVAs) and coordinating multi-agency action is key in reducing risk for victims and survivors.	Hester et al, 2019
	Relevant agencies should have information concerning the goals of the programme disseminated to them in advance. This information-sharing should continue throughout the delivery of the programme in line with confidentiality protocols.	Williamson, 2009; Hughes et al, 2015
	Risk assessment is best carried out through multiple agencies in order to disseminate information about high-risk cases and co-operatively develop safety plans for victims and survivors.	Schucan-Bird, n.d; NOMS, 2016; NICE, 2014;

Important success factors	Elements	Source(s)
	Multiple agencies should use a formalised process for referral, follow-up and evaluation which is clear to frontline staff.	Diemar, 2013; Hughes et al, 2015
	Consider inviting people from agencies to provide insight into their work and how to link with services.	Kings College London, 2015
Targeting provision based on local needs	Commission tailored interventions for people who perpetrate domestic violence and abuse, in accordance with national standards and based on the local needs assessment.	NICE, 2014
	This should include access to a broad diversity of provision, for example, services for black and minority ethnic (BME), disabled, LGBTQQI <sup>7</sup> and older perpetrators in order to increase the safety of victims and survivors. Particular consideration may be needed for: perpetrators with complex needs; having specialist workers in local primary healthcare and GP surgeries; ensuring local professionals are trained to spot warning signs; and having specialist workers in Children’s Services.	Home Office, 2016
	Identifying which services are needed locally and a forum to ensure victims, survivors and service providers can share their views and experiences to help shape services for perpetrators.	Home Office, 2016
	Interventions should be effectively targeted based on perpetrators’ likelihood of further harm/offending, and intensity of intervention matched to the level of risk and need presented by perpetrators.	Respect, 2017

<sup>7</sup> Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex

Important success factors	Elements	Source(s)
	Project Mirabal found that an overarching local strategy to responding to domestic violence, including working with perpetrators and drawing on local need, was integral to the coordinated community response approach.	Kelly and Westmarland, 2015
Thorough risk assessment and management	Commission robust evaluations of the interventions to inform future commissioning. With an appreciation for the short, medium, and long term affects, across various levels of risk.	NICE, 2014
	Assessment of risk must be continuous and dynamic, with ongoing risk assessment identified as an effective element of effective management of perpetrators of domestic abuse.	NOMS, 2016
	Risk management requires the use of skills, knowledge and the right data, and is a regular ongoing process which re-evaluates new information and leads to measures being adopted to reduce risk and escalation.	Kings College London, 2015
Engaging perpetrators who are motivated to change, potentially through including motivation work within the programme, and the use of skilled case managers/Independent Domestic Violence Advisers (IDVAs)	Interventions should monitor and regularly report on perpetrators' ability and willingness to seek help	NICE, 2014
	Placing perpetrators on behaviour change interventions that they are not motivated to engage with can be both a waste of resources, and risk giving false messages to victims and survivors that change is possible.	Respect, 2017
	Including a motivational element in DVPPs in order to engage and motivate men, and subsequently reduce attrition rates in intervention attendance, is key to improving the success of programmes. In group settings this can be achieved through regular reminders and follow-ups.	Day, 2009; Welsh Government, 2019

Important success factors	Elements	Source(s)
	Some degree of statutory involvement is a key factor for engagement of perpetrators.	Hester et al, 2019
	Men who voluntarily attend programmes are more likely to be motivated to change.	Brooks et al, 2014
	Engagement and motivation can come through one-to-one 'motivational interview' sessions in which counsellors are sure to: <ul style="list-style-type: none"> <li>• Express empathy for the client's situation without judgement or criticism</li> <li>• Develop discrepancy between the current situation (and behaviour) and what the client has identified as personal goals</li> <li>• Engage with resistance by inviting the client to actively engage identifying issues and seeking solutions</li> <li>• Support self-efficacy through belief in the possibility for change</li> </ul>	Vigurs et al, 2016, Hester et al, 2019
A blend of group and one-to-one work	Group work is important as it enables men to change through seeing themselves through others, being challenged by peers and having skilled facilitators.	Kelly and Westmarland, 2015
	Individual interventions to enable offenders to develop 'relevant and realistic plans to improve.	Dempsey et al, 2009; Langlands, 2009; Eckhardt, 2008

Important success factors	Elements	Source(s)
	Blended group and individual work provides the best coverage to deal with the diversity of perpetrator groups and their motivations.	Guy, 2014; Kelly & Westmarland, 2015; Hughes, 2017; Virgurs et al 2018; Hester et al, 2019.
	Case managers working with perpetrators on an intensive one-to-one basis are key in achieving risk reduction.	Hester et al, 2019.
Remaining mindful of broader issues e.g. substance abuse, coercive control, gender norms and expectations	Particular consideration should be given to the ‘toxic trio’ of domestic abuse, mental ill health and substance misuse which, when occurring together, are key indicators of significant risk of harm to victims and children and young people. Assessment and support should take into account these factors.	NOMS, 2016
	Consideration should be made for the wider issues such as substance abuse; programmes should be considerate of these in their approach whilst linking with services which help in the relevant areas.	Guy, 2014

Important success factors	Elements	Source(s)
	Cranstoun advocates a programme design which incorporates substance day-programmes into its response to domestic violence perpetrator programmes. This approach has also been advocated elsewhere.	Cranstoun 2015; Schucan-Bird, n.d; Miles & De Claire, 2018
	There is a need to position gender norms and expectations as a central role in DVPPs. Understanding how and why men can dismantle investment in traditional gender norms offers insight into understanding coercive control as dynamic and possible to change.	Downes et al., 2019
Understanding long-term impacts of programmes	Commissioning should be informed by robust evaluation which appreciates short, medium, and long term impacts.	NICE, 2014
	The organisation should measure changes to a range of forms of abusive behaviour, including, but not limited to, physical abuse, sexual abuse and coercive control, and ensure data is collected over a meaningful time period to give clear evidence of effectiveness.	Respect, 2017
	There is no 'quick fix' for preventing domestic violence perpetration by men, and programmes need to place an emphasis on longer term outcomes with robust evaluation frameworks.	Brooks et al, 2014

## 3 About My Time

### 3.1 Key messages

- **At the time of commissioning, there was an increasing emphasis in national policy on the importance of commissioning robust and targeted perpetrator services, but a limited evidence-base of good practice principles.** The policy and principles that existed emphasised specialist provision for perpetrators and (ex)partners, improving the safety of victims and children and young people, improving perpetrators' awareness of the impact of abuse on their (ex)partners and children, and the importance of multi-agency partnership working.
- **Within this context, the My Time programme was innovative and ambitious, and intended to further contribute to the evidence base.** Its activities and intended outcomes were closely linked to policy at the time. However, they do not seem to be linked closely to a clearly developed, agreed and communicated theory of change. Evidence suggests that basing a DVPP model on a clear theory of change is key in enabling partnership working and mitigating risk (King's College London, 2015; Brooks et al, 2014; Gondolf, 2012; Schucan-Bird et al, n.d). Similar programmes should in the future co-develop theories of change/logic models which as far as possible are evidence-based. This may help to ensure shared understanding as well as increase "buy-in" to the programme.
- **There was a shared understanding of the rationale and aims of the programme among stakeholders and social workers.** Consultation with stakeholders within the Police, including community safety leads, identified a need for a DVPP across the West Midlands for fathers, which provided a longer period of intervention than other DVPPs on offer in the area. The main aims highlighted were reducing risk for the (ex)partner and families, building up perpetrators' awareness of the impact of abuse, and improving multi-agency working to increase safety. These aims were reported to have not changed since the programme's implementation.
- **The programme has been delivered largely as intended. That said, the DVPP has been flexible to change its approach as it has evolved.** Key changes included expanding the eligibility criteria to those receiving support from Early Help and adapting the referral pathway so that the ISS would offer a place to an (ex)partner after the perpetrator had been assessed as suitable for My Time. These changes were made in response to challenges in lower than expected referral numbers.
- **However, it was not clear that these changes had an impact on referral numbers;** although there was a steady increase in referral numbers over the course of the programme, the monitoring figures suggest this increase was more likely due to the programme becoming more embedded in the West Midlands over time. It was suggested that although training was helpful in increasing social workers' understanding of the programme, it was not



sufficiently widespread to have a substantial impact. Reviewing communication strategies to ensure knowledge around DVPPs is sustained irrespective of staff turnover may therefore help such training to have a greater impact.

- **It was unclear whether one-to-one support, or work on re-engaging with the programme after dropping out was being offered to perpetrators.** Evidence suggests that additional engagement work, such as the use of IDVAs or key workers as in the Drive model (see Appendix 2), may reduce barriers to participation for perpetrators.
- **My Time experienced lower than expected conversion rates from referral to completion; only 27% of individuals who were referred were assessed as suitable for the programme (256 out of 1,074 referrals), and of these only 9% went on to complete the programme (24 perpetrators).** Out of those who attended at least one session, only 12% went on to complete the programme. Although it is not possible to compare these figures to the Drive programme (because the evaluation was a randomised control trial, the assessment process differed and is not comparable) these conversion figures are still significantly lower than other DVPPs; for example, an evaluation of the Venta programme showed that 50% of referrals completed the programme, and 63% of those who started the programme completed (see Appendix 2). Akoensi, Koehler and Humphreys' systematic review of the state of evidence for DVPPs in Europe found that around 25% of people who start DVPPs go on to complete them. Therefore, although attrition for DVPPs tends to be high, My Time's attrition rate is considerably higher than others. There were also no clear targets for referral numbers, assessments, or levels of attrition for the DVPP. This makes it difficult to benchmark success.
- **The impacts and outcomes of the programme were linked to policy and good practice principles available at the time of commissioning.** There was a shared understanding of these among stakeholders and social workers. However, these outcomes were not Specific, Measurable, Achievable, Relevant, and Timebound (SMART) and there were limited shared mechanisms in place to systematically monitor them. Respect guidelines (2017) state that data should be collected over a meaningful time period to give clear evidence of effectiveness.
- **Quarterly monitoring reports were produced by My Time and shared with multi-agency partners.** These included information on outputs (such as referrals, engagement, attrition, completion and training) and some qualitative case studies around outcomes. However, it is not clear how closely these reports and the data presented within them were linked to the activities, impacts and outcomes of the programme, and it is not clear whether they involved quantitative or systematic monitoring of outcomes for perpetrators or (ex)partners.

Figure 9 benchmarks the My Time DVPP against the relevant good practice principles summarised in Chapter 2. Figure 8 provides a key.

Figure 8: A key for benchmarking of My Time

Symbol	Explanation
✓	The DVPP shows good evidence of being in line with the key principle
●	The DVPP shows some evidence of being in line with the key principle
▲	There was no evidence in this evaluation of consideration for the key principle
-	There is insufficient evidence at this stage to draw conclusions in this area

Figure 9: About My Time: benchmarking against best practice principles

Good practice principle	West Midlands DVPP	Evidence	Source of evidence
Basing an intervention on a clear theory of change and communicating the model effectively.	●	The aims of the DVPP aligned with policy and good practice principles. However, a clear theory of change was not developed or clearly communicated all DVPP stakeholders including social workers.	<ul style="list-style-type: none"> <li>Review of programme documentation</li> <li>Qualitative consultation with stakeholders</li> <li>Qualitative consultation with social workers</li> </ul>
Prioritised outcomes for victims and children	✓	The outcomes of the programme were developed in line with policy and good practice principles and prioritise outcomes for victims and children.	<ul style="list-style-type: none"> <li>Review of programme documentation</li> <li>Qualitative consultation with stakeholders</li> </ul>

Good practice principle	West Midlands DVPP	Evidence	Source of evidence
			<ul style="list-style-type: none"> <li>• Qualitative consultation with social workers</li> </ul>
Effective multi-agency working	<ul style="list-style-type: none"> <li>•</li> </ul>	Multi-agency working improved significantly over time, with the majority of stakeholders reporting that relationships had improved. However, there was not evidence that skilled case managers or IDVAs are used as part of My Time as originally intended.	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> </ul>
Targeting provision based on local need	<ul style="list-style-type: none"> <li>•</li> </ul>	My Time has been developed based on consultation with local authority partners which revealed a commonly understood need for this type of support for the programme's target cohort. However, based on the rationale and referral criteria of other projects, alongside findings from stakeholder and social worker interviews, it is clear there is an overlap between My Time and other DVPPs operating in some (although not all) areas of the West Midlands.	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> </ul>

Good practice principle	West Midlands DVPP	Evidence	Source of evidence
Engaging perpetrators who are motivated to change, potentially through including motivation work within the programme	●	The referral criteria for the programme stipulates that perpetrators must accept “ <i>some level of responsibility of domestic abuse</i> ”. This in line with Respect accreditation. The interim report recommended that My Time offer training to social workers in how to engage with perpetrators. Quarterly monitoring reports show that this was offered in all areas, and delivered in most, although the stakeholder and social workers interviewed were not aware that motivational work was taking place prior to entry to the programme.	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> </ul>
A blend of group and one-to-one work/mentoring, including use of skilled case managers (IDVAs)	●	Programme documentation and monitoring data from My Time suggests some perpetrators were offered one-to-one work, although this does not seem to be blended and offered alongside group work. There was no evidence of the use of IDVAs within My Time.	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> <li>• Analysis of My Time monitoring data</li> </ul>
Understanding long-term impacts of programmes	●	Outcomes of the DVPP were developed in line with policy and good practice principles. There was a shared understanding of these among	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> </ul>

Good practice principle	West Midlands DVPP	Evidence	Source of evidence
		stakeholders and social workers. However, these outcomes were not SMART and there are limited shared mechanisms in place to monitor them.	<ul style="list-style-type: none"> <li>• Qualitative consultation with social workers</li> <li>• Analysis of My Time monitoring data</li> </ul>

## 3.2 Overview

West Midlands OPCC commissioned Richmond Fellowship to deliver the My Time DVPP in January 2017, and the service has been operational since September 2017. In line with good practice<sup>8</sup>, an accompanying Integrated Support Service (ISS) for the (ex)partners of perpetrators on the My Time programme was also commissioned for an initial period of 24 months. The ISS is being provided by four Women's Aid organisations across the West Midlands region; Birmingham and Solihull Women's Aid, Black Country Women's Aid, Coventry Haven and Wolverhampton Haven.

The DVPP has been extended for an additional 12 months and is due to finish in September 2020.

## 3.3 Policy context

At the time the DVPP was commissioned, there was an increasing national awareness of the importance of responding to violence against women. In 2016, the Government released a National Statement of Expectations for Violence against Women and Girls, which set out what local areas needed to put in place to ensure their response to issues around violence against women and girls was as collaborative, effective and robust as possible

Programme documentation<sup>9</sup> emphasised the importance of the DVPP building on best practice principles regarding DVPP programmes. It also made specific reference to both Project Mirabal and the Respect Outcomes Framework, both of which are summarised below and are covered in more detail in the rapid evidence assessment (Appendix 2).

A summary of these documents, as well as other policy and good practice which contributed to the evidence-base that were available at the time of commissioning, is given below. At the time, there was a limited evidence-base around what works in implementing and delivering DVPPs, and so it was intended that the My Time programme and its evaluation would provide a valuable contribution to good practice principles.

Additional sources for good practice principles in delivering DVPPs, including guidance which has been published since the original rapid evidence assessment was conducted in October 2018, is provided in Appendix 2.

### *Government's Violence Against Women and Girls National Statement of Expectations*

The Government's Violence Against Women and Girls: National Statement of Expectations sets out what local areas need to put in place to ensure their

---

<sup>8</sup> NICE (2014). Domestic violence and abuse: multi-agency working. Public health guideline (PH50). <https://www.nice.org.uk/guidance/ph50>

<sup>9</sup> DVPP service specification

response to issues around violence against women and girls is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need. One of the five core principles outlined is the need to have a “clear focus on perpetrators in order to keep victims safe”. Within this principle, six points of guidance are provided:

- Take a sufficiently proactive and robust approach to perpetrators
- Maintain a justice-centred approach
- Work to increase knowledge and understanding of perpetrator behaviour
- Employ a robust consultation process
- Understand the family and community context that perpetrators operate within
- Assess and address local specialist provision

### *Project Mirabal*

Project Mirabal was a project which concluded in 2015 and brought together multiple data strands from DVPPs, consultation with DVPP designers, staff and stakeholders, and consideration of existing longitudinal outcome research to provide findings regarding DVPPs which can be useful for policy makers, funders and perpetrator programmes themselves. It sought to advance discussions on best practice when delivering and evaluating DVPPs.

As part of the framework for evaluating the programmes, the study used six key measures for success<sup>10</sup>:

- An improved relationship between men on programmes and their partners/ex-partners which is underpinned by respect and effective communication.
- For partners/ex-partners to have an expanded ‘space for action’ that empowers through restoring their voice and ability to make choices, whilst improving their well-being.
- Safety and freedom from violence and abuse for women and children.
- Safe, positive and shared parenting.
- Men's enhanced awareness of self and others, including an understanding of the impact that domestic violence has had on their partner and children.

---

<sup>10</sup> Kelly, L., & Westmarland, N. (2015). Domestic violence perpetrator programmes: Steps towards change: Project Mirabal final report. Durham University.

- For children, safer, healthier childhoods in which they feel heard and cared about.

The West Midlands DVPP's intended outcomes are very closely linked to these measures of success, as shown in section 3.9.

#### *Respect Outcomes Framework*

The Respect Outcomes Framework<sup>11</sup> provides assurance to survivors of domestic abuse that any intervention with an abuse partner is in the best interests of both themselves and any children involved. The framework is centred on five key outcomes:

- Reduction in perpetrators' violent and abusive behaviour
- Increase in survivors' safety, wellbeing and freedom
- Improvement in children's wellbeing and safety
- Improvement in multi-agency working
- Effective targeting of interventions

Again, the West Midlands DVPP's intended outcomes are closely linked to these (as shown in section 3.9).

#### *NICE guidance*

The intended audience for this guidance covers frontline professionals, commissioners, those affected by domestic violence, and members of the public.

It covers the planning and delivery of these services to help identify, prevent and reduce domestic violence and abuse. The guidance consists of a total of 17 recommendations, including the following evidence-based guidance on perpetrator programmes:

- Commission robust evaluations of the interventions to inform future commissioning, with an appreciation for the short, medium, and long term affects, across various levels of risk.
- Identify, and link with, existing initiatives that work with people who perpetrate domestic violence and abuse.

---

<sup>11</sup> Respect (2017). Respect Outcome Framework.  
<http://respect.uk.net/wp-content/uploads/2017/02/Respect-Outcomes-Framework-15.11.17.pdf>



- Commission tailored interventions for people who perpetrate domestic violence and abuse, in accordance with national standards and based on the local needs assessment.
- Ensure interventions primarily aim to increase the safety of the perpetrator's partner and children (if they have any). Ensure this is monitored and reported. In addition, staff should report on the perpetrators' attitudinal change, their understanding of violence and accountability, and their ability and willingness to seek help.
- Link perpetrator services with services providing specialist support for those experiencing domestic violence and abuse (including children and young people). For example, link ongoing risk assessments of the perpetrator with safety planning and support provided by specialist services.

### 3.4 Aims and rationale

The original specification for the DVPP outlines that the rationale behind the programme was that it would contribute to the priorities of the OPCC and its response to domestic abuse, specifically in protecting people from harm, holding to account those who cause harm, and reducing risk to children and young people. Senior stakeholders reported that as part of these priorities, the OPCC consulted with Community Safety Leads from West Midlands Police around the need for domestic abuse provision in the West Midlands Force Area. This consultation identified a need for a perpetrator programme that provided parallel support for perpetrators, (ex)partners and children, and which ran for a longer period of time than other DVPPs in the area.

Following this, a specification for a DVPP service was published, which identified that the aim of the programme would be to:

- Focus attention on the perpetrator's responsibility to change abusive behaviour.
- Support social change and promote region wide intolerance of domestic abuse and violence against women in all its forms.
- Prevent/mitigate the risk of re-offending.
- Promote changes in abusive behaviour by challenging, supporting and encouraging men who cause harm through domestic abuse to engage in safe and respectful relationships.
- Manage risk constructively in keeping with multi agency management of the offender.
- Provide an informed and professional response within a multi-agency setting.
- Work in a gender informed way.

- Educate and inform the public and other professionals by contributing to raising awareness and responsibility to safeguard those affected by domestic abuse.
- Influence good practice across the region as well as be influenced by good practice.

The My Time programme was commissioned as result. Documentation from My Time<sup>12</sup> specifies the following aims:

- To reduce the risk of domestic abuse to females and children.
- To build awareness, challenge beliefs and offer change of thoughts and behaviour
- To support children's social care in keeping families safe.

The majority of stakeholders reported that these aims and the rationale behind them have not changed since its original specification. They widely agreed that there was a need in the area for a longer programme aimed at achieving long-term results in reducing domestic violence. There was also a shared understanding that the aim of the programme is to increase safety for women and children by reducing reoffending by perpetrators of domestic violence through helping them to understand the impact that their behaviour has on their (ex)partner and children, in alignment with the aims outlined in the original specification and My Time documentation.

However, there was also consensus that a more thorough needs assessment, involving consultation with a larger range of partners, may have resulted in the programme being more effectively targeted to the cohort it was aiming to reach. This is supported by evidence which suggests a thorough needs assessment is key to identifying local need and targeting provision (NICE, 2014, Home Office, 2016 – see section 2.2). This is discussed in more detail in section 4.3.1.

### 3.5 Inputs

The inputs for the DVPP are as follows:

- **Funding:** My Time originally received £350,000 per year of OPCC funding for two years, until September 2019. The programme was subsequently extended for a further 12 months to September 2020, receiving an additional year of funding. In total, the OPCC has provided £1.05 million for the delivery of the My Time programme. The ISS received a total of £298,000 for the first two years of delivery. The level of additional funding for the extension from September 2019 was not available to inform the evaluation.

---

<sup>12</sup> West Midlands DVPP service users FAQs

- **Staffing:** There is a My Time director, responsible for overall delivery of the DVPP service, and a manager with oversight for coordination and delivery of support sessions. Support sessions are delivered by a team of six full time My Time staff. Each session is facilitated by two members of staff, one male and one female.
- **Venues:** Support sessions are delivered at venues across the seven local authority areas covered by the DVPP. These are primarily community venues run by VCS organisations, including the My Time premises in Birmingham, and are intended to be accessible by public transport.

### 3.6 Activities

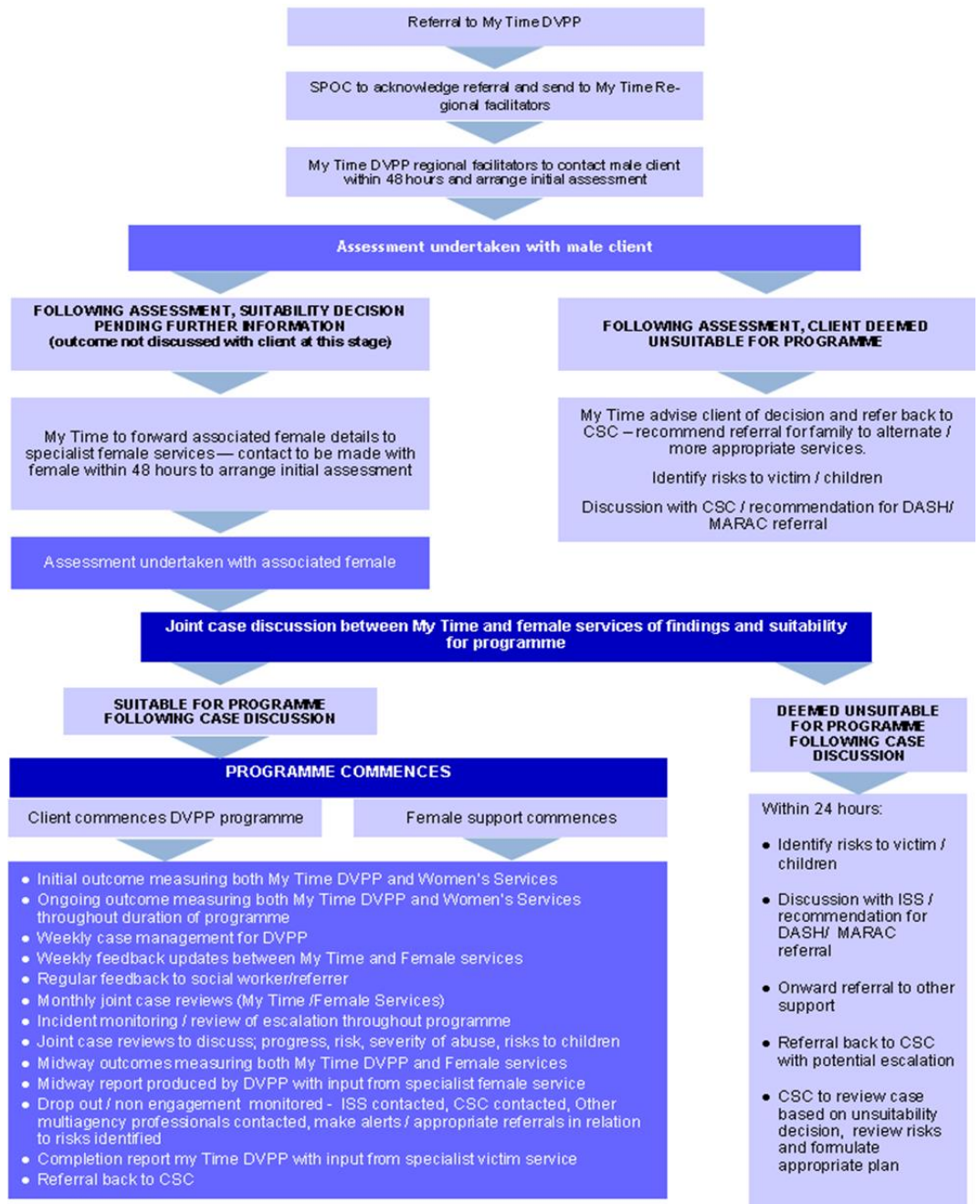
In line with good practice guidance, the My Time DVPP service has been commissioned alongside the accompanying Integrated Support Service (ISS), or Women's Service, which provides a range of support, advice, and advocacy for the (ex)partners and children of (ex)partners on the My Time programme. The ISS was provided by four Women's Aid organisations across the West Midlands region; Birmingham and Solihull Women's Aid, Black Country Women's Aid, Coventry Haven and Wolverhampton Haven.

This section provides a summary of the activities of the DVPP and the ISS, as well as a description of eligibility (suitability) criteria and referral pathways.

#### 3.6.1 Referral pathway

The diagram in Figure 10 provides an overview of the referral process.

Figure 10: Referral pathway for My Time and ISS (Women's Service)



Stakeholders reported that the referral pathway was amended in April 2018 because the number of women being referred to and receiving support from the ISS was much greater than the number of perpetrators who were being referred to and deemed eligible for My Time. This was because referrals to the ISS for (ex)partners were being made at the same time as initial referrals of perpetrators to My Time. The ISS was then providing support to these (ex)partners, regardless of whether the linked perpetrator referral was deemed eligible for My Time.

The changes made meant that referrals for (ex)partners to the ISS are now made only following the assessment of a perpetrator as eligible for My Time.

The majority of social workers suggested that there were inconsistencies in the extent to which they received feedback from My Time regarding the outcome of their referral. Early clarification of the referral pathway, including mechanisms to feedback about referrals to professionals, could therefore support increased referrals from social workers (see 4.5).

### 3.6.2 My Time

My Time seeks to help men see the impact of their behaviour on women and children and encourages them to change their behaviour.

The original key activities of the DVPP are summarised in Figure 11.

*Figure 11: My Time Key Elements*

My Time Key Elements	
Suitability	<ul style="list-style-type: none"> <li>• Suitability is determined by an initial assessment, the results of which are shared with the participant's social worker, who can also request updates throughout the programme.</li> <li>• To be deemed eligible for the programme, the perpetrator must be a medium-risk heterosexual male over 18, a father with a children on a Child Protection (CP) or Child in Need (CIN) plan</li> <li>• Clients deemed unsuitable for the programme are referred back to a social worker who will review their position in terms of their CIN/CP plan</li> <li>• A willingness to change, and openness and honesty on the part of the participants regarding their abusive behaviour is essential to the programme's success. This is in line with Respect's guidance that perpetrators need to have a commitment to change before engaging on a DVPP. However, recent evidence suggests that some sort of statutory element can be helpful in engaging perpetrators (Hester et al., 2019).</li> </ul>
Purpose of the sessions	<ul style="list-style-type: none"> <li>• Facilitators are trained to create an open learning environment, where engagement from men and their experiences is respected, whilst also challenging beliefs and assumptions around permission to abuse.</li> <li>• Emphasis throughout is placed on the impact of abuse on women and children</li> <li>• This is in line with Respect principles.</li> </ul>

My Time Key Elements	
Structure and duration of the programme	<ul style="list-style-type: none"> <li>• Sessions offered are run for two hours, weekly, over a 30-week rolling programme</li> <li>• Some areas offer day or evening programmes to provide flexibility with working commitments</li> </ul>
Content of the sessions	<ul style="list-style-type: none"> <li>• Four main areas key to working with domestic violence perpetrators are covered by the DVPP:               <ul style="list-style-type: none"> <li>○ Understanding and defining domestic abuse</li> <li>○ Introduction, development and application of cognitive behavioural techniques (CBT)</li> <li>○ Implications of domestic abuse on intimate partners, children and those who witness domestic abuse in any form</li> <li>○ Eliminating/choosing alternative behaviours (focusing specifically on CBTs)</li> </ul> </li> <li>• The documentation does not suggest that My Time tackles gender norms, personality and reciprocal aggression, or coercive control, which evidence suggests are also important to consider as part of DVPPs (Downes et al., 2019; Graham-Kevan &amp; Bates, 2020- see Appendix 2), although there was some evidence from interviews that this has taken place.</li> </ul>
Number of participants	<ul style="list-style-type: none"> <li>• One-to-one sessions are available for those with language barriers</li> <li>• Group sessions are for up to 12 participants at once. This is in line with Project Mirabel’s findings, which showed that a group context can be conducive to change.</li> </ul>
Rules for attendees	<ul style="list-style-type: none"> <li>• Participants are expected to arrive ten minutes early</li> <li>• Participants are expected to provide notice of non-attendance. Where two consecutive sessions are missed without contact this results in a file closure and a referral back to the participant’s social worker</li> <li>• If sessions are missed participants should catch up on what they have missed, and still complete the full 30-week programme</li> </ul>

Qualitative consultation with stakeholders and social workers revealed that generally the programme had been delivered as intended with a few changes to

eligibility criteria and the referral process which were made in response to low levels of initial referrals:

- The programme was extended to fathers whose children were involved in Early Help from December 2018.
- The referral forms were rephrased to make eligibility criteria clearer to professionals referring into the programme. (This is discussed further in section 4.4.)
- The criterion which excluded perpetrators with a history of attempted strangulation was removed.

While the changes noted above increased the number of eligible perpetrators for the programme, this was not reflected in a significant increase in the number of referrals. In addition, many stakeholders expressed concern that it resulted in increased risk for many cases. More information on risk is discussed in section 5.6.4.

Among the majority of social workers, there was no view that the eligibility criteria had changed over the course of the DVPP, despite My Time offering increased training sessions about the programme to social workers over the course of the programme. This suggests there is a sustained need for an improved understanding about the programme among social workers referring into My Time. The development of future programmes should include developing a communication strategy so that there is a sustained understanding of perpetrator programmes, referral pathways and eligibility criteria. This should be embedded so that it exists irrespective of staff turnover. This may help boost the number of referrals (see section 5.1.1).

Other changes to the original intended activities relate to the activities of the programme and the extent of expected engagement:

- It was not clear from interviews that those who dropped out of the programme were being supported to re-engage and complete; the data study shows 103 perpetrators dropped out after attending one session and did not go on to complete the programme.
- The My Time programme did not include the use of skilled case managers or IDVAs. This may have supported engagement and reduced attrition; evidence suggests that 'one-to-one' work, for example from counsellors or via the use of a case manager, can support perpetrators to engage with DVPPs (Day, 2009; Welsh Government, 2019). The barriers and enablers to engagement from perpetrators are discussed more in 4.6.

### 3.6.3 Integrated Support Service

The Respect guidelines for the commissioning of DVPPs stipulate that there should be equal funding between perpetrator programmes and accompanying support services for (ex) partners and their children. In line with this, the ISS

provided support for women whose partners are participants on the My Time programme.

Initially, it was intended for the ISS to provide support to both (ex)partners and children of perpetrators engaged with the My Time programme. However, it is understood that due to funding restrictions, the ISS has not been able to provide direct support for children and young people. Instead, support is focused on (ex)partners only.

Figure 12 provides an overview of the key elements of the service, identified through a document review (see interim report) and interviews with stakeholders:

*Figure 12: ISS: Key Elements*

ISS: Key Elements	
Suitability	<ul style="list-style-type: none"> <li>• Women whose partners are referred and deemed eligible for My Time.</li> </ul>
Purpose of the programme	<ul style="list-style-type: none"> <li>• The opportunity to explore the impact of domestic violence on the lives of women and their children</li> <li>• Support in attending meetings and conferences</li> <li>• Helping women develop the confidence to keep themselves and their children safe</li> <li>• Building women's self confidence and self-esteem</li> <li>• Improve working relationships with agencies including children's services</li> </ul>
Role of the social worker	<ul style="list-style-type: none"> <li>• Meet with the victim/(ex)partner in a safe place, get to know them and complete a risk assessment</li> <li>• Assess their needs and the level of support required</li> <li>• Work with them to develop a safety plan</li> <li>• Attend core group and Children in Need meetings along with case conferences to provide support and advocacy</li> <li>• Support them to complete actions and targets set by children's services in accordance with Child Protection/Children in Need plans</li> <li>• Provide tailored support with budgeting, housing, benefits, and signposting for legal advice where required</li> <li>• Listen to and validate their experiences and explore the impact domestic violence has had on them and their children</li> <li>• Ensure they have advice and help on parenting and child related concerns</li> </ul>



ISS: Key Elements	
Other key points	<ul style="list-style-type: none"> <li>All information shared will be confidential unless there are concerns about their safety or the safety of their children</li> </ul>

Interviews with stakeholders, social workers and service users revealed that mostly these activities were delivered as intended, although it was reported that in cases where the perpetrator does not end up attending My Time after being assessed as suitable, the ISS has received additional funding from the OPCC to support their (ex)partners. It was also suggested that information wasn't always shared effectively between My Time and the ISS; this is discussed further in 4.7 and 5.6.4.

Analysis of monitoring data shows that women received nine different types of support: face-to-face support (61.4%), counselling (23.1%), group work (16.2%), drop-in (1.1%), telephone support (85.1%), written support (36.7%), advocacy (44.7%), other (6.6%) and health (3.7%).

### 3.7 Outputs

The following output targets are specified in programme documentation:

- 432 perpetrators would be worked with over two years of the programme, and it was expected that all would complete the programme.
- 12 My Time sessions would be delivered per week.

In reality, 24 men completed the programme (5.5% of the target). Although the majority of stakeholders suggested that low referral numbers were a key reason for low numbers of completion rates, a review of programme documentation revealed no clear targets for referrals, assessments, or conversion rates from assessment to acceptance onto the programme. Developing clear targets and communicating these effectively to stakeholders may have helped improve the flow through the programme.

Figure 13 outlines other outputs of the programme.

*Figure 13: Outputs of the My Time DVPP*

Output	Number
Number of referrals to My Time for assessment	1,074
Number of individuals referred to My Time	959
Number of assessments of individuals undertaken by My Time, and the outcome of these assessments	540

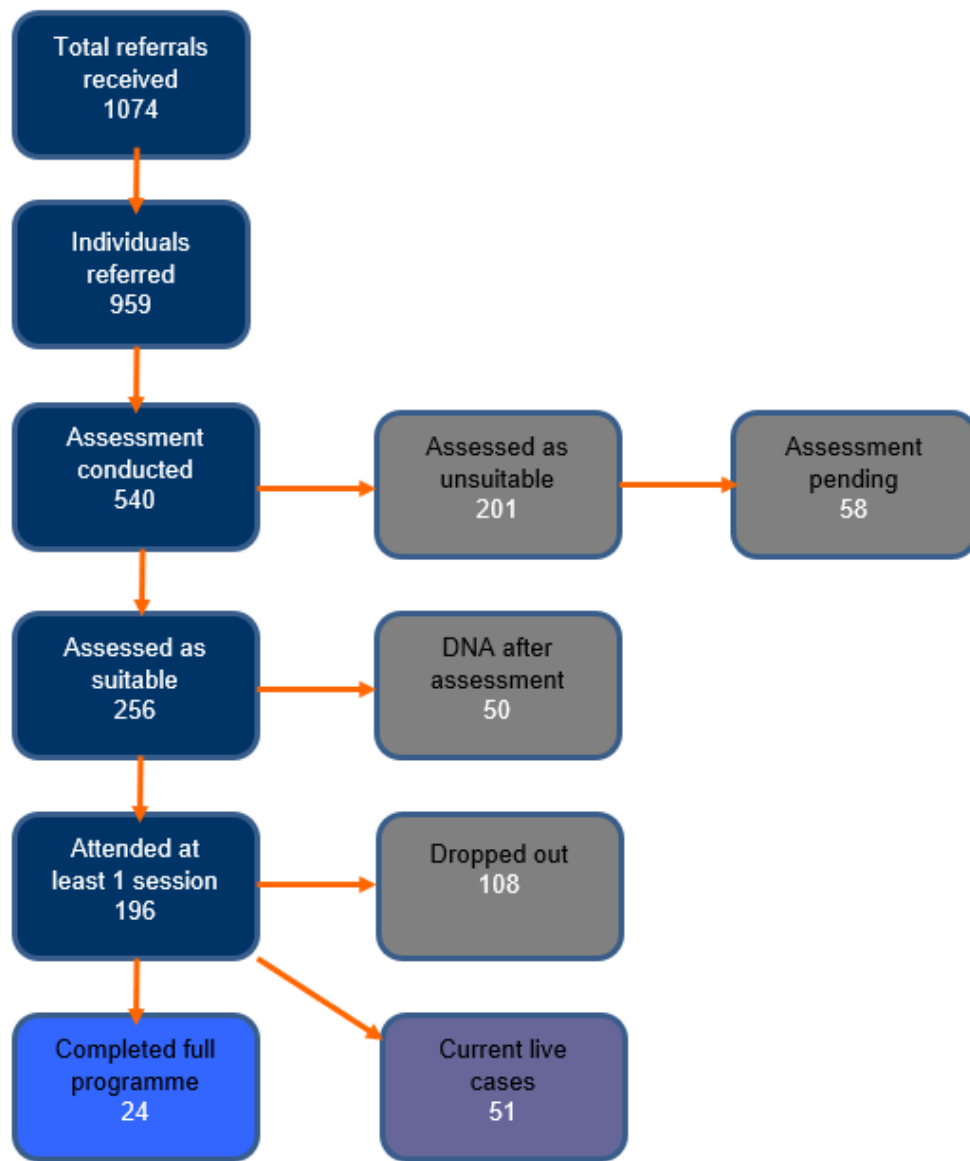
Output	Number
Number of men accepted onto My Time	256
Number of My Time sessions delivered	2460
Number of men completing the full 30-week My Time course	24
Number of (ex)partners referred to the ISS	376
Number of (ex)partners receiving support from the ISS	130 <sup>13</sup>
Number of social workers receiving training on assessment and referral criteria from My Time	Not available
Number of social workers receiving training around motivating perpetrators to engage with support and have a willingness to change	Not available

As demonstrated in Figure 13, the numbers of conversion rates from referral to assessment, acceptance, and completion of the programme were very low. This is outlined in more detail in Figure 14.

---

<sup>13</sup> It is important to note that full data was not available for all women referred into the ISS. The results of this analysis may be different if more data was recorded, and this further suggests that recording practices need to be more carefully audited to ensure accurate recording.

Figure 14: My Time referrals<sup>14</sup>



Challenges relating to initial referrals that contributed to this shortfall against the target, including both low numbers of referrals and the unsuitability of the majority of referrals are discussed in more detail in section 4.5. Enablers and challenges in converting acceptance on to the programme to engagement and completion are discussed in more detail in section 4.6.

<sup>14</sup> Please note that there was missing data for some suitability decisions, and that the data the drop-out rate does not include those who disengaged from the programme due to factors other than 'drop out' such as breaching rules or there being an increased risk. It was not possible to present this data due to inconsistencies in the figures.

### 3.8 Monitoring

My Time and the ISS collect quarterly monitoring data that includes information on referrals in each local authority, assessments carried out, suitability after assessments. However, it is not clear how closely this data links to the inputs, activities, outputs, impacts and outcomes of the DVPP.

The majority of stakeholders also identified the monitoring of impacts and outcomes across the ISS and My Time as a challenge in measuring effectiveness of the programme for (ex)partners, perpetrators and children. When the evaluation framework was developed, the programme was intending to use the IMPACT toolkit to collect responses from perpetrators and (ex)partners. It was recommended in the interim report that this toolkit, or a similar survey tool, should be used to measure distance travelled. However, this data was not available at the time of reporting. It is our understanding that My Time is continuing to work on developing a toolkit to measure distance travelled.

About half of stakeholders and all social workers also reported that low numbers of perpetrators who have completed the DVPP also makes it difficult to attribute and measure change. This is discussed in further detail in section 1.5.

### 3.9 Intended impacts and outcomes

As discussed in the interim report, the intended impacts and outcomes of the DVPP are outlined below:

#### *For perpetrators*

- Reductions in frequency, severity and types of violence by perpetrators towards their female partners or ex-partners
- Achievement of the hopes of perpetrators and their partners/ex-partners
- Perpetrators understand domestic abuse and its impact on (ex)partners and children

#### *For (ex) partners*

- Increases in safety and feelings of safety by partners or ex-partners of perpetrators, and their children
- (Ex)partners report expanded space for action and ability to make safe and informed decisions regarding their relationships
- Repeat victimisation is reduced

#### *For children and young people*

- Positive changes in the lives of children whose fathers or stepfathers are on the programme

- Children lead healthier childhoods including a reduction in their fear of the perpetrator and improvement in their outcomes, including improved feelings of safety

*For professionals*

- Professionals working with children and families have a good, shared understanding of the impact of domestic violence and how to effectively respond to it
- Effective working relationships between social care professionals and providers of domestic violence specialist support services

*For the system*

- Reductions in the need for police call-outs

Stakeholder and social workers demonstrated a shared understanding of these impacts and outcomes, and reported they had not changed over the course of the programme. These are also in line with the Respect Outcomes Framework, outlined in Appendix 2.

## 4 Implementation and delivery

### 4.1 Key messages

- At the time of commissioning, there was no simple off-the-shelf DVPP intervention that could have been commissioned. It was therefore expected that to a large extent the My Time DVPP was **explorative** in nature, and the findings in relation to its implementation would provide a valuable contribution to the evidence base of what works in implementing DVPPs. The findings should therefore be considered in this context.
- **The aims and rationale of the DVPP were developed in line with best practice principles and policy at the time.** However, some **important stakeholders (such as leads from children’s services and probation) were not included in the initial consultation stage.** This led to misunderstandings among social workers about key elements of the programme (such as eligibility criteria).
- **A robust strategic needs assessment and mapping of similar initiatives across the West Midlands was not conducted.** As a result, it was reported that in some instances the programme was not meeting an unmet need, as other services were available in some local authority areas that social workers were more likely to refer into.
- The My Time DVPP has adopted an **innovative and ambitious approach** to addressing domestic violence across a wide area. The longer period of intervention that it provides compared to other DVPPs on offer in the area was considered a key strength of the programme by stakeholders and social workers. The majority of stakeholders also reported that offering parallel ISS support to (ex)partners was effective in increasing safety. Further communication of the rationale behind this joint offer to social workers may further improve buy-in and referrals to the programme.
- The DVPP presented a **responsive and flexible approach** to implementing the programme. It responded to key learning in an attempt to improve referral and engagement numbers. For example, eligibility criteria was expanded to include referrals from Early Help, training was increased to raise social workers’ awareness of the programmes, to improve their confidence in working with perpetrators of domestic abuse, and communication between My Time and partners (the ISS and social care) improved. However, there was less evidence of responding to the need to capture monitoring data and ensuring that perpetrators maintain engagement with the programme and move on to completion.
- **Low referral rates and conversion rates** from referral to engagement or completion of the programme, continued to be a key challenge of the DVPP over the course of its implementation; to date, only 2% of referrals have completed the programme. Engagement from perpetrators is low throughout the referral process. These rates were also affected by continuing contextual

challenges, including competition with other DVPPs, and a need for systemic culture change within social care around working with perpetrators of domestic abuse.

- **Higher levels of engagement were associated with timeliness of assessment after referral and perpetrators being older.** Stakeholders and social workers also reported that the face-to-face introduction to My Time for social workers increased their understanding of the programme and enabled them to be more successful in engaging perpetrators as a result. A motivation to change was also a key enabling factor, in line with the evidence base (e.g. Respect, 2017).
- **The relationship between My Time and the ISS had improved greatly over the course of the programme,** through better communication, which resulted in mutual respect as partners gained understanding of each other and what they were trying to achieve. However, social workers demonstrated a lack of understanding of how the DVPP links to other partnership agencies.

Figure 15: A key for benchmarking of My Time

Symbol	Explanation
✓	The DVPP shows good evidence of being in line with the key principle
●	The DVPP shows some evidence of being in line with the key principle
▲	There was no evidence in this evaluation of consideration for the key principle
-	There is insufficient evidence at this stage to draw conclusions in this area

Figure 16: About My Time: benchmarking against best practice principles

Good practice principle	West Midlands DVPP	Evidence	Source of evidence
Basing an intervention on a clear theory of change and communicating the model effectively.	●	The aims and rationale of the DVPP were developed in line with best practice principles and policy at the time. However, some important stakeholders were not included in the initial consultation stage. This led to misunderstandings among social workers about key elements of the programme (such as eligibility criteria). In addition, a robust needs assessment and mapping of similar initiatives across the West Midlands was not conducted.	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> </ul>



Good practice principle	West Midlands DVPP	Evidence	Source of evidence
Effective multi-agency working	●	Joint meetings between the ISS and My Time was beneficial in improving information-sharing. Offering parallel support for (ex)partners and perpetrators was considered important in achieving outcomes. Although stakeholders reported that joint meetings between My Time and children's service resulted in social workers having an improved understanding of how to work with perpetrators of domestic abuse, the social workers interviewed had little understanding or experience of partnership working with My Time.	<ul style="list-style-type: none"> <li>● Review of programme documentation</li> <li>● Qualitative consultation with stakeholders</li> <li>● Qualitative consultation with social workers</li> <li>● Qualitative consultation with (ex)partners</li> </ul>
Targeting provision based on local need	●	My Time has been developed based on consultation with local authority partners which revealed a commonly understood need for this type of support for the programme's target cohort. However, a robust needs assessment and mapping of similar initiatives across the West Midlands was not conducted. As a result, it was reported that in some areas other services were available that social workers were more likely to refer into.	<ul style="list-style-type: none"> <li>● Review of programme documentation</li> <li>● Qualitative consultation with stakeholders</li> <li>● Qualitative consultation with social workers</li> </ul>

Good practice principle	West Midlands DVPP	Evidence	Source of evidence
<p>Engaging perpetrators who are motivated to change, potentially through including motivation work within the programme</p>	<ul style="list-style-type: none"> <li>●</li> </ul>	<p>Some social workers were unaware of the eligibility criteria that perpetrators had to be motivated to change. As a result, just under half of those individuals who were assessed were suitable for the programme (47%, or 256 out of 540 perpetrators).<sup>15</sup> 24% of perpetrators who were assessed as suitable failed to attend a single session and the dropout rate for those who attended at least one session of the My Time programme was 55%. In total, 24 perpetrators have completed the full 30 week My Time programme (five each in Birmingham and Dudley, 10 in Sandwell, three in Walsall and one in Wolverhampton). Only 2.5% of men referred into the programme completed it in full.</p>	<ul style="list-style-type: none"> <li>● Review of programme documentation</li> <li>● Qualitative consultation with stakeholders</li> <li>● Qualitative consultation with social workers</li> <li>● Monitoring data analysis</li> </ul>

<sup>15</sup> Please note that in some cases perpetrators were re-referred, so this figure of 254 includes men who may have been judged as not suitable on a previous assessment.

## 4.2 Overview

In this section, findings from interviews with social workers and other key stakeholders are discussed in relation to each stage of the programme, from initial commissioning and implementation, eligibility criteria and assessment and referral processes, through to the delivery of the programme and communication between My Time and the ISS.

## 4.3 Context

### 4.3.1 Understanding and planning

The service specification for the DVPP was published by the West Midlands OPCC in September 2016, requesting proposals from bidding providers by November 2016. It was not clear whether a robust needs assessment was undertaken assessing need, mapping similar initiatives, and identifying gaps across the West Midlands prior to the service being commissioned. NICE (2014) guidance specifies the importance of a needs assessment in ensuring that DVPPs are tailored to local needs (see Appendix 2).

However, the specification was developed following consultation with stakeholders from across the seven local authority areas covered by the programme (through methods such as local forums, regional steering groups and stakeholder meetings). The consultation focused mainly on stakeholders from the Community Safety Partnership.

The consultation found that there was an unmet need for:

- A DVPP that was accessible across the West Midlands
- A DVPP that linked support for (ex)partners and children and young people.
- A DVPP that targeted men from families with children known to children's services

The stakeholders involved in the consultation reported that these needs were not being met by existing DVPPs in the area. A full summary of these other DVPPs operating in the area is available in Figure 17. Where evaluations of these programmes have been available, they have been reviewed as part of the rapid evidence assessment, provided as an appendix to this report.

Figure 17: Other DVPPs in the West Midlands Police Force Area

Programme Title	Criteria	Coverage	Duration	Funding	Delivery	Referral Route
<b>Drive</b>	High risk, complex perpetrators  Consensual and non-consensual  Age 16+  Male and Female	<ul style="list-style-type: none"> <li>Birmingham</li> <li>Sandwell</li> </ul>	June 2020	National Funding, Drive Partnership and West Midlands OPCC	Richmond Fellowship <sup>16</sup>	Multi-Agency Risk Assessment, Police
<b>Building better relationships</b>	Male, heterosexual perpetrators. All risk levels considered – this programme is designed for medium-high risk perpetrators.	<ul style="list-style-type: none"> <li>Birmingham</li> <li>Coventry</li> <li>Wolverhampton</li> <li>Staffordshire</li> </ul> (Also Derby, Nottingham, Leicester and Rutland)	32 sessions – can be completed on a once or twice weekly basis.	Reducing Reoffending Partnership (RRP) - ongoing	Staffordshire and West Midlands Community Rehabilitation Company (SWM CRC)	Court requirements/ Licence conditions  Children and Family Court Advisory and Support Service.

<sup>16</sup> Programme documentation supplied by OPCC colleagues states that the Drive programme will be delivered by Richmond Fellowship. We would like clarification concerning this during the “sense-testing” meeting during which we aim to gather feedback on this report.

Programme Title	Criteria	Coverage	Duration	Funding	Delivery	Referral Route
						Other referrals considered case-by-case
<b>Spectrum</b>	Self-reported or convicted of domestic abuse. All relationship forms and gender identifications eligible.  Low risk perpetrators.	Pilot in Birmingham and Staffordshire.	10 sessions – can be completed on a once or twice weekly basis.  1:1 available if required.	Reducing Reoffending Partnership (RRP) - ongoing	SWM CRC	Offender Managers, self-referrals from probation service users.  Other referrals considered case-by-case.
<b>SIADA</b> (Structured intervention to address domestic abuse)	Self-reported or convicted domestic abuse.  Male, heterosexual perpetrators. All risk levels considered – designed for low-medium risk.	<ul style="list-style-type: none"> <li>• Birmingham</li> <li>• Coventry</li> <li>• Wolverhampton</li> <li>• Staffordshire</li> </ul>	9 sessions.  Group delivered once weekly  1:1 available if required.	Reducing Reoffending Partnership (RRP) - ongoing	SWM CRC	Court requirements/ Licence conditions  Directed by Offender Managers to address this risk

Programme Title	Criteria	Coverage	Duration	Funding	Delivery	Referral Route
	Usually considered where BBR is not accessible due to SU needs.					
<b>Reprovide</b> (Pilot Programme)	Cases held within children’s services  Women’s support provided by the referrer or other DV Agency	Birmingham (North)	23 weekly sessions  2-3 hours per session	Mainstream Funding	Birmingham City Council	Birmingham City Council Children’s Services
<b>ADAIS</b> (Alcohol and domestic abuse intervention scheme)	Standard to medium risk  Suitable for partners, ex partners and wider family  Alcohol related but <b>not</b> alcohol dependent	West Midlands Police Force area	Initial assessment, 6 course sessions (2 hours long) & 1:1 post course assessment		Aquarius – a charity partnered with the Richmond Fellowship to tackle substance misuse  Aquarius offer a wraparound	Police

Programme Title	Criteria	Coverage	Duration	Funding	Delivery	Referral Route
					support to the victim	
<b>CARA</b> (Community resolution and relationship abuse)	Standard to medium risk  Intimate partners <b>only</b> (ex/current)  Run through a Randomised Control Trial (RCT)  3 cohorts – General, Sikh, & Polish populations	West Midlands Police Force Area  ( <b>only</b> Sikh & Polish available to Stechford)	2 full days each on a Saturday one month apart	Unknown	Hampton Trust	Police
<b>Mentoring West Midlands</b>	Suitable for any sort of DA offence which is standard to high risk, but mainly deals with high risk offenders  Offer 1:1 support	Coventry	Support offered if the client is engaging is only removed after a multi-agency discussion at the DV Forum	Unknown	Mentoring West Midlands	Through the DV perpetrator forum (ODOC)

Programme Title	Criteria	Coverage	Duration	Funding	Delivery	Referral Route
<b>Brighter Futures</b>	Men or women who are identified as having problems with aggressive or violent behaviour within their intimate and/or family relationships.	Coventry Walsall	10 sessions  Group delivered once weekly  1:1 available if required	Unknown	Fry Housing Trust	Self-referrals  Any partner agency  DV perpetrator forum



However, interviews with stakeholders as part of the evaluation suggested that this approach to understanding and planning for the DVPP was limited in the following ways:

- Stakeholders suggested that there were **other perpetrator programmes in the West Midlands area that were similar to My Time**, and therefore the programme was not necessarily addressing an unmet need. However, a minority of stakeholders argued that the longer time frame of the programme made it distinct from other programmes and was needed in the area.
- It was reported that the initial consultation process had focused mainly on stakeholders, but would instead have benefited **from greater engagement with local authority children's services**, particularly at an assistant director and director level. This may have enabled the programme to better work with children's services from the start to embed the service more fully, which could have supported higher referral rates as well as decreased the number of ineligible referrals being sent to My Time (see sections 4.4, 4.5 and 4.6).
- It was also suggested that consulting with children's services earlier on may have helped **identify the need for culture change** within social work around working with perpetrators of domestic abuse. The OPCC may then have been able to address this more directly to ensure that the necessary conditions for a DVPP were in place prior to implementation.
- Senior stakeholders also believed **offender managers** should have been part of the commissioning stage, as well as judges and magistrates. This may have helped offer some insight as to whether the programme would receive sufficient referrals as a voluntary service, and would have helped to assess the scope for the service being presented as mandatory or as an out-of-court disposal mechanism.

Ensuring that a wider range of partners are involved in the next stage of the commissioning process for the DVPP may therefore support a more effective review of the referral pathway and a better understanding of what work might need to be done in terms of creating the necessary conditions for increased partnership working and referrals in the future.

A more thorough needs assessment in the area which includes the detailed mapping of other services can also help the OPCC consider how appropriate different DVPPs are for the area and the needs of the target audience. It may also help ensure that the needs of the target cohort are taken into account when implementing the programme, to make sure sessions are accessible for all (see section 4.6.2).

#### 4.3.2 Rationale and theory of change

Although the aims and outcomes of the DVPP were linked to policy and best practice principles (see section 3.3) it was not clear whether a theory of change was developed that was strongly linked to the evidence base and clearly communicated to stakeholders and social workers. Social workers demonstrated two main misunderstandings about the programme:

- **The majority of social workers did not show awareness that a motivation to change was part of the eligibility criteria** (see 3.6.2). This criterion was based on the evidence of what works in best practice of DVPPs (see section 2.2). This lack of awareness may have led to inappropriate referrals. Indeed, monitoring data shows that just under half of those individuals who were assessed were suitable for the programme (47%, or 256 out of 540 perpetrators)<sup>17</sup>. Improving communication between My Time and children’s services around eligibility criteria may therefore help improve understanding and the number of appropriate referrals being received.
- **A minority of social workers commented that the programme was targeting too high-risk perpetrators**, who they viewed as being unlikely to change their behaviour. It was suggested that lower-risk perpetrators who were at an earlier stage might be more likely to benefit, unlike high-risk ones whose behaviour may be more embedded. Clearly communicating the rationale behind the target audience may have helped increase buy-in from social workers and improved referral numbers (see section 4.5).

A lack of understanding of the eligibility criteria, particularly around motivation to change, may have had an impact on the high number of referrals that were unsuitable. Figure 18 shows that 45% of all individuals’ assessments from My Time were unsuitable, with the majority of these being because the perpetrator was in denial about accepting responsibility for his behaviour (see Figure 19).

*Figure 18: Suitability decision from My Time by area (as % of all assessments) (n=464)<sup>18</sup>*

Area	Suitable	Unsuitable
Birmingham	55 (12%)	74 (16%)
Coventry	13 (3%)	11 (2%)
Dudley	47 (10%)	29 (6%)
Sandwell	72 (16%)	54 (12%)
Solihull	20 (4%)	10 (2%)
Walsall	12 (4.7%)	11 (2%)
Wolverhampton	37 (8%)	19 (4%)
<b>Total</b>	<b>256 (55%)</b>	<b>208 (45%)</b>

<sup>17</sup> Please note that in some cases perpetrators were re-referred, so this figure of 256 includes men who may have been judged as not suitable on a previous assessment.

<sup>18</sup> Please note that due to missing suitability decision data this does not represent the total number of unsuitable referrals.

Figure 19: Reasons for unsuitable decisions (n=196)<sup>19</sup>

Unsuitable	% of perpetrators
Denial	59%
Unknown	3%
Needs alternate support	11%
Mental health	4%
Too high risk	10%
Unwilling to engage	14%
<b>Total</b>	<b>100%</b>

Developing and communicating a clear theory of change which includes an emphasis on motivation to change may increase the proportion of appropriate referrals, increase social workers' understanding and buy in to the DVPP, which in turn improves their ability to successfully engage perpetrators with the programme (see section 4.6).

#### 4.3.3 Commissioning

The contract to deliver the DVPP was awarded to the Richmond Fellowship's My Time programme in January 2017, and it was initially intended for referrals to be accepted from April 2017. However, the programme faced initial delays in implementing the programme and being able to accept referrals. Initial delays were in confirming the structure of the Integrated Support Service (ISS) which operates alongside the DVPP to provide support to the partners and ex-partners of perpetrators. These delays were in relation to agreeing how the ISS would receive referrals, and how support would be provided in a way which minimised risk for (ex)partners and children and young people.

#### 4.4 Eligibility criteria

The original eligibility criteria for the My Time programme was:

- The perpetrator must be a medium-risk heterosexual male over 18.

<sup>19</sup> Please note that due to missing data this does not represent the total number of unsuitable referrals.

- The perpetrators must be a father with a child on a Child Protection (CP) or Child in Need (CIN) plan.
- The perpetrator must have willingness to change and be open and honest regarding their abusive behaviour.

As noted in section 3.6.2, the criteria was expanded to include fathers whose children were involved in Early Help from December 2018 and perpetrators with a history of attempted strangulation if it was considered safe for them to participate.

Generally, stakeholders and social workers agreed the updated eligibility criteria for the DVPP were correct and effective in targeting the right people. However, changes to eligibility criteria were made without necessarily considering whether the DVPP and its content is the most appropriate form of support for the perpetrators being referred into the programme. As a result, the following concerns about these changes were also raised:

- **A minority of stakeholders expressed concern that some participants that met the eligibility criteria were still too high-risk to be appropriate for the programme.** For example, it was suggested that the assessment criteria may not have been accurate as perpetrators were deemed eligible, despite the high likelihood of recidivism.
- **It was not clear whether it was considered that the changes might increase the overlap between the My Time DVPP and other similar programmes being delivered in the West Midlands.** Many social workers reported that if other DVPPs were on offer in the area, they were more likely to refer into these than My Time. However, this was generally because they were shorter and therefore perpetrators were more willing to engage with them, rather than due to differences in the service offered (see section 4.5).

Reviewing the referral pathway in consultation with a wider range of stakeholders may therefore support the OPCC to ensure that the target cohort are being identified and referred into the DVPP in a way that 1) reduces the risk and increases the safety for the (ex)partner and children, and 2) meets an unmet need in the West Midlands Force Area.

#### 4.5 Assessment and referral process

There was a consensus among key stakeholders that the referral process for My Time improved over time as a result of the programme being flexible and responding to initial barriers that were affecting referral rates. For example, through allowing referrals to be made by anyone from social services and accepting self-referrals. Changes to the eligibility criteria (see sections 2.4.3 and 4.4) were also introduced to address low numbers of referrals.

Although monitoring data analysis shows that referral numbers did steadily increase over the programme, senior stakeholders reported that referral rates remained lower than originally envisaged despite these changes although no clear targets are included in documentation. As previously mentioned, clear

targets for assessments may be important in delivering services in the future to systematically monitor and assess this (see 3.7).

Stakeholders and social workers identified a number of reasons for this:

- **Social workers' awareness of the programme.** The majority of stakeholders reported that social workers had a limited awareness of both the programme and its eligibility criteria, which contributed to the low referral rate and low conversion rate from referral to acceptance onto the programme. There were disparities in referral and engagement numbers across different areas, which depended on whether there were other DVPPs that social workers were more familiar with in their areas.

My Time responded to this challenge by increasing face-to-face training sessions and introductions to the programme; these sessions were reported by stakeholders to have improved both social workers' understanding of the programme and their understanding of domestic violence in general, which in turn had a positive impact on referral numbers which increased as the programme went on (see section 3.6). This was corroborated by interviews with social workers; the majority who were interviewed were aware of the programme and appeared to be referring into it whenever they had a client they deemed eligible.

*"I think everybody is aware of it, everybody knows the service. We know how to refer when the programme is needed."*

Social worker

However, it should be noted that social workers who were not aware of the programme and had not been referring to it may have been less likely to accept our request to be interviewed regarding My Time.

Reviewing partnership working and communication processes and ensuring strategic buy-in from system leaders may further increase understanding of the programme on a wider scale.

- **Communication from My Time during the referral process needs to improve.** Stakeholders from the ISS reported that communications with My Time improved over time. That said, the majority of social workers interviewed identified a lack of communication from My Time during the referral process as discouraging people from referring. For example, they described making referrals and not receiving feedback or any acknowledgement of receipt of the referral for a prolonged period. For example, one social worker reported:

*The main issue is communication. Things take a while, and you need some acknowledgement [that the referral has been received]. It puts people off referring people.*

Social worker

This discouraged social workers, who commented that they did not have the capacity to continually follow-up referrals. Improving communication between My Time and social workers may therefore encourage referrals in the future.

- Lengthy referral and assessment process.** Social workers commented that reducing the length of the referral process would potentially have increased their willingness to refer into the programme. They did not necessarily comment on this in relation to the referral form itself (most agreed that this was long, but not more so than other forms) but in regard to the process itself. My Time addressed issues by changing the referral form early on in the programme, and merging and consolidating the referral forms for the DVPP and the ISS. However, social workers still identified a difficulty in obtaining written consent from the victim and perpetrator, especially when verbal consent had already been given. Reviewing the accessibility of the referral process in order to limit the burden it places on social workers and service users may support buy-in and engagement. Improved partnership working with social care so that concerns such as these can be shared and responded to is also important in making the referral process more accessible.
- Competition with other DVPPs.** Some social workers reported that if other programmes were available in their area that were shorter than My Time, they would choose these as the perpetrator would be more likely to engage (see 4.6.2). Stakeholders also suggested that in areas where other perpetrator programmes were running, there was limited engagement with My Time by social workers or their managers (see 4.3.1 for a list of other DVPPs available in the region). This is supported by analysis of monitoring data (Figure 20) that shows the lowest numbers of referrals were seen in Coventry (which has two other DVPPs available) and Solihull (which has the Caring Dads programme).

Figure 20: Referrals by area (n=1072)<sup>20</sup>

Area	Y1Q	Y1Q	Y1Q	Y2Q	Y2Q	Y2Q	Y2Q	Y3Q	Y3Q	Y3Q	Y4Q	Total
	2	3	4	1	2	3	4	1	2	3	4	
	Jul-Sep '17	Oct-Dec '17	Jan-Mar '18	Apr-Jun '18	Jul-Sep '18	Oct-Dec '18	Jan-Mar '19	Apr-Jun '19	Jul-Sep '19	Oct-Dec '19	Jan-Mar '20	
Birmingham	9	26	23	21	34	35	39	44	37	29	9	306
Coventry	1	4	2	1	0	11	8	6	5	8	0	46
Dudley	5	7	13	9	27	18	24	21	14	14	3	155
Sandwell	6	39	44	34	16	32	30	24	31	20	9	285

<sup>20</sup> Please note that due to missing data it was not possible to assess date and/or area for two referrals.

Area	Y1Q 2	Y1Q 3	Y1Q 4	Y2Q 1	Y2Q 2	Y2Q 3	Y2Q 4	Y3Q 1	Y3Q 2	Y3Q 3	Y4Q 4	Total
	Jul-Sep '17	Oct-Dec '17	Jan-Mar '18	Apr-Jun '18	Jul-Sep '18	Oct-Dec '18	Jan-Mar '19	Apr-Jun '19	Jul-Sep '19	Oct-Dec '19	Jan-Mar '20	
Solihull	5	6	3	13	10	5	10	2	3	6	2	<b>65</b>
Walsall	2	2	1	3	5	2	5	15	24	8	5	<b>72</b>
Wolverhampton	1	8	11	10	11	19	26	17	22	16	4	<b>145</b>
<b>Total</b>	<b>27</b>	<b>92</b>	<b>97</b>	<b>91</b>	<b>103</b>	<b>122</b>	<b>142</b>	<b>129</b>	<b>136</b>	<b>101</b>	<b>32</b>	<b>1072</b>

- A clearly communicated theory of change which outlines the rationale and evidence-base behind commission a longer programme (see 2.2) may have therefore had a positive impact on referral numbers. A thorough needs assessment could also help assess whether My Time is sufficiently distinct from other DVPPs in the area and inform eligibility criteria accordingly to ensure it is targeting a cohort who may benefit from the intervention.
- **Staff turnover.** Stakeholders reported that high staff turnover in children’s services was a contributing factor to low referrals into the programme. As such, My Time experienced challenges in ensuring that children’s services maintained and sustained institutional knowledge of the programme. To address this, My Time refreshed and repeated the face-to-face communication and introduction to the programme for social workers, which was reported to have supported engagement (see section 4.6). However, analysis of the monitoring data shows this has not seemed to have had a significant impact on referral numbers. The Department of Education<sup>21</sup> statistics regarding children’s social work workforce for the year ending 30<sup>th</sup> September 2019 suggest that turnover rate for children and family social workers in the West Midlands was 16%, only slightly higher than the national rate of 15.1%. Notable outliers in the West Midlands region are Walsall (26.7% turnover rate) and Dudley (26.4% turnover rate). It is not possible, based on this data, to assess whether staff turnover rate has a direct impact on referral rates to the DVPP.
- **The need for systemic culture change.** Stakeholders reported that low referral rates may be linked to a culture within children’s services that is historically more victim-focused, with a lack of experience and confidence in working with perpetrators. This may have contributed to a lack of buy-in from senior leaders in children’s services as well as reluctance to refer into the

<sup>21</sup> [Children's social work workforce 2018 to 2019: tables](#)

programme from frontline workers, which in turn may have resulted in low referral numbers:

*“Originally we hadn’t anticipated the level of systemic change that would be needed to do meaningful work with the perpetrators because we were told the floodgates would be open and we would be inundated with referrals from social services, but when it launched that wasn’t the case.”*

Stakeholder

Further work on encouraging this kind of culture change and increasing social care practitioners’ understanding of DVPPs and the rationale behind them, and increasing their confidence in working with families experiencing domestic abuse, may therefore help further embed the programme in the area, increasing the number of appropriate referrals.

#### 4.6 Accessibility and engagement

The My Time DVPP is an ambitious programme, seeking to engage a ‘hard-to-reach’ group on a 30-week course. As such, there were numerous challenges encountered in engaging perpetrators at the beginning of the programme and maintaining engagement as the intervention progressed, which is reflected in the attrition rates. Across all seven local authorities, 24% of perpetrators who were assessed as suitable failed to attend a single session and the dropout rate for those who attended at least one session of the My Time programme was 55%. In total, 24 perpetrators have completed the full 30 week My Time programme (five each in Birmingham and Dudley, 10 in Sandwell, three in Walsall and one in Wolverhampton). Only 2.5% of individual men referred into the programme, and 2% of overall referrals (as some men were referred more than once) completed it in full.

Although stakeholders generally reported that low numbers of referrals had resulted in a low number of perpetrators completing the programme, this data suggests that engagement with the programme is also a significant issue, both at the early stage of the process (46% of referrals were closed without an assessment, and 24% who were assessed as suitable did not attend a session) and during the programme (55% of perpetrators dropped out after one session). Indeed, evidence suggests that the 12% conversion rate from starting the programme to completion is low compared to other DVPPs; for example, Akoensi, Koehler and Humphreys’ systematic review of the state of evidence for DVPPs in Europe found that around 25% of people who start DVPPs go on to complete them.

Findings from the data analysis identified a number of factors that were associated with engagement, and findings from qualitative consultation with stakeholders and social workers identified a number of factors that hindered perpetrators’ engagement at all stages of the programme. These are outlined in sections 0, 4.6.1 and 4.6.2. It is hoped that these findings will further contribute to the evidence-base around effective practice (including engagement) in DVPPs.



#### 4.6.1 Factors associated with engagement and progression

This section examines factors that might be associated with progression to receiving sessions and completing the programme. It is based on analysis of service usage data provided to the evaluation by My Time and the ISS.

The analysis in this section focuses on the differences between three groups identified by My Time data:

- Those who were assessed as suitable for My Time, but who did not attend any sessions (n=60)
- Those who were assessed as suitable and who attended at least one session, but did not complete the full My Time programme (n=172)
- Those who were assessed as suitable, and who subsequently completed the full My Time programme (n=24)<sup>22</sup>

It is important to note that, due to the relatively small size of these groups, in particular those who completed the full My Time programme, the following analysis should be treated with caution. Sample sizes vary due to variance in data availability.

##### *Time between referral and first assessment*

Figure 21 shows the average number of days between referral and the first assessment offered to a perpetrator. This is split by those perpetrators who did not attend any sessions, those who attended at least one session but did not complete the full programme, and those who completed the full programme.

It shows that, on average, those who engaged with the programme by attending sessions were offered an assessment sooner following their referral than those who did not attend any sessions.

*Figure 21: Time between referral and first assessment offered (n=256)<sup>23</sup>*

Engagement level	Number of perpetrators	Average number of days from referral to first assessment offered
No Sessions	60	30.7

<sup>22</sup> It is important to note that data on some factors was not available for all perpetrators. As a result, analysis of some factors is based on slightly smaller numbers of perpetrators than given here. Where this is the case, this is highlighted in the analysis.

<sup>23</sup> Of the 1074 cases 115 were duplicate (or in some cases triplicate) referrals. Originally 244 individuals were recorded as having attended sessions, but in 34 cases the number of sessions was attached to both a primary and a duplicate case. This was corrected by ensuring that when there were multiple entries for sessions for a

Engagement level	Number of perpetrators	Average number of days from referral to first assessment offered
At least one session	172	19.2
Completed	24	18.2
<b>Total</b>	<b>256</b>	<b>21.8</b>

Figure 22 shows the average number of days between referral and the first assessment being attended by a perpetrator. This shows that the average number of days between referral and the first assessment attended was shorter for those who engaged with the programme by attending sessions, than those who did not attend any sessions. This is particularly notable for those who completed the full My Time programme.

*Figure 22: Time between referral and first assessment attended (n=252)*

Engagement level	Number of perpetrators	Average number of days from referral to first assessment attended
No Sessions	59	44.1
At least one session	170	40.1
Completed	23	32.5
<b>Total</b>	<b>252</b>	<b>40.3</b>

#### *Time between referral and first session*

Figure 23 shows that the average number of days between referral and the first programme session offered to a perpetrator was shorter for those who attended any sessions, and considerably shorter for those who completed the full programme.

Whilst this difference is not statistically significant (due to the small numbers of perpetrators involved), when a measure of effect is calculated (i.e. an index which summarises the strength of the link between a particular factor and outcomes),

---

single person these were attached to that person's latest referral. This resulted in 210 individuals who had attended sessions.

the difference in the number of days between those who did not attend any sessions and those who completed the full programme would be considered an important difference.

*Figure 23: Time between referral and first session offered (n=207)*

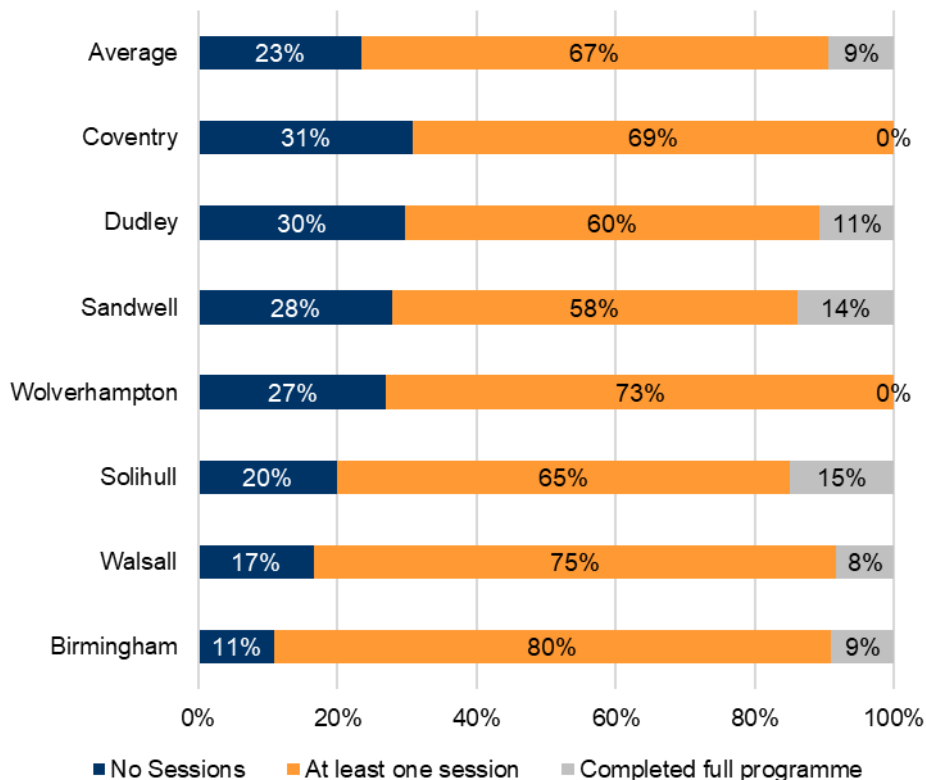
Engagement level	Number of perpetrators	Average number of days from referral to first session offered
No Sessions	39	110.8
At least one session	147	91.2
Completed	24	77.9
<b>Total</b>	<b>207</b>	<b>92.9</b>

#### *Local authority area*

Figure 24 summarises the relationship between the local authority area a referral came from, and whether the referral attended any sessions, or completed the full programme.

This suggests that Sandwell, Solihull and Dudley performed better than the average in terms of converting suitable referrals into those who fully complete the programme. Conversely, performance in Coventry and Wolverhampton was lower than the average. Again, caution should be applied when interpreting this analysis due to the low numbers of perpetrators who completed the full My Time programme.

Figure 24: Relationship between local authority area and proportion of referrals engaging with the My Time programme (n=1074)

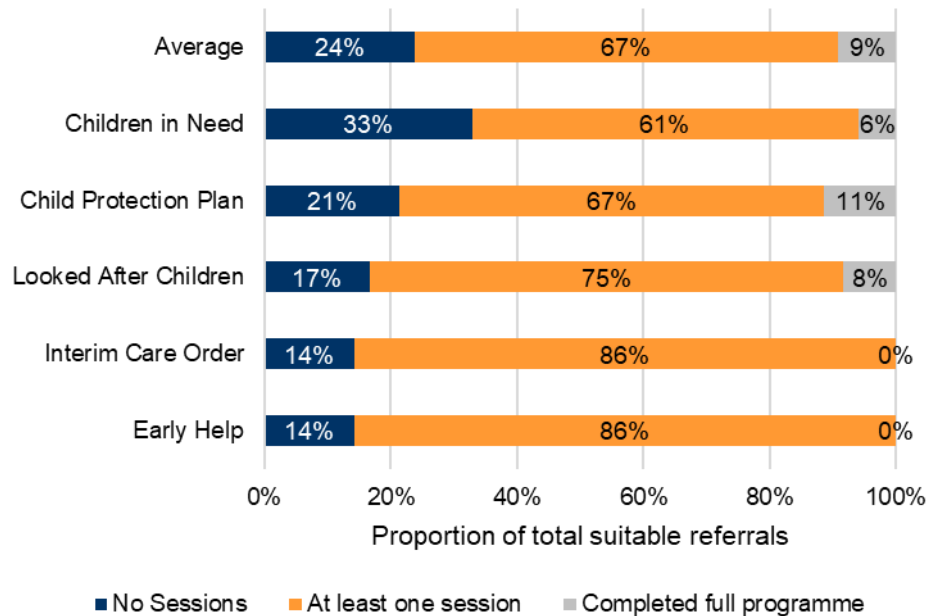


### Referral source

Figure 25 shows the relationship between the source of a referral, and whether the referral attended any sessions, or completed the full programme.

This suggests that those who completed were more likely to come from referrals from families with a Child Protection (CP) Plan. Conversely, those referred from families with Children in Need (CIN) were comparatively less likely to attend any sessions. However, again the small numbers of referrals involved means interpretation of this analysis should be treated with caution.

Figure 25: Relationship between referral source and proportion of referrals engaging with the My Time programme



### Age of perpetrator

Figure 26 shows the average age of those who did not attend any sessions, those who attended at least one session by did not complete the programme, and those who completed the full programme. It shows that those who completed the full programme are on average older than those who attended at least one session, but did not complete the full programme. This difference is statistically significant; that is, we can be 95% certain that the difference is unlikely due to chance.

Figure 26: Age of perpetrator (n=256)

Engagement level	Number of perpetrators	Average age
No Sessions	60	34.5
At least one session	172	32.0
Completed	24	37.8
<b>Total</b>	<b>256</b>	<b>33.1</b>

### Number of children

Figure 27 shows the average number of children for those in each of the three groups. While those who completed the full programme appeared to have more children on average, this difference is not statistically significant.

Figure 27: Number of children (n=253)

Engagement level	Number of perpetrators	Average number of children
No Sessions	60	2.1
At least one session	170	2.2
Completed	23	2.7
<b>Total</b>	<b>253</b>	<b>2.2</b>

#### 4.6.2 Enablers to engagement

##### *Introduction to My Time for social workers*

As noted in section 4.5, some social workers were introduced to My Time through a staff member coming into social services and giving a presentation about the programme, which had a positive impact on referrals. Some social workers also described how, due to increased buy-in to the programme as a result of this in-person communication, they successfully engaged initially unwilling clients to agree to be referred.

Moreover, those who did not receive this in-person introduction tended to be less positive about and less aware of the programme. They commented that being given information in this form or having some sort of direct contact with My Time would improve their relationship with the programme and increase their ability to engage clients. Ensuring that these face-to-face introductions to the programme are offered systematically and consistently may therefore increase referral rates (see 4.5) and engagement, though this task could be challenging due to high social worker turnover rate.

Social workers reported that the initial information they received from My Time was useful in communicating information about the programme. However, social workers commented on the need to refresh this knowledge, with several suggesting it would be useful to have flyers or posters around to provide more information for social workers and (potential) service users. They suggested this increased familiarity with the service would sustain referrals and could improve engagement, as again it would increase their confidence in 'selling' the programme.

Evidence from qualitative consultation with stakeholders, perpetrators and (ex)partners suggested that a strong factor in encouraging perpetrators to engage with My Time was the potential positive impact on children. For instance, one of the perpetrators participating on the My Time programme explained that he initially elected to take part as a way of improving his chances of seeing his children, and was motivated to continue attending as he began to understand the effect of domestic abuse on his children and wanted to change his behaviour.

*“I want [my children] to see an improvement in myself, because obviously they've seen my nasty side. You're in charge of your own decisions, you can change. I want them to see that.”*

Similarly, interviews with perpetrators and (ex)partners highlighted the importance for both partners of improving the wellbeing of children when deciding whether to engage with the programme. This is supported by evidence from the refresh of the rapid evidence review (see section 3) which highlights how benefits to children can be a motivating factor for engagement with DVPPs. A strong focus on children may therefore support engagement with My Time.

#### *Motivation to change*

Stakeholders reported that motivation to change by perpetrators was the strongest enabler to their engagement. However, they felt that many fathers who engaged were doing so solely to tick a box and improve their standing with children's services (see section 5.3.1). This may have contributed to the high rates of attrition. A recommendation of the interim report was to train social workers on motivating perpetrators to engage with services. Although training has been implemented across all seven local authority area, the social workers and stakeholders interviewed had a limited awareness of this. Combined with the low completion numbers, this suggests this training has not had a substantial impact on motivating perpetrators to engage with the programme.

Continuing to review evidence on what works in engaging perpetrators with DVPPs in a meaningful way will therefore be important in improving conversion rates from referral to engagement and completion of the programme.

#### **4.6.3 Barriers to engagement**

As mentioned, perpetrator engagement numbers were lower than expected. However, stakeholders reported that (ex)partners who had the opportunity to receive support from the ISS were very engaged and extremely motivated to improve their own lives as well as those of their children. This difference was demonstrated when one stakeholder explained that early on in the programme 61 women attended their first assessment they were offered compared to only three men, though this was prior to the changes that were implemented to increase referrals (see Section 3.6). Stakeholders and social worker interviews identified a range of barriers to perpetrator engagement, which are discussed in this section.

### *Accessibility of assessment and sessions*

The location of assessments and My Time sessions was a barrier to engagement, with both stakeholders and social workers reporting that some perpetrators were being asked to commute to sessions. It should be noted that My Time addressed this by making attempts to be flexible and accommodating to encourage people to attend assessments. Some perpetrators still did not attend after these efforts were made. However, the sessions themselves (where there was less flexibility) were not always accessible for perpetrators.

Stakeholders reported that language barriers and limited support for perpetrators who are not native speakers of English were also barriers to engagement. They suggested that a more thorough understanding of the needs of the target cohort at the beginning of the programme could have identified factors such as language barriers, location and accessibility of services that needed to be addressed to support engagement.

### *Set-up of the programme*

The majority of social workers reported that encouraging their clients to commit to a 30-week course was difficult, especially in areas where competing DVPPs were available that were shorter (e.g. Choose to Change in Coventry – see section 4.5). Indeed, the majority of social workers emphasised this as the biggest barrier to engagement for their clients.

Some social workers also reported uneasiness with groupwork, noting that their clients felt uncomfortable in a group setting. This again discouraged them from attending. Social workers suggested that the programme should be more flexible to allow for this, such as by offering more perpetrators one-to-one sessions. Although much of the evidence suggests group work is important in achieving positive outcomes in DVPPs (see Appendix 2) new evidence (outlined in section 2) also suggests that a blend of one-to-one mentoring and group sessions can be effective in impacting on behaviour change in perpetrators in DVPPs.

#### **4.6.4 Exit criteria**

Social workers did not have any awareness of exit criteria for the My Time programme, stating that this was not something that had been communicated to them. Increasing the clarity of the full referral pathway to all stakeholders may increase their understanding of the programme, which in turn would support them in engaging clients (see sections 4.3.2 and 4.6).

#### **4.7 Multi-agency and partnership working**

Stakeholders acknowledged the importance of a strong relationship between providers of the victim support and perpetrator support in an ambitious programme like My Time, which offers parallel support over seven different local areas. Evidence also suggests this is key for the success of a DVPP (Hester et al, 2019). They reported that the relationship between My Time and the ISS had improved through better communication, which resulted in mutual respect as



partners gained understanding of each other and what they were trying to achieve. As the relationship between the ISS and My Time improved, stakeholders reported that the referral process and the overall implementation of the programme became more successful because better communication allowed for a smoother partnership working.

#### 4.7.1 Social care and other partners

The majority of stakeholders reported that joint meetings and briefings with social workers and the ISS and My Time teams were beneficial to share knowledge and support partnership working. Joint meetings with children's services also contributed to a culture shift and increased understanding among social workers of how to work with perpetrators of domestic violence. This is discussed further in 5.6.

Social workers, on the other hand, reported little awareness of multi-agency and partnership working. Most were unsure what other services My Time was working with. One social worker noted that lots of agencies attend Children in Need (CIN) and core group meetings, and it would be helpful if My Time could also attend, as this would increase communication and partnership working between My Time and other agencies. Again, increasing social workers' understanding of the programme could further support referrals and engagement (see sections 4.5 and 4.6.2).

#### 4.7.2 Links between ISS and My Time

The majority of (ex)partners believed that receiving support at the same time as the perpetrators was important as they hoped that it would make the impacts on each programme more successful. This view was corroborated by stakeholders, who highlighted the support provided to (ex)partners as a key strength of the programme.

In contrast, social workers reported being unconvinced of the merit of having a parallel service for (ex)partners and perpetrators. The requirement for (ex)partners to be supported in parallel to perpetrators was also not clear to all social workers, especially in cases where the victim and already completed a support programme.

Social workers reported that other victim support services tended to offer support more quickly than My Time and the parallel ISS. For example, one social worker described having difficulty in a case where, by the time a client had agreed to participate in My Time, their partner had already completed a separate victim support service and neither she nor the social worker saw the need for her to attend another one. Further clarification around the evidence-base (e.g. Miles & De Claire, 2018; Welsh Government, 2019) for offering parallel support may therefore help secure buy-in from social workers referring into the programme (see section 4.5).

(Ex)partners reported that the strength and independence that they gained from ISS helped them to feel safer (see section 6.3.3). However, they also reported that they would have appreciated more updates regarding what was happening

and the progress the perpetrators were making throughout the My Time programme.

For instance, one victim suggested that if the programmes were more lined up, she and the perpetrator would be better integrated in their knowledge of domestic abuse, thus being able to apply what they have learned in the programmes at the same time. This was echoed by stakeholders and social workers, who noted that they would often not hear anything back from the programme once the perpetrator had begun it. It was suggested that improved communication between the two services would increase the overall effectiveness of the programme (see section 4.5).

## 5 Impacts and Outcomes

### 5.1 Key messages

- Overall, the evaluation found mixed evidence as to whether the My Time model has been effective in achieving its intended outcomes for perpetrator, (ex)partners and professionals.
- It is **difficult to measure and attribute the impact of My Time** without a set of formalised, agreed and consistent outcomes measures. However, My Time has adopted an iterative approach to measuring outcomes based on feedback from key stakeholders and clients, within the context of a limited evidence base regarding what works in measuring the impact of DVPPs. At the time of writing, the My Time programme was in the process of developing outcomes measures to sufficiently capture the complex challenge of changing abusive behaviour, in a way that was more closely linked to the specific outcomes for the programme than the DAPHNE IMPACT toolkit that was originally planned to be used.
- There are **mixed indications of whether the My Time model is effective** in achieving its intended impacts and outcomes for (ex)partners, perpetrators and professionals. For example, perpetrators reported that they felt they had benefited from the My Time programme, identifying that it had given them an improved understanding of the effect of domestic abuse on their partner and children, and reduced their violent offending. Many of them linked this to the group work set-up of the programme, which evidence suggests can be effective in reducing risk (see Appendix 2). However, there were mixed views among (ex)partners on whether My Time had a positive impact on their feelings of safety and repeat offending.
- There was consensus from qualitative evidence from perpetrators and (ex)partners that the **My Time programme contributed to children and young people feeling safer**, although it should be noted that there was no direct consultation or outcomes data captured from children and young people.
- Even in cases where women reported that participating in My Time had not resulted in changes to their partner's behaviour, **the support they received from the ISS had an impact on positive changes in their own lives**; for example, they felt the support they had received gave them the tools to make safer decisions.
- The majority of women reported that even in cases where they were unsure whether their (ex)partner would change his behaviour, they **were confident they would not be a victim in the future**. This was due to the support and safety planning offered to them by the ISS.
- **Working relationships between My Time and other providers have improved significantly over the course of the programme**, but interviews

with stakeholders and social workers indicated that **this has not yet had a significant impact on professionals' knowledge and understanding around responding to domestic abuse.**

- Some stakeholders and social workers believed that the DVPP was **increasing risk**. For example, social workers were not confident that the referral pathway was effectively identifying those who were motivated to change, and expressed a concern that some perpetrators were using the language that was taught to them in the programme indicate progress and development without making any positive effort to change their behaviour.
- **Stakeholders also suggested that further focus could be given to other contributing factors to DV**, such as mental health and poverty. This is supported by the evidence review, which highlighted the importance of a whole systems approach in tackling domestic abuse.

Figure 28: A key for benchmarking of My Time

Symbol	Explanation
✓	The DVPP shows good evidence of being in line with the key principle
●	The DVPP shows some evidence of being in line with the key principle
▲	There was no evidence in this evaluation of consideration for the key principle
-	There is insufficient evidence at this stage to draw conclusions in this area

Figure 29: About My Time: benchmarking against best practice principles

Good practice principle	West Mids DVPP	Evidence	Source of evidence
Prioritised outcomes for victims and children	✓	It was generally reported that the ISS support was effective in improving safety for women. There was also consensus that My Time has had a positive impact on some children and young people, but due to the low number of perpetrators who had completed the programme and a lack of systematic outcomes monitoring, it is	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> <li>• Qualitative consultation with social (ex)partners</li> </ul>

Good practice principle	West Mids DVPP	Evidence	Source of evidence
		difficult to identify outcomes for these groups and attribute impact to My Time.	<ul style="list-style-type: none"> <li>• Qualitative consultation with social perpetrators</li> </ul>
Effective multi-agency working	<ul style="list-style-type: none"> <li>•</li> </ul>	<p>Multi-agency working improved significantly over time, resulting in a slight shift towards a culture change that included better working relationships between social care and providers of domestic abuse support services.</p> <p>However, there was a lack of evidence to suggest that My Time has had a significant impact on professionals' knowledge and understanding of domestic abuse. Moreover, these improvements have not resulted in a shared outcomes framework being used by My Time and ISS services.</p>	<ul style="list-style-type: none"> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> <li>• Qualitative consultation with social (ex)partners</li> <li>• Qualitative consultation with social perpetrators</li> </ul>
Engaging perpetrators who are motivated to change, potentially through including motivation work within the programme	<ul style="list-style-type: none"> <li>•</li> </ul>	There were some concerns that the referral pathway was effectively identifying those who were genuinely motivated to change, which evidence shows is a key success factor for DVPPs. This may limit the extent to which positive outcomes can be achieved.	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> <li>• Qualitative consultation with social (ex)partners</li> </ul>

Good practice principle	West Mids DVPP	Evidence	Source of evidence
			<ul style="list-style-type: none"> <li>• Qualitative consultation with social perpetrators</li> </ul>
Remaining mindful of broader issues e.g. substance abuse, coercive control, gender norms and expectations	<ul style="list-style-type: none"> <li>•</li> </ul>	There was some evidence to suggest that My Time addresses broader issues such as gender norms and expectations, but a lack of evidence around how it links up to services that offer other support, such as with substance abuse.	<ul style="list-style-type: none"> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> <li>• Qualitative consultation with social (ex)partners</li> <li>• Qualitative consultation with social perpetrators</li> </ul>
Understanding long-term impacts of programmes	<ul style="list-style-type: none"> <li>•</li> </ul>	Originally, My Time intended to use the DAPHNE Impact toolkit to measure outcomes, in line with good practice principles (Respect, 2017). My Time reported that they were planning to adapt this toolkit to make it more relevant and useful for the programme, possibly linked to their treatment viability tool, and Cordis Bright offered support with this.	<ul style="list-style-type: none"> <li>• Review of programme documentation</li> <li>• Qualitative consultation with stakeholders</li> <li>• Qualitative consultation with social workers</li> <li>• Qualitative consultation with social (ex)partners</li> <li>• Qualitative consultation with social perpetrators</li> </ul>

## 5.2 Overview

This chapter outlines the impacts and outcomes of the DVPP for perpetrators, (ex)partners, children and young people and professionals. Originally it was planned that evidence concerning impacts and outcomes would be captured through the DAPHNE Impact Tool combined with qualitative interviews. However, at the time of writing My Time were reviewing the use of the DAPHNE Impact Tool<sup>24</sup> and looking to create a tool related to the treatment viability toolkit already in place. Outcomes data from this has not yet been received. As such the evidence in this section comes from a mixture of qualitative face-to-face and telephone interviews with:

- Four perpetrators.
- Nine (ex)partners.
- 42 DVPP stakeholders
- 28 social workers

These in-depth qualitative interviews aimed to capture perpetrator and (ex)partner views on the impact of DVPP.

### A note on sample size concerning perpetrators and (ex)partners

Due to the small sample of perpetrators and (ex)partners interviewed the findings reported in this chapter should be treated with caution. The findings should not be considered representative or generalisable to the wider population.

## 5.3 Outcomes for perpetrators

The following section presents findings from qualitative consultation against the three main intended outcomes of the My Time programme for perpetrators. It should be noted that it is challenging to demonstrate outcomes for perpetrators due to only 24 perpetrators having completed the DVPP at this stage and because of a lack of systematically collected quantitative outcome data.

### 5.3.1 Reduced re-offending

Based on in-depth interviews there was mixed evidence concerning whether My Time has had a positive impact on reducing perpetrator re-offending behaviour.

- **Perpetrators** reported that the DVPP helped them to avoid re-offending by helping them understand the impact their behaviour has on their (ex)partners

---

<sup>24</sup> See: <https://www.work-with-perpetrators.eu/research/project-impact/overview>. Last accessed 3 April 2020.



(see section 5.3.2), identify the problems in their behaviour, learn strategies to calm themselves down, and work on conflict-resolution skills.

For example, one stated that reflecting on conversations and hearing other perpetrators' experiences made him reflect on his own actions and behaviour:

*“Making yourself aware of the situation that you have put yourself in (has helped change my behaviour). The reflection of it, hearing other people's issues, the discussion of what we could have done instead of ranting and raving and punching.”*

- **(Ex)partners** were less positive than perpetrators concerning the impact of the DVPP on perpetrator reoffending behaviour. Some reported experiencing repeat incidents of domestic abuse since the perpetrator started the DVPP. However, the majority stated that they had not had contact with the perpetrator since the start of My Time. In some cases, victims felt this was a positive result of the My Time programme, as it indicated that perpetrators were respecting victims' wishes to reduce contact when they had not done so previously, and could indicate that some of the perpetrators on the programme are identifying that reducing contact could mitigate the risk for re-offending. However, it should be noted that this is based on a very small sample size.
- **Stakeholders** reported that most perpetrators were motivated to engage with the programme to improve their standing with children's services and were therefore not making any real change to their abusive behaviour. This view was also expressed by (ex)partners. Continuing to review emerging evidence on engaging perpetrators, specifically on how social care may be able to work with them prior to referral on their motivation to engage with services, may therefore help achieve the outcome of reduced re-offending. For example, results from the evaluation of the Drive project indicate that one-to-one work is a key mechanism for engaging perpetrators, keeping them engaged and reducing risk. My Time could consider for instance reallocating resources to enable work with a smaller number of perpetrators on a more intensive basis.
- **Social workers** generally reported that they could not comment on outcomes as very few had known any service user who had completed the programme. They identified a reluctance to go to group sessions and the programme not being available in a location that was accessible to the perpetrator as key barriers to engagement (see section 4.6.3). Two social workers who did know someone who had gone on to complete the programme said that the perpetrator had continued to commit abuse after completion (it is not clear whether they were referring to the same perpetrator).

Among those social workers, stakeholders and service users who were concerned that the programme has not had a positive impact on reducing re-offending, there were mixed views as to whether this was because the My Time model is ineffective in achieving behaviour change, or whether the model would have had a positive impact if men had sustained engagement with the programme. For example, the majority of stakeholders reported re-offending may be linked to attrition (identified reasons for attrition are explored more in section 4.6.2).

Introducing more formalised outcomes measures may therefore support the programme to a) understand what impact the programme is having on re-offending and b) understand the reasons behind the trends identified. Indeed, there was an overall consensus amongst stakeholders that completion of the programme is not an accurate measurement of success and more formalised outcome measures that also take into account the (ex)partner's voice could help more effectively understand whether the My Time model is affecting positive change. One ISS stakeholder reported:

*“We measure outcomes through perpetrators not the women's voice. How is this measuring accurately? These programmes only have ever really superficial changes in behaviour, they don't work.”*

### 5.3.2 Improved understanding of domestic abuse and its impact on (ex)partners and children

Based on interview evidence there was mixed evidence concerning whether perpetrators had an improved understanding of domestic abuse and its impact on (ex) partners and children:

- **Perpetrators** reported that My Time had increased their awareness of the effect of their behaviour on their families. For example, one said:

*“Last week's session was powerful. It was a reflection on the impact my actions have had on my children. Seeing me argue. They are having behavioural issues at school; I believe that's partly my fault.”*

They generally identified the group as an important mechanism in improving their understanding of the impact of domestic abuse on (ex)partners and children. This is supported by evidence that group work can help perpetrators see themselves through one another and change behaviour (Kelly et al., 2015).

Further, perpetrators reported that My Time taught them that domestic violence is not just physical, and they learned the impact that verbal abuse has on children as witnesses. One perpetrator explained that a video he watched during the course prompted him to call his ex-partner and apologise as it helped him to realise the impact his violence had on her and their children.

- **Some (ex)partners** reported that the My Time programme had a positive impact on perpetrators' understanding of the impact of abusive behaviour. For example, one (ex)partner said:

*“He recognised his behaviour was abusive and the impact of his behaviour.”*

However, others were unsure whether any changes would be sustained after the programme was finished.

- **Stakeholders** were hesitant to say whether perpetrators had gained an improved understanding of the impact of domestic abuse as there was little evidence to indicate or measure this outcome.
- **Social workers** were unable to comment on whether perpetrators had gained an improved understanding of the impact of domestic abuse due to the limited number of perpetrators who had completed the programme.

### 5.3.3 Improved relationships with (ex)partners

Evidence around whether the DVPP was supporting perpetrators to have an improved relationship with their (ex)partners was mixed. Part of this was due to a lack of clarity around how this outcome was understood. However, some perpetrators and (ex)partners reported that they hoped to improve their current situation with the goal of successfully co-parenting as a result of improved communication. Views varied concerning this outcome:

- **Perpetrators** stated that they improved their communication with (ex)partners, as they have learned skills and strategies to cope better with their anger through participating in the DVPP. For instance, one perpetrator stated:

*“She was so frightened of me before. Now we get to go out and do family stuff together.”*

One perpetrator reported that since he and his (ex)partner started involvement in the My Time and ISS programmes, they regularly discuss their sessions. He reported this has increased their understanding of each other’s feelings and improved their family dynamic.

- **(Ex)partners** suggested that they did not believe that perpetrators’ respect towards them had improved. They expressed concern that this was because the My Time programme focused too much on the feelings of the perpetrator rather than the impact on the (ex)partner.
- **Stakeholders** reported feeling unable to comment on whether relationships with (ex)partners improved, as there had been no clear measurement of outcomes and there were mixed reports as to whether this had been achieved from perpetrators and (ex)partners.
- **Social workers** reported that they were unable to comment on whether perpetrators had gained an improved understanding of the impact of domestic abuse due to the limited number of perpetrators who had completed the programme.

## 5.4 Outcomes for ex(partners)

Information about potential benefits for women supported by the ISS were available for 169 of the women in the referral dataset received, or 44.9% of all the referrals. These benefits were recorded as ‘Victim Satisfaction’ (scored on a 5-point Likert Scale from 1 – very dissatisfied to 5 very satisfied), ‘Health and

Wellbeing’ (scored as deteriorated, no change or improved), ‘Everyday Life’ (scored as deteriorated, no change or improved) and Safety (scored as deteriorated, no change or improved).

In all cases these were scored as negative (very dissatisfied, dissatisfied, deteriorated), neutral (neither, no change), and positive (satisfied, very satisfied, improved).

Figure 30 shows that for two individuals there was a perceived negative benefit of the service, and for 30 individuals (17.8%) the service was perceived to be neutral. In most cases however (81.1%) the service was perceived to be beneficial.

*Figure 30: Sum of Benefits*

Sum of Benefits	Number	Percent
-1	2	1.2%
0	30	17.8%
1	55	32.5%
2	18	10.7%
3	23	13.6%
4	41	24.3%
<b>Total</b>	<b>169</b>	<b>100%</b>
Missing data	207	-
Grand total	376	-

(Ex)partners reported benefits of the ISS such as improved decision-making to better protect their children, receiving information on what support is available, and being helped in a range of other areas from housing support to applying for benefits.

#### 5.4.1 Ex(partners) are safer

A key outcome of the DVPP identified by stakeholders was that many women who engaged with the programme received support that would not otherwise have been provided. One stakeholder explained that some women were previously unknown to women’s services and as a result of the DVPP were provided with the necessary support to increase their overall safety, such as a contact and somebody to confide in. However, findings concerning whether the DVPP helped to ensure that ex(partners) are safer were mixed:

- **(Ex)partners** engaging with the ISS explained that the programme provided the comfort of knowing that support was available and knowing they had a point of contact made them feel safer. However, (ex)partners did not report that the My Time programme alone had any effect on their safety as they were doubtful that their abusers had changed their behaviour. Indeed, some (ex)partners stated that they felt less safe as a result of the My Time programme. They felt that some perpetrators were using the language that was taught to them in the programme to indicate their progress and development, without making any positive effort to change their behaviour. This view was also expressed by some social workers and stakeholders from the ISS.

It should be noted that it is not possible to verify this finding due to a lack of outcomes data that is informed by the (ex)partner/ the ISS, and the perpetrator/My Time. However, it potentially indicates a need for a wider systems approach as the complexity of domestic violence means that some factors may not be fully considered in a perpetrator programme model, such as motivation. Furthermore, the referral pathway and assessment of the perpetrators' motivation to change may require further reviewing to ensure that the correct cohort whose families will benefit from the programme (i.e. those who have taken responsibility for their behaviour and are motivated and willing to engage) are being identified.

- **Perpetrators** did not comment specifically on increased safety for (ex)partners, but reported that they felt they had better communication with their partner as a result of My Time and the skills they had been taught (see sections 5.3.2 and 5.3.3). For example, one perpetrator said:

*"I learned new skills and that it is safe to discuss issues."*

- **Stakeholders** reported that in addition to providing women with skills and advice to support safety, that safety was increased because the ISS ensured close monitoring of women's risk for the duration of the programme.

However, stakeholders also reported concerns around whether the My Time model was effective in reducing risk to (ex)partners. Stakeholders suggested the model did not address other issues linked to domestic violence, such as mental health, and therefore could not be maximally effective in reducing stress, triggers, violence and risk. For example, one stakeholder commented:

*"We have lots of situations where the DV is addressed to send the two partners on a DV programme. But then they don't address other problems like mental health and poverty, so [without] addressing all the other issues, the woman will continue to be vulnerable."*

Improving partnership-working between My Time and other programmes that tackle additional issues and triggers for the clients might further support (ex)partners to feel safer by reducing risk.

- **The majority of social workers** reported that they were unable to comment on whether perpetrators had gained an improved understanding of the impact of domestic abuse due to the limited number of perpetrators who had completed the programme.

#### 5.4.2 Repeat victimisation

- **The majority of (ex)partners reported** reduced victimisation. However, they were hesitant to believe that perpetrators would not reoffend. (Ex)partners stated that at the outset of the programme they hoped that the violence would decrease, but some (ex)partners interviewed believed that this would continue after the programme ended. Indeed, there were instances of (ex)partners who reported re-victimisation during or after the perpetrators had engaged or completed My Time.
- **Perpetrators** did not comment specifically on the impact of My Time on repeat victimisation, but did report that the programme had given them coping strategies to deal with conflict (see section 5.3.1).
- **Stakeholders from all organisations reported** that although the ISS was giving women the skills and confidence to increase their safety (such as knowing where to go for help if they experience domestic abuse in the future) repeat victimisation was not being reduced due to the fact that perpetrators often did not complete or engage fully with the programme. Factors associated with disengagement are discussed further in section 4.6.
- **The majority of social workers** reported that they were unable to comment on whether perpetrators had gained an improved understanding of the impact of domestic abuse due to the limited number of perpetrators who had completed the programme.

#### 5.4.3 (Ex)partners are better able to make safe and informed decisions regarding their relationships

Although most (ex)partners doubted that perpetrators would not reoffend, the majority reported the very positive finding that they were confident they would not be a victim in the future. They had been provided with safety plans by the ISS, which resulted in this increased confidence. They further explained that support from the ISS empowered them to support themselves and gave them strength to leave an abusive partner. One stated:

*“If I met a new partner, if there were any signs of aggression, I will be gone, I will not put up with it.”*

As discussed in 4.6, the majority of stakeholders reported that a key strength to the programme was the support provided to (ex)partners. (Ex)partners who were interviewed reported that the strength and independence that they gained from the ISS helped them to feel safer and gave them guidance that helped with making informed decisions including legal, financial and housing support.

## 5.5 Outcomes for children and young people

The following section presents evidence from qualitative consultation against the main intended outcomes of the My Time programme for children and young people. It should be noted that due to changes in the remit of the programme (see section 5.1) quantitative data relating to children's outcomes was not collected and children and young people were not directly consulted as part of the evaluation. Findings are therefore based on evidence from perpetrators, (ex)partners, stakeholders and social workers.

### 5.5.1 Children and young people are safer

- **There was consensus amongst perpetrators** that their participation in the My Time programme had the positive impact of making their children feeling safer and more comfortable. For example, one perpetrator said:

*“She [daughter] is spending more time with me and her mother. Before, she didn't want to know none of us, she wanted to stay with Nanny and Grandad. She's started school...and loves spending time with us.”*

Perpetrators linked changes in their children's feelings of safety to the men's improved understanding of the impact of domestic abuse on their children (see section 5.3.2). One commented:

*“I didn't understand the impact on children before. My understanding [now] is that you can't always see the impact on the children but it is there.”*

Perpetrators reported that hearing other fathers' experiences in group sessions and discussing the impacts of their actions on their children was eye-opening and made them think more about their own actions. This is supported by the evidence base (see Appendix 2).

Perpetrators also suggested that children felt safer because their fathers had learned how to reflect on their behaviour and were taught strategies to manage their anger better around their children.

- **Ex(partners) reported** that both the support that perpetrators received from My Time and that they had received from the ISS had supported young people to feel safer. (Ex)partners linked this to improved communication between parents and reduction in arguments, improved communication between fathers and their children, and, in one case, an (ex)partner reported that children felt safer because support from the ISS had given her the confidence to leave the perpetrator, and so the children were no longer witnessing domestic violence. The majority also said that the perpetrator understanding the impact of domestic violence on their children was one of the most important factors in achieving this change.

One (ex)partner commented that since the father of her children had been participating in the My Time programme, she noticed her children were

happier and were no longer acting out or wetting the bed. Another (ex)partner stated that her children could freely play and enjoy themselves as their father was less controlling and aggressive towards them.

- **The majority of stakeholders** from all organisations reported that it was difficult to comment on the impact of the DVPP on children and young people due to the lack of direct work with young people and the limited number of perpetrators who had completed the programme.
- **The majority of social workers** reported that they were unable to comment on whether children and young people were safer due to the limited number of perpetrators who had completed the programme.

#### 5.5.2 Improved relationships with fathers, including reduced fear of the perpetrator

- **Perpetrators** reported improvements in this area. For example, one perpetrator said his relationship with his daughter had significantly improved since he began the My Time programme. He explained that previously she wanted to stay with her grandparents, whereas now she wants to spend time with her parents, and they go on family days out together.
- In contrast, interviews with **(ex)partners** found mixed responses regarding improved relationships between children and fathers, and in particular whether any short-term changes would be sustained. For instance, some (ex)partners reported that their children's relationships with their fathers had improved and were optimistic that these results would be sustained in the future. One said:

*“They know domestic abuse is not OK, but their relationships with their dad have improved.”*

However, others were less confident that the My Time programme would have any long-term impact on the perpetrators' relationships with their children. Introducing agreed and formalised outcomes measures that take into account the relationship between fathers and children and are informed by both the ISS and My Time (i.e. both (ex)partners and perpetrators) would help increase understanding of whether My Time is having a positive impact on relationships between fathers and children.

- **Stakeholders** reported that they were not aware of any improvements in relationships between fathers and children as a result of the My Time programme.
- **The majority of social workers** reported that they were unable to comment on whether children and young people had improved relationships with their father due to the limited number of perpetrators who had completed the programme.



## 5.6 Outcomes for professionals

The following section presents evidence from qualitative consultation against the main intended outcomes of the My Time programme for professionals.

### 5.6.1 Improved understanding of the impact of domestic abuse

There was limited evidence that the My Time programme had improved professionals' understanding of the impact of domestic abuse. Several social workers commented that they already had experience of working with domestic abuse, so My Time had not particularly impacted on their practice. They did not comment on any improved understanding of its impact. Stakeholders were likewise unable to comment specifically on whether social workers' understanding of the impact of domestic abuse has improved as a result of the My Time programme.

### 5.6.2 Increased knowledge of how to respond to domestic abuse

There were mixed views among stakeholders and social workers as to whether My Time had provided professionals with increased knowledge of how to respond to domestic abuse. For example, some stakeholders reported that social workers have gained skills and confidence to work with perpetrators through training sessions with My Time and the ISS, although it was also indicated that this was not necessarily substantial enough to be impactful. The social workers interviewed did not have sufficient experience of the training to comment on its impact and did not report that My Time had improved their confidence in working with domestic abuse cases. Reviewing the take-up of the training offered and consulting with colleagues in children's services around their training needs with regards to working with perpetrators of abuse (particularly around motivation to engage with services) may therefore increase professionals' knowledge in this area, as well as having a positive impact on the number and suitability of referrals.

Improving partnership working between My Time and professionals so that knowledge and skills around responding to domestic abuse is shared could result in increased impact for professionals. This is discussed further in section 5.6.3. Clearly communicating the aims, objectives and mechanisms of change for the programme to wider professionals could also improve their knowledge of how to respond to domestic abuse (see section 4.6).

### 5.6.3 Improved working relationships between social care professionals and providers of domestic abuse support services

Stakeholders reported a slight shift towards a culture change that included better working relationships between social care and providers of domestic abuse support services. However, they believed that the number of social workers that engaged with the programme was too small to effect any major systemic change yet.

*“I would say that we have some really good partnership working with social workers – some really value our risk understanding and input and some don’t.”*

Stakeholder

Interviews with key stakeholders show that My Time has invested a lot of time into building relationships, by offering face to face training about the programme, attending meetings, and maintaining regular contact with Directors of Children’s Services. To further build upon this work, evidence suggests that information-sharing, creating local partnerships with a range of representatives, and carrying out risk assessments across multiple partnerships can support effective multi-agency partnership working within DVPPs. Increased monitoring of the training currently offered may also help to highlight which factors are working well and which could be improved.

It may also be that a victim-focused culture within social care is a hindrance to professionals’ readiness to engage in partnership working with DVPPs and improve their knowledge around responding to domestic abuse (see sections 4.6 and 5.6.2). Evidence suggests that creating a culture which normalises asking questions about domestic violence may also support systemic culture change (see, for example, King’s College London, 2015).

#### 5.6.4 An effective response to reduce risks

Whilst there is some evidence of positive outcomes in addressing risk through multi-agency training, there is also evidence that increased partnership working and information sharing between My Time and ISS colleagues could support My Time to respond to risk more effectively across the different local authority areas. For example, more regular communication immediately following weekly sessions, particularly in cases where perpetrators have demonstrated notable emotional responses to course content, may support an improved response to reducing risk for (ex)partners.

For example, one stakeholder explained:

*“With the perpetrator, his movements aren’t monitored, and nobody is measuring risk. If he has gone to a group session and comes out feeling really angry, we don’t know what he is going to do with that. One woman said that he got worse on the day they did work on the children’s course. He became very distressed and dangerous after watching the video. He had been clean for two weeks and then started drinking, so she felt more unsafe during the programme.”*

## 6 Conclusions and recommendations

The West Midlands DVPP represents an innovative and ambitious response to Government calls for a focus on perpetrators within domestic abuse commissioning. The delivery of the DVPP has been responsive and flexible, with feedback from stakeholders across the West Midlands resulting in changes to eligibility criteria, referral processes and programme communications throughout the course of its delivery.

However, referral and attendance rates have been consistently low compared with the capacity of the DVPP, due to a combination of low levels of awareness and understanding of the programme amongst referral partners, the presence of alternative DVPP provision at a local level, and a lack of capacity in children's services to support perpetrators to engage with the programme. These issues may have been mitigated by a thorough needs assessment and consultation process prior to the commissioning of the service, involving all relevant partners across the region.

Despite this, there is evidence to suggest that the DVPP has enabled at least 330 women to receive support, some of whom may not have engaged with support services otherwise. The evidence base regarding what works in commissioning and delivering perpetrator interventions is emergent, and the lessons learned during the implementation and delivery of the West Midlands DVPP can contribute to this growing evidence base to support the commissioning and delivery of future programmes, both in the West Midlands and more widely.

Based on the evidence presented in this evaluation report, and building on those presented in the interim evaluation report, Figure 31 presents a number of recommendations for the future commissioning of perpetrator interventions in the West Midlands.

We recognise that not all stakeholders are likely to agree with all recommendations. However, we hope that they support the improvement and development of future services and commissioning.

Figure 31: Recommendations

Recommendation	Evidence base	Section(s)
<b>Recommendations for similar programmes and future commissioning</b>		
1. Future commissioning activity for similar programmes should begin with a needs assessment and review of existing provision that is being delivered in the region.	<p>As identified in the interim evaluation report, there is evidence from key stakeholder interviews that the OPCC consulted with local authorities about local needs before commissioning. However, key stakeholders reported concern that some voices were not being represented within this consultation process, for example, from local authority children’s services.</p> <p>A thorough needs assessment would inform eligibility criteria, and assess whether future programmes are a) distinct enough from other DVPPs in the area, and b) targeting the appropriate cohort.</p>	4.3

Recommendation	Evidence base	Section(s)
<p>2. Commissioning strategies should be based on regularly-updated reviews of new and emerging evidence regarding what works in engaging perpetrators, and improving outcomes for perpetrators, women and children.</p>	<p>Over the two-and-a-half-year duration of this evaluation, the evidence base regarding what works in commissioning and delivering effective perpetrator interventions has expanded, and will continue to do so in coming years.</p> <p>In order to ensure commissioning decisions are based on the most up-to-date evidence, regular reviews of new and emerging evidence should form an integral part of future commissioning strategies. In particular, evidence regarding supporting perpetrators to engage with interventions will support future commissioning decisions to increase the number of perpetrators programmes work with.</p>	<p>4.3, 4.6</p>
<p>3. Similar programmes should in the future co-develop theories of change/logic models which as far as possible are evidence-based. This should include developing impacts and outcomes for programmes which are linked to policy and good practice principles, are Specific, Measurable, Achievable, Relevant, and Timebound (SMART), and defining clear mechanisms to systematically monitor them.</p>	<p>The West Midlands DVPP did not appear to have a clear theory of change linking its activities to its intended impacts and outcomes. Evidence suggests that basing a DVPP model on a clear theory of change is key in enabling partnership working and mitigating risk. This may help to ensure shared understanding as well as increase “buy-in” to future programmes.</p>	<p>4.3, 4.4, 5</p>

Recommendation	Evidence base	Section(s)
<p>4. Ensure data collection and monitoring processes are embedded from an early stage in programme implementation, including approaches to monitoring (including monitoring of training) and assessment of the impact of the programme on outcomes for participants.</p>	<p>The evaluation identified a number of issues with data collection and monitoring processes for the DVPP, and monitoring and outcomes data has not been being collected in a systematic way over the course of the programme's implementation.</p> <p>Respect guidelines (2017) state that data should be collected over a meaningful time period to give clear evidence of effectiveness.</p> <p>As a result, future commissioned programmes should ensure expectations and mechanisms for collecting and analysing monitoring and outcomes data are clarified at the programme's outset, and responsibilities and reporting requirements agreed with all partners.</p>	<p>3.7, 3.8, 4.5, 5</p>

Recommendation	Evidence base	Section(s)
<p>5. The development of future programmes should include developing a communication strategy which is linked to the programme’s implementation timescales, and details mechanisms for ongoing and regular communication between all relevant partners.</p> <p>Communications should focus on ensuring that partners retain relevant knowledge about programmes institutionally, so that engagement is not impacted by high levels of staff turnover. This may include integrating information regarding future programmes into staff induction processes in relevant partner organisations.</p> <p>Communications should also include details of the rationale for interventions, to improve understanding of programmes and increase referral rates.</p>	<p>The DVPP has suffered from low referral rates throughout, in part due to a lack of awareness and understanding of the nature of the programme amongst referral partners. This was exacerbated by delays in programme implementation resulting in initial briefings to social workers being out of date by the time the programme began accepting referrals.</p> <p>Initial communication between the DVPP and its referral partners could have been improved through a communication strategy linked to the programme’s implementation timescales. In addition, mechanisms for ongoing communication between the DVPP and referral partners, such as local forums, appear to have been successful in those areas where these were established early on.</p>	<p>3.6, 4.3, 4.4, 4.6.2, 4.6.3, 4.7, 5.6</p>

Recommendation	Evidence base	Section(s)
<p>6. Future commissioning strategies for perpetrator interventions should include a focus on working with social care professionals to deliver systemic change regarding their understanding and confidence of working with families where domestic abuse is an issue, and in particular on working directly with perpetrators to support their engagement with appropriate interventions. Evidence suggests that one-to-one work can be supportive of engagement.<sup>25</sup></p>	<p>The evaluation found evidence that the DVPP has had a limited impact on professionals' knowledge, understanding and confidence in responding to domestic abuse.</p> <p>There was also evidence that greater work with perpetrators to support their engagement with the DVPP may have decreased attrition rates for the programme. Emerging evidence regarding the benefits of additional engagement work with perpetrators, such as the use of IDVAs or key workers as in the Drive model, should also be explored.</p>	<p>4.3, 4.6</p>
<p><b>Recommendations for improvements to the West Midlands DVPP</b></p>		

<sup>25</sup> See Hester et al. 2019. More detail available in Appendix 2.



Recommendation	Evidence base	Section(s)
<p>1. Continuing the progress made in preparing data for the interim and final evaluation reports, My Time and ISS providers should finalise and agree approaches to the collection and reporting of monitoring and outcomes data.</p>	<p>Monitoring and outcomes data relating to perpetrators and (ex)partners receiving support from My Time and the ISS was not readily available throughout the evaluation. In addition to making the evaluation of the DVPP’s delivery and impact challenging, the lack of data hinders the ability of the OPCC to review, support and challenge providers where necessary.</p> <p>This data is extremely important for the DVPP to evidence its impact, or otherwise, and for the OPCC to inform future commissioning decisions regarding the scale, scope and shape of future perpetrator interventions in the West Midlands.</p>	<p>3.8, 4.5, 5</p>
<p>2. Referral routes and joint-working arrangements between My Time and providers of services that support perpetrators with other issues that link to domestic violence, such as substance misuse and mental health, should be reviewed.</p>	<p>The evaluation found that stakeholders were unclear regarding the support available through the My Time programme for perpetrators with other issues linked to domestic abuse, such as substance misuse and mental health.</p> <p>Reviewing existing referral routes and joint-working arrangements, putting in place additional arrangements where appropriate, and communicating this to partners, may help to support the programme in reducing attrition rates and improving outcomes for perpetrators, (ex)partners and children and young people.</p>	<p>4.3, 5.6</p>

Recommendation	Evidence base	Section(s)
<p>3. If the DVPP is extended beyond September 2020, and therefore referrals to the programme re-opened, the following changes should be considered:</p> <ul style="list-style-type: none"> <li>e. Building on training delivered since the interim evaluation report, the programme should continue to work with referral partners to develop social workers' skills and confidence in working with perpetrators, including developing their understanding of perpetrator programmes, their rationale and their potential impact.</li> <li>f. A focus should be placed on reducing the average number of days between referral and the first assessment offered to a perpetrator, and on supporting perpetrators to attend assessments.</li> <li>g. Linked to this, the accessibility of the referral process should be reviewed in order to limit the burden placed on social workers and service users.</li> <li>h. Work with local authority Directors of Children's Services (DCSs) to increase referrals should continue.</li> </ul>	<p>These recommendations are based on evidence presented in the interim and final evaluation reports, which suggests that these changes may support referrals to the programme, and engagement from perpetrators.</p> <p>However, as the programme is not currently accepting referrals as it moves towards the DVPP's contract end date in September 2020, these recommendations are not relevant unless a decision is made to extend the DVPP beyond then.</p> <p>Any commissioning decisions should be made taking into account the recommendations detailed above.</p>	<p>4.3, 4.4, 4.5, 4.6, 4.7, 5</p>



**Cordis**Bright Limited

23/24 Smithfield Street, London EC1A 9LF

<b>Telephone</b>	020 7330 9170
<b>Email</b>	<a href="mailto:info@cordisbright.co.uk">info@cordisbright.co.uk</a>
<b>Internet</b>	<a href="http://www.cordisbright.co.uk">www.cordisbright.co.uk</a>