

The Croydon Drive Project: A 2-year Evaluation

Final Report

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Executive Summary

The Drive Project went live in Croydon in July 2018¹. The project addresses the behaviour of high harm domestic abuse perpetrators' - often those who would likely not have been engaged with before or excluded from alternative perpetrator responses - to improve outcomes for adult and child victims, and perpetrators. Initially delivered as a pilot in Essex, South Wales, and West Sussex between 2016 and 2019, in 2018 the project combined funding from the Home Office Police Transformation Fund and Police and Crime Commissioners (PCCs) to roll out to Croydon (London), Cardiff (South Wales), Birmingham and Sandwell (West Midlands) and Worcestershire (West Mercia) for an additional two-year replication phase until March 2020². Drive is currently the only high-harm domestic abuse perpetrator scheme commissioned by MOPAC.

The Evidence and Insight (E&I) Unit - MOPAC's in-house social research and analytical team - were commissioned to undertake an evaluation of Drive in Croydon. The two-year evaluation of the Croydon site examines two distinct areas: **monitoring the performance** of the service through the routine capture of core project metrics; and generating **in-depth understanding of the processes** - from design through implementation of the service - of those working to deliver the Drive project. This final evaluation report presents the second year of performance data and process learning and should be read in conjunction with the Drive Project Croydon interim report³.

Key Findings

Project throughput and activity

- Over the duration of the project (July 2018 and March 2020), Drive in Croydon has worked with a total of 170⁴ perpetrators, 203 associated victim-survivors and 309 associated children and young people. This means Croydon delivered to 83%⁵ of the target set for this time period and is in line with the other Phase 2 replication sites⁶. This is likely due to a slower initial delivery pace during implementation, commonly expected during the set-up phase of projects.
- Additionally, 799 interventions were recorded in relation to cases in the Drive service, including 'support' (n=135), 'disrupt' (n=100) and a combination of the two approaches (n=564).
- In year two, 99 cases were accepted onto the programme - an increase of 26 cases compared to year one. These cases relate to 99 perpetrators, 114 survivors (1 in 10 cases were associated with multiple victim-survivors) and 184 children or young people.
- Data collected in relation to all Drive service users since the project inception (n=170) indicates that three out of five (61%, n=103) presented with three or more needs. This compares to 44% of service users in the year one cohort only, which may be indicative of an increase in prevalence of multiple needs amongst service users, the result of improved multi-agency information sharing, and/or improved data recording practices in year two. During phase 2 of the pilot, replication sites began recording information relating to Adverse Childhood Experiences (ACEs) in the Drive Cohort⁷.

¹ Croydon was selected to be part of the Drive project following a successful expression of interest that was sent to London boroughs with the highest police recorded levels of domestic abuse.

² Referred to as the Phase 2 replication sites later in the report.

³ MOPAC (2019) Drive Project: An Interim Evaluation report from the Croydon site.

⁴ The two-year total number of cases may differ. It is possible that cases that were moved to referral did not progress. Any case that is classed as unsuitable is removed from SafeLives and Drive Partnership reports.

⁵ 204 service users.

⁶ 84% nationally across all Phase 2 sites.

⁷ Growing up with adverse childhood experiences (ACEs) such as abuse, neglect, community violence, homelessness or growing up in a household where adults are experiencing mental health issues or harmful alcohol or drug use, can have a long-lasting effect on people's lives.

Although the picture is incomplete due to missing data, in closed contact cases where more reliable data is available (n=30), one in three service users (33%, n=10) in Croydon had at least one ACE recorded.

- ‘Children, families and parenting’ was identified as the highest level of perpetrator need and the most commonly identified need across all cases (high need = 52%, medium need = 15%, low need = 3%). This was followed by ‘Substance Misuse-Drugs’ (high need = 18%, medium need = 26%, low need = 4%), ‘Mental Health and Psychological Wellbeing’ (high need = 19%, medium need = 19%, low need = 8%), and ‘Housing’ (high need = 12%, medium need = 16%, low need = 14%).
- Given its focus on high-risk, high-harm perpetrators who are harder to engage, Drive anticipates that direct contact is made in approximately half of cases, with non-direct work taking place in the remaining half. This is reflected in Croydon, where at the time of reporting 96 cases were open⁸ and in half of these (49%, n=47/96), Drive Case Managers had been able to make direct contact with the perpetrator to coordinate and deliver interventions. This is also in line with figures reported for Croydon in year one (46%) and with those collated from across all Drive phase 2 replication sites⁹.
- Sixty-eight cases were closed during year two, which compared to just four cases closed during year one, depictive of the longer-term nature of work associated with Drive.
- During year two, a total of 694 multi-agency interventions were made in relation to open cases in the Drive service (n=96), a substantial increase in activity levels in Croydon compared to year one in which 105 interventions were made. Most interventions (73%, n=509) included a combination of both ‘support’¹⁰ and ‘disrupt’¹¹, again, a considerable increase compared to year one where just over half (52%) of cases used the combined approach. This may be due to changes in local recording practices; improved understanding of the model; improved agency buy-in; or improved multi-agency working during year two. Further exploration of the increased number of interventions and use of both ‘disrupt’ and ‘support’ should be undertaken to develop the learning from Drive.
- Year one performance data indicated that there were challenges in moving towards meaningful behavioural change work with perpetrators to address their attitudes and behaviour to domestic abuse - eleven of all open cases had received behavioural change support. By the end of year two, just under half (n=41/96) of all open cases had received behavioural change support, which points towards progress in this area.
- Case manager reported outcome data suggests that Drive in Croydon may reduce physical, sexual, Harassment & Stalking (H&S) and Jealous, Coercive & Controlling (JCC) abuse, the effect of which is greater in cases where direct work with perpetrators is undertaken. Whilst based on a relatively small sample of cases (n=68), these reductions are consistent with those seen across other Drive replication testing sites and are also following the same downward trend found in the original pilot sites.
- Given the relative infancy of Drive in Croydon, it has not been possible to undertake cost analysis at this stage in the programme. It is suggested that in order to support future cost analysis, opportunities to identify relevant data sources, collect quality data and improve current data recording practices are explored in Croydon.

Further embedding Drive in Croydon: Year two

- Overall, the Drive model continues to be viewed positively by practitioners and stakeholders in Croydon and was commended for filling a gap in support for high-harm perpetrators.

⁸ Data relates to all cases that were open for all or part of the reporting period, including any cases opened prior to the reporting period, and any cases that were closed during the reporting period.

⁹ As of 31st March 2020, 446 open cases across all Phase 2 replication sites, 45% of which had direct contact with service users.

¹⁰ This is defined as: ‘addressing perpetrator need with the aim of removing barriers to the change process’.

¹¹ This is defined as: ‘putting barriers and obstacles in place to prevent abuse’.

- Although Drive was considered expensive and time-consuming by some participants - particularly by practitioners and those delivering the programme - most felt that it is worth continuing with if it can help stop the cycle of abuse and reduce risk.
- Whilst most agencies and practitioners were supportive of the Drive model and working with offenders, some practitioners - particularly those working to support victims - remained sceptical, voicing concerns that Drive exposed an 'imbalance' between long-term perpetrator interventions and a more generic, short-term victim support provision. Although such scepticism is unsurprising, reflecting other research in this area, findings from this evaluation suggest that work still needs to be done to ensure all staff are aligned to the benefits of working with offenders – if not addressed such working tensions will continue.
- Securing and maintaining buy-in is therefore a key enabler of the project and continuing to build evidence and learning will be vital for Drive in this respect, as well as other perpetrator programmes.
- Whilst the Drive Central team have continued to provide a key support function to Croydon, during the second year of delivery there is evidence of movement towards more local ownership of the model, with Croydon reportedly leading and formulating solutions to problems and implementing local processes.
- A multi-agency partnership approach continues to be at the 'heart' of Drive. Practitioners and stakeholders reported a greater understanding of each other's roles and the levers they can bring and were particularly positive about the cooperative partnership which has developed with the police.
- Challenges were recognised around stakeholder engagement and keeping up attendance levels at the Domestic Abuse Perpetrator Panel (DAPP). Practitioners reflected concerns that some agencies, particularly mental health and substance misuse, are becoming increasingly disconnected with the project as workload pressures seemingly result in a de-prioritisation of Drive - a concern given the prevalence of substance misuse and mental health associated needs within the Drive cohort.
- Ways in which attendance at the DAPP could be improved were shared and learning from recent virtual meetings held during the COVID-19 pandemic could provide useful learning in this respect.
- Issues around information sharing between agencies have seemingly persisted in year two. Thought should be given to how these issues should be addressed, such as reviewing local governance structures, prioritising the review, implementation of and training in information sharing guidance and processes and consulting an information sharing expert to support this work.

Working with perpetrators and victim-survivors

- Drive's cohort is complex and challenging in terms of needs, with some service users presenting long, intergenerational histories of abuse and control. Further work to develop a more in-depth understanding of the Drive cohort in Croydon - and high-harm domestic abuse perpetrators more broadly - should be considered to further learning around the role of effective interventions for perpetrators of domestic abuse. This should include a thorough understanding of the histories and needs of perpetrators, as well as factors in relation to motivation, willingness and ability to engage with an intervention.
- Whilst Drive was seen as most effective when it was using its armoury collectively, with '*change, support and disrupt working together, not separately*', the '*disrupt*' tool continues to cause some uncertainty for staff delivering Drive and further awareness raising, training, and documented guidance would be beneficial.
- The role of the IDVA service in supporting victims was considered an essential part of the delivery of Drive. Despite positive elements of joint working between IDVAs and Drive case managers, some of the challenges of supporting victims as part of a perpetrator focused programme were highlighted.

- Going forward, thought should be given to further developing the eligibility and selection criteria for Drive in Croydon, to provide clarity for both new and existing staff and agencies, and to ensure and maintain project integrity.

Looking ahead – The future of Drive

- Uncertainty around the future of Drive in Croydon was expressed by participants, signalling the requirement for early sustainability planning and communication with those delivering Drive in Croydon.
- There is a clear role for evidence and generating learning. Promoting success and demonstrating the effectiveness of Drive was seen as key to sustaining commitment from agencies and staff delivering Drive in Croydon - particularly those not working directly with perpetrators - as well as raising awareness of the project amongst new partners, new areas, and across agencies not directly associated with Drive, including: gangs units; Community Safety Partnerships; Housing departments (including housing associations); adult and children's social care; as well as police working in non-domestic abuse areas.
- The Drive replication pilot in Croydon has generated key learning for sustaining the project in Croydon, as well as future expansion and replication of the project in other areas. Several building blocks for future project planning are set out in this report and centre on: buy-in; evidence and learning; a multi-agency approach; a model tailored to the local landscape; and, skilled and dedicated operational staff.

Introduction

Background

According to the Crime Survey for England and Wales¹², an estimated 2.4 million adults aged 16 to 74 years experienced domestic abuse (1.6 million women and 786,000 men) in the last year. During this time, the police recorded 746,219 domestic abuse-related crimes - an increase of 24 per cent from the previous year (ONS, 2019). Turning to London, in the same period to March 2019 there were 88,278 recorded domestic abuse offences across the Metropolitan Police Force area, an increase of 12 per cent (+9,177) from the previous year. A Home Office report published in January 2019 estimated that the cost of domestic abuse for victims in England and Wales for the year ending 31st March 2017, was approximately £66billion; the largest component of this estimated cost was the physical and emotional harm experienced by victims, which accounted for an estimated £47million of the cost¹³. Tackling violence against women and girls (VAWG) is one of the key priority areas in the Mayor's Police and Crime Plan 2017-2021¹⁴. The Violence Against Women and Girls Strategy 2018-2021¹⁵ sets out a commitment to embed the Drive project; challenging perpetrators of domestic abuse to change their behaviour.

The Drive Project went live in Croydon in July 2018¹⁶. The project addresses the behaviour of high-harm domestic abuse perpetrators' - often those who would likely not have been engaged with before or excluded from alternative perpetrator responses - to improve outcomes for adult and child victims, and perpetrators. Initially delivered as a pilot in Essex, South Wales, and West Sussex between 2016 and 2019, in 2018 the project combined funding from the Home Office Police Transformation Fund and Police and Crime Commissioners (PCCs) to roll out to Croydon (London), Cardiff (South Wales), Birmingham and Sandwell (West Midlands), and Worcestershire (West Mercia) for an additional two-year replication phase until March 2020. Funding for Drive in Croydon has now been extended to March 2021, supporting delivery of the project for a further 12 months. This time will be utilised to explore both the sustainability of Drive in Croydon beyond current funding, as well as scoping and planning any further expansion of Drive within London.

The Evidence and Insight (E&I) Unit - MOPAC's in-house social research and analytical team - were commissioned to undertake an evaluation of Drive in Croydon. The two-year evaluation of the Croydon site only, examines two distinct areas: monitoring of the **performance of the service** through the routine capture of core project metrics; and, generating **in-depth understanding of the processes** - from design through implementation of the service - of those working to deliver the Drive project. The process-based element aims to generate findings around roll out and delivery of the project in Croydon (rather than the more outcome focused aims of the project set out above which were explored robustly in the Gold standard Bristol study - see below), to inform learning around replicability of the Drive model going forward. This final evaluation report focuses on the second year of performance data and process learning, outlining where there have been key changes and developments compared to year one. A summary of the findings of year one of the evaluation - which explored the initial set-up and implementation of Drive in Croydon - can be found in Appendix D¹⁷.

¹² Data for the year to 31 March 2019.

¹³ HERR107: Oliver et al, 2019: The economic and social cost of domestic abuse 2019. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772180/herr107.pdf.

¹⁴ https://www.london.gov.uk/sites/default/files/mopac_police_and_crime_plan_2017-2021.pdf.

¹⁵ https://www.london.gov.uk/sites/default/files/vawg_strategy_2018-21.pdf.

¹⁶ Croydon was selected to be part of the Drive project following a successful expression of interest that was sent to London boroughs with the highest police recorded levels of domestic abuse.

¹⁷ MOPAC (2019) Drive Project: An Interim Evaluation report from the Croydon site.

Domestic Abuse Perpetrator Programmes: A Brief Review of the Literature

Preventing and addressing the harm caused by domestic abuse is a focus of political and academic interest, both in terms of supporting and empowering victim-survivors and reducing the likelihood of further abuse. Domestic abuse perpetrator approaches can form part of the response to addressing domestic abuse, with flexible, trauma informed programmes that can adapt to individual needs and circumstances recognised within the Government's recent Domestic Abuse Bill (HM Government, 2019). This requires a well-developed evidence base; however, research in this area is in its infancy, particularly in a UK context.

Domestic abuse perpetrator programmes emerged in the UK in the late 1980s and early 1990s as part of the response to domestic abuse. Programmes are characterised by a range of approaches, often drawing on cognitive-behavioural and psychoeducational models, to hold perpetrators to account and offer opportunity to change, usually in a group work setting (Lilley *et al.*, 2018).

As programmes have developed, different approaches have been adopted, although theoretical frameworks remain similar, with the aim of reducing violence and abuse against women and children at the forefront (Kelly and Westmarland, 2015; Bates *et al.*, 2017). The UK approach is largely influenced by the Duluth Model (Pence and Paymar, 1993), characterised as psycho-educational in nature, challenging men's use of power and control over women; however, many programmes have now broadened their approach to recognise shortcomings of the model, incorporating elements of cognitive-behavioural therapy (CBT) and targeting the factors that impact on domestic abuse risk (e.g., emotional and relationship skills deficits, substance abuse, mental health, housing), and delivering programmes to both male and female perpetrators.

Results from studies into domestic abuse perpetrator programmes that adopt experimental or quasi-experimental research methodologies have reported mixed findings, with interventions just as likely to prove effective in achieving their aims as not to¹⁸. For example, experimental studies by Dunford (2000), Feder and Dugan (2002), and Labriola *et al.* (2008) observed no significant difference in outcomes between treatment and control groups, while Taylor *et al.* (2001) showed a lower rate of recidivism for the treatment group than the control group, and fewer incidents of recidivism based on official criminal justice records; however, reported no significant difference when using victim self-report as the outcome measure.

Likewise, while some have found no significant treatment impact (e.g., Gordon and Moriarty, 2003; Haggard *et al.*, 2017; Jenkins and Menton, 2003; Mennicke *et al.*, 2015; Rempel *et al.*, 2008), others have reported positive – albeit sometimes small – effects (e.g., Blatch *et al.*, 2016; Boots *et al.*, 2015; Dobash *et al.*, 1999; Hasisi *et al.*, 2016). For example, Bloomfield and Dixon's (2015) study evaluated two domestic violence interventions delivered by the National Probation Service: The Integrated Domestic Abuse Programme (IDAP) and the Community Domestic Violence Programme (CDVP). The authors found that both the IDAP and CDVP were effective in reducing domestic violence reoffending and any reoffending in the two-year follow-up period, with small but significant effects. For participants who did go on to reoffend, those who received treatment took significantly longer than the control group.

¹⁸ Domestic abuse perpetrator programmes have proved challenging to evaluate with difficulties defining success, capturing good quality monitoring information, inconsistent implementation, limited follow up periods for data collection, and small sample sizes, often leading to inconclusive results (HMIC, 2014; Bullock *et al.*, 2010; Stanley, 2011; Price *et al.*, 2009; Akoensi *et al.*, 2012; Vigurs *et al.*, undated; Lilley *et al.*, 2018; Bates *et al.*, 2017; Ali *et al.*, 2017).

In January 2020, the University of Bristol (UoB) finalised its evaluation of the initial Drive pilot sites (Essex, South Wales and West Sussex) (Hester *et al.*, 2019). The evaluation adopted a multi-method approach, with a random control trial design to assess outcomes, along with qualitative interviews to provide deeper understanding of Drive's processes and practices. Findings highlighted the positive impact of the project; Drive was found to reduce the use of abusive behaviours by service users – particularly serial perpetrators, those using severe domestic violence and abuse, and those service users with a variety of needs. Furthermore, Drive helped to reduce high-risk perpetration, including by serial perpetrators, and this was sustained for a year after the cases were closed – longer than those in the control group not receiving the Drive intervention. Providing support to victims forms a key aspect of the Drive model; findings indicated that Drive increased safety for adult and child victims, doing so to a greater degree than in cases where only support to the victim is being provided. This gold standard evaluation is a valuable, recent contribution to the evidence base for the Drive model and, more broadly, perpetrator programmes.

In the US, Cox & Rivolta (2019) employed a quasi-experimental research design with a propensity-matched comparison group to test the effectiveness of Connecticut's batterers' programme for serious, male, family violence offenders. Findings showed that the programme participation group (n=185) had significantly lower one-year arrest rates than the comparison group (n=185). While the effect size for any type of arrest was moderate, it remained when controlling for other variables known to influence recidivism such as age, race/ethnicity, family violence risk, and criminal history. These differences, however, applied to any type of new arrest but not specifically to family violence offences. For family violence offences, the programme group had lower arrest rates, but these were not statistically significant. Overall, findings show that court-mandated batterer programs can be effective in reducing general recidivism but is inconclusive with regards to reducing battering violence.

Looking more broadly across the literature, there is much to be learnt from single-sample studies, systematic reviews, and exploratory pieces of qualitative research. Project Mirabel, a programme of research exploring the delivery of domestic violence perpetrator initiatives and the experiences of survivors, children, and perpetrators involved in them reported positive changes in a range of measures: survivor perceptions of perpetrator respectful communication; expanded 'space for action' empowering victim-survivors through restoring their voice and ability to make choices; enhanced awareness of self and others for men on programmes (including an understanding of the impact that domestic violence has had on their partner and children); shared parenting; and healthier childhoods in which children feel heard and cared about. The authors noted marginal changes in some cases, although more significant positive shifts in relation to safety and freedom from violence and abuse, particularly physical and sexual violence (Kelly and Westmarland, 2015). In their evaluation of the Doncaster Domestic Abuse Programme, Ali *et al.* (2017) also reported positive changes for some perpetrator clients including improved relationships, feeling calmer and better able to cope with stress, and changes in alcohol consumption.

In an American study assessing attrition in 'batterer intervention treatment programs' (BIPS), the influence of 25 risk and protective factors on treatment "no shows," "dropouts," and "completers" were examined for a large sample of male and female intimate partner violence offenders (n = 1,553) (Richards et al (2019a). Multinomial regression analysis demonstrated that the relationship between risk/protective factors and treatment engagement was different across most factors. 'No shows' were less likely to have education qualifications, be employed, or to be on probation, and more likely to report a mental health problem, or have a history of drug crimes than completers (but not dropouts), while dropouts were more likely to have a history of general violence or property crimes than completers (but not no-shows). These distinctions can inform efforts to improve intake procedures and engagement strategies and enhance recognition of "red flags" for early treatment disengagement.

Survivors of domestic abuse in McGinn *et al.*'s. (2016) US based systematic review on interventions with perpetrators of intimate partner violence reported perceptions of positive changes in partners or ex-partners who took part in a programme, both in terms of their partners' belief systems and their own feelings of safety. However, the authors also highlighted cases in which survivors felt that the programme was an additional source of family stress, that the perpetrator became more skilled in manipulation and abuse as a result of their involvement, or that the programme had potential to create a false sense of security. Victim-survivors and Independent Domestic Violence Advisors (IDVAs) who took part in AVA's (2018) consultation commissioned by the Drive Project to better understand victim-survivor 'voice' (although not all respondents necessarily had direct experience with the Drive Project) shared similarly mixed experiences of perpetrator responses to domestic abuse. Some expressed concern that perpetrators were resistant to change, would not fully engage with programmes, or would use their engagement for further manipulation and control. However, some respondents did note positive changes in perpetrator behaviour following involvement in a programme and recognised the need for greater focus in this area – alongside adequately resourced services to protect and support victim-survivors and children, and improved responses from police and wider criminal justice practitioners.

Studies have pointed to a range of issues that may be important when addressing domestic abuse through perpetrator programmes including: co-ordinated multi-agency partnership and information sharing arrangements, skilled professional workers, robust mechanisms of accountability, and an overall approach which has victim-survivor safety at the core (Bullock *et al.*, 2010; Ali *et al.*, 2017; McGinn *et al.*, 2016). Furthermore, programmes should recognise and manage the complexities of perpetrator intervention work and the possible negative effects for survivors, addressing poor communication and conflict resolution skills and attitudes that were supportive of violence, together with deep rooted barriers to change which some perpetrators can present including mental health support needs, substance misuse, and histories of abuse and poor family relationships from childhood (Bates *et al.*, 2017; Vigurs *et al.*, undated; McGinn *et al.*, 2016). The process of change can differ for each perpetrator and can occur as a 'series of sparks', rather than a single 'light bulb moment' transformation (Kelly and Westmarland, 2015: 34).

Work with perpetrators of domestic abuse is a contested field, often linked to fears about further pressures on already-stretched resources and concerns about redirecting victim-survivor budgets to perpetrator responses (Phillips *et al.*, 2013; AVA, 2018). However, managing domestic abuse offenders with the aim of reducing either harm or offending behaviours as well as addressing the wider risks and needs will not only benefit the offender, but the victims and wider families in ways that stretch beyond current criminal justice responses. While perpetrator programmes should not be assessed in terms of a 'miracle cure', Kelly and Westmarland (2015) encourage some optimism about their place as part of broader responses. Domestic abuse perpetrators are a heterogeneous group who require tailored, rather than 'one size fits all', approaches to address their behaviour (Vigurs *et al.*, undated). This points to the need for a more developed evidence base and a better link between research, practice, and policy (Bates *et al.*, 2017).

The Drive Model

Drive addresses the behaviour of high harm domestic abuse perpetrators to target the root cause of the abuse and improve outcomes for adult and child victims. The key outcomes of the Drive response are to:

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

The project shifts the focus to addressing the behaviour of the perpetrator and aims to knit together services and complement and enhance existing interventions – including crucial protective work with victim-survivors. Addressing the issues that underlie domestic abuse is at the heart of the Drive Project which combines intensive one-to-one case management (differing from the traditional group work settings of some of the earlier cited studies) and delivery of multi-agency services to challenge and change perpetrator behaviour, and address support needs to remove obstacles to the change process. Disruption activity is also a central feature of the Drive model – ensuring that the behaviour of perpetrators who choose not to engage in the process is addressed.

The Drive Partnership is made up of:

- Respect (the main UK charity working with domestic abuse perpetrators, male victim-survivors, and young people);
- SafeLives (a national charity dedicated to ending domestic abuse); and
- Social Finance (a not-for-profit organisation that works with government, social sector, and financial bodies to tackle social problems).

The Drive Project in Croydon

The Drive Project in Croydon went live in July 2018. Domestic abuse cases are identified via the police or Multi Agency Risk Assessment Conference (MARAC) and referred to a fortnightly Drive Domestic Abuse Perpetrator Panel (DAPP) which is made up of professionals across a range of local services including police, mental health, adult and children’s social care, housing, and National Probation Service (NPS)/Community Rehabilitation Companies (CRCs). Four Drive Case Managers (CMs), supported by a Service Manager, employed by Rise Mutual (an organisation specialising in the design and delivery of programmes to challenge and change the attitudes and behaviour of domestic abuse perpetrators) and IDVAs (who hold both Drive and non-Drive caseloads) also sit on the panel. The panel is jointly chaired by a police officer and the Operations Manager of the Family Justice Centre (FJC) where Drive in Croydon is based and CMs and IDVAs are co-located. A diagram outlining the Drive Model is included in Appendix A and a Drive Case Manager training summary is included in Appendix B.

Details of each referred case (e.g., perpetrator name, offending history, victim-survivor(s) details) are presented by the RISE Service Manager, and discussions then turn to DAPP members to ascertain eligibility for the Drive Project. Decisions are made based on professional judgment and risk to the victim-survivor, together with the availability of sufficient information to develop strategies using one-to-one intensive case management to respond to abuse and offending behaviour. DAPP members seek to identify ‘levers’ for engagement with the perpetrator via agencies that they may be in contact with including - but not limited to - those that sit on the panel, and opportunities for disruption via criminal justice measures where appropriate (e.g., arrest, non-molestation orders, Domestic Violence Prevention Orders, restraining orders), and other routes to disrupt (e.g., legal proceedings, housing, social care and information sharing). Cases that are deemed suitable for the Drive Project are referred to a CM and IDVA to begin a programme of intensive case management and behaviour change with perpetrators, and support to victim-survivors. Details of Drive referral guidance are included in Appendix C.

Work with perpetrators can include both direct (where it is safe and possible to do so) and indirect (e.g., multi-agency disruption and risk management) interventions, and/or disrupt (putting barriers and obstacles in place to prevent abuse) activities (see table 1 and 2 for further details of disrupt and support interventions). Some interventions may take place singularly, whereas others may be delivered consecutively or concurrently and alongside support, disrupt or behaviour change work (or a combination), depending on the risk and needs of the perpetrator, victim-survivor and any children and young people

(CYP). Drive exists to target high-risk, high-harm perpetrators who are harder to engage, as such, it does not aim to work directly with all service users; guidance indicates that sites should aim for direct contact with approximately half of service users, and non-direct work with the remaining half.

The Drive Case manager will coordinate any support/disrupt interventions alongside other agencies and deliver any behaviour change work with the perpetrator. For example, where the decision has been made not to evict a perpetrator as a risk management strategy, the Drive case manager may also work with the substance misuse team to address their needs as well as building a relationship with the service user that will form the basis of behaviour change work (to be delivered by the case manager on a 1-1 basis when it is appropriate to do so i.e., when their other needs, housing and substance misuse have stabilised, and they are able to engage effectively).

Table 1. Areas of support and disruption interventions

Areas of support:	
Physical Health	Socialisation and Community
Psychological wellbeing – Mental Health	Purposeful Activities
Homelessness/Housing	Education, Employment and Training
Children and Families	Benefits, Debt Management and Finances
Substance Misuse	Behavioural and Attitudinal Change
	Identity
Areas of disruption:	
Children and Families	Availability of Victims
Evidence gathering for prosecution	Notification
Use of breach of orders	Housing
Legal proceedings	Benefits, debt and finances
	Information sharing with police

Source: SafeLives

The Drive Model is underpinned by a strong partnership approach and in Croydon this includes a range of agencies involved in the DAPP, CMs, IDVAs, the FJC, and a Drive Fellow - a senior ranking (DCI level or equivalent) police officer who brings local expertise and knowledge to ensure that Drive adapts effectively to the local context. It is intended that Drive Fellows provide leadership and influence throughout set up and delivery of the project, including multi-agency working practices, information sharing protocols, and securing buy-in from key stakeholders. The Croydon project is also supported by the central Drive team at SafeLives and the Drive Partnership, and a designated practice advisor from Respect.

At any time between three- and twelve-months cases will be considered for closure on Drive. Numerous factors are considered when deciding whether and when to close a case including, but not exhaustively: all possible actions have been undertaken; the service user has disengaged; a timepoint has been reached which means closure would be considered. Three months is the earliest point at which a case would be considered for closure and only in cases where the service user has not engaged and all possible actions available to the panel and Drive are considered complete. Cases can be extended beyond 12 months where the risk is still a concern. In such cases, where there are still opportunities for meaningful activities clear goals and actions are set out prior to case closure, and/or, additional time is used to secure an appropriate onward referral to other relevant services for oversight. Decisions to close cases involve agreement by the Drive case manager and IDVA, before they are returned to the panel for multi-agency agreement.

In year two of the project there were no significant changes to the model itself or its delivery in Croydon. Relevant cases continued to be referred to a fortnightly Drive Domestic Abuse Perpetrator Panel (DAPP) via the police or Multi Agency Risk Assessment Conference (MARAC); the frequency, core membership and referral guidelines of the panel remained unchanged (see Appendix C). Additional money was made available to Croydon in year two and has been used to introduce additional therapeutic support for CYP through both one-to-one and group work.

Methodology

The final evaluation report builds on interim findings (see Appendix D), which focused on the initial learning generated during year one of the Drive Project in Croydon (1st July 2018 to 8th May 2019).

Year two learning is based on:

- Performance data capturing the activity of the Croydon Drive project between 9th May 2019 and 31st March 2020 (provided by colleagues from Croydon Drive, SafeLives and the Drive Partnership); and
- Fieldwork conducted between November 2019 and July 2020. This includes:
 - Six semi-structured face-to-face interviews with key stakeholders involved in set up and delivery of Drive both centrally and at local level in Croydon (conducted by E&I researchers), including one Case file interview with a Drive Case Manager (CM).
 - Four depth telephone interviews with DAPP members (conducted by Opinion Research Services (ORS) on behalf of MOPAC E&I).
 - Two focus groups - one with Drive CMs and one with IDVAs (conducted by ORS).
 - A dip-sample of a small number of cases (n=25) to illustrate the ‘footprint’ of perpetrators across a range of agencies (provided by Croydon Drive colleagues).
 - A search of the Metropolitan Police Service (MPS) gangs matrix for the Drive Croydon cohort (provided by colleagues from the MPS and Croydon Drive).
 - One Drive service user interview (conducted by E&I researchers).
 - Two Drive service user case studies (provided by Croydon Drive colleagues).

Appendix E sets out all fieldwork conducted to date.

The UK Government introduced ‘lockdown’ on Monday 23rd March in response to the global COVID-19 pandemic. Whilst delivery of Drive has continued in Croydon, there has been an impact on staff delivering frontline services, as well as the wider Domestic abuse landscape within which Drive sits. Despite this, the performance data which underpins this evaluation - up until 31st March 2020 - was largely unaffected.

Planned activity to conduct additional service user interviews as well as victim-survivor interviews have been affected by COVID-19 and resultant pressures on staff delivering front line services and the effects on the general public. Capturing the views and experiences of victim-survivors and perpetrators receiving support through the project is a key element in understanding how a service works. SafeLives are conducting service user interviews with perpetrators and victim-survivors across all Drive sites. This work is due to be published later in the year and will provide valuable insight and learning for Croydon and other Drive sites.

Results: Learning from year two of the Croydon Drive Project

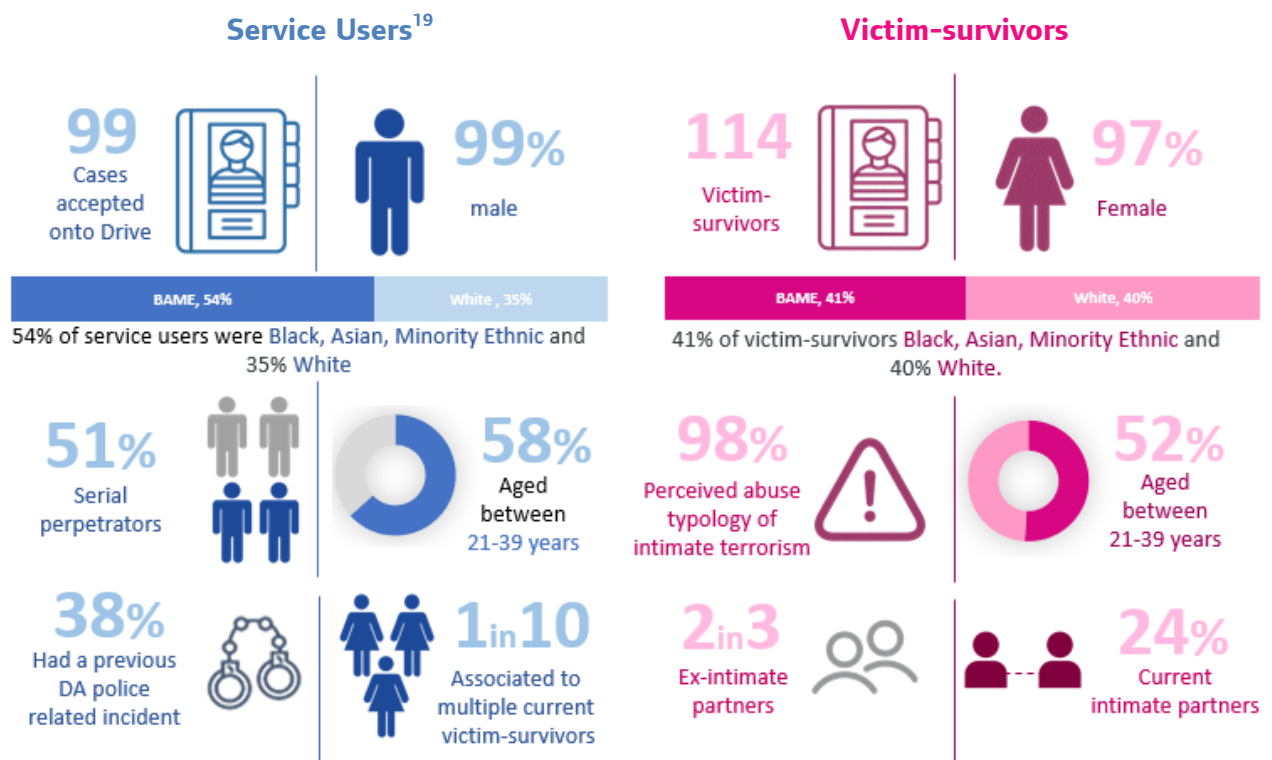
Project throughput and activity

This section reports on year two Croydon performance data from 9th May 2019 to 31st March 2020 and comprises three sections: the **first section** presents an overview of Drive’s service users, as well as the victim-survivors and CYP associated with cases; the **second section** outlines the project activity during the second year of Drive in Croydon; and the **third section** provides insight into how cases have progressed through the service in year two, as well as case manager-reported outcome data in relation to perpetrators, victim-survivors, and changing levels of risk and harm.

Section 1: Drive Service users, victim-survivors and CYP

Year two cases

- In year two, **99** cases were accepted onto the programme - an increase of 26 cases compared to year one. These cases relate to: 99 perpetrators; 114 survivors (1 in 10 cases were associated with multiple victim-survivors); and 184 children or young people.

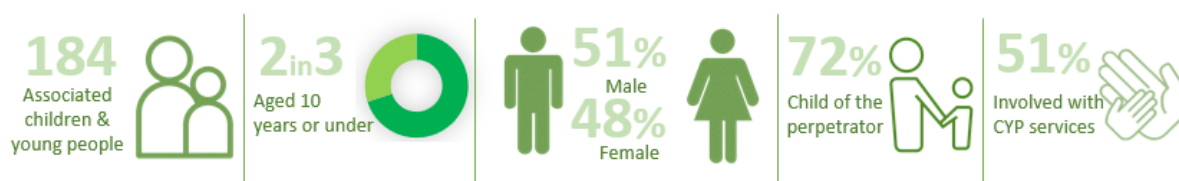


- Data estimates that 41% of Croydon’s population is from a Black, Asian and Minority Ethnic (BAME) background and 59% is white²⁰. More than half of Drive’s service users in year 2 were BAME (54%) which points towards disproportionality within the cohort. Just over 40% of victim-survivors associated with cases were BAME (41%), representative of Croydon’s population. Further work to better understand how Drive may impact on some people disproportionately should be considered.

¹⁹ ‘Serial’ defined as someone who has perpetrated against 2 or more victims.

²⁰ ONS Annual Population Survey (2018).

Children and Young People



Service User Needs

- Using data collected in relation to all Drive service users since the project inception (n=170)^{21,22}, demonstrates the complex nature of this client group. Three out of five Drive service users (61%, n=103) presented with three or more needs. This compares to forty-four percent of service users in the year one cohort only (n=32/73), which may be indicative of an increase in prevalence of multiple needs amongst service users, or as a result of improved multi-agency information sharing, and/or improved data recording practices in year two.
- During phase 2 of the pilot, replication sites began recording information relating to Adverse Childhood Experiences (ACEs) in the Drive Cohort²³. Although the picture is incomplete due to missing data, in closed contact cases where more reliable data is available (n=30), one in three service users (33%, n=10) in Croydon had at least one ACE recorded.
- Areas of need were rated 'low', 'medium', 'high' or 'none'. 'Children, families and parenting'²⁴ was identified as the highest level of perpetrator need and the most commonly identified need across all cases (high need = 52%, medium need = 15%, low need = 3%). This was followed by 'Substance Misuse-Drugs' (high need = 18%, medium need = 26%, low need = 4%), 'Mental Health and Psychological Wellbeing' (high need = 19%, medium need = 19%, low need = 8%), and 'Housing' (high need = 12%, medium need = 16%, low need = 14%) (see Figure 1). These findings are in line with those reported in year one indicative of consistency of the needs identified throughout the project lifetime.
- The UoB evaluation also showed that the Drive cohort had a high degree of needs; 63% reported having one or more needs and 34% reported having three or more needs²⁵. Housing, unemployment and alcohol misuse were the three most prevalent service user needs, closely followed by having a mental health issue²⁶. The evaluation found that a greater degree of needs was found in the Drive cohort than usually seen in voluntary sector Domestic Violence Perpetrator Programmes (DVPPs), where those with needs involving mental health, alcohol and/or drugs may be excluded (Lilley et al,

²¹ The two-year total number of cases may differ from individual year totals. It is likely that following allocation to Drive cases were categorised as 'referral not progressed'. Any case that is classed as unsuitable is removed from SafeLives reports and dashboards.

²² It should be noted that information in relation to needs may not be available for all service users as Case Managers are not in direct contact with all service users.

²³ Growing up with adverse childhood experiences (ACEs) such as abuse, neglect, community violence, homelessness or growing up in a household where adults are experiencing mental health issues or harmful alcohol or drug use, can have a long-lasting effect on people's lives.

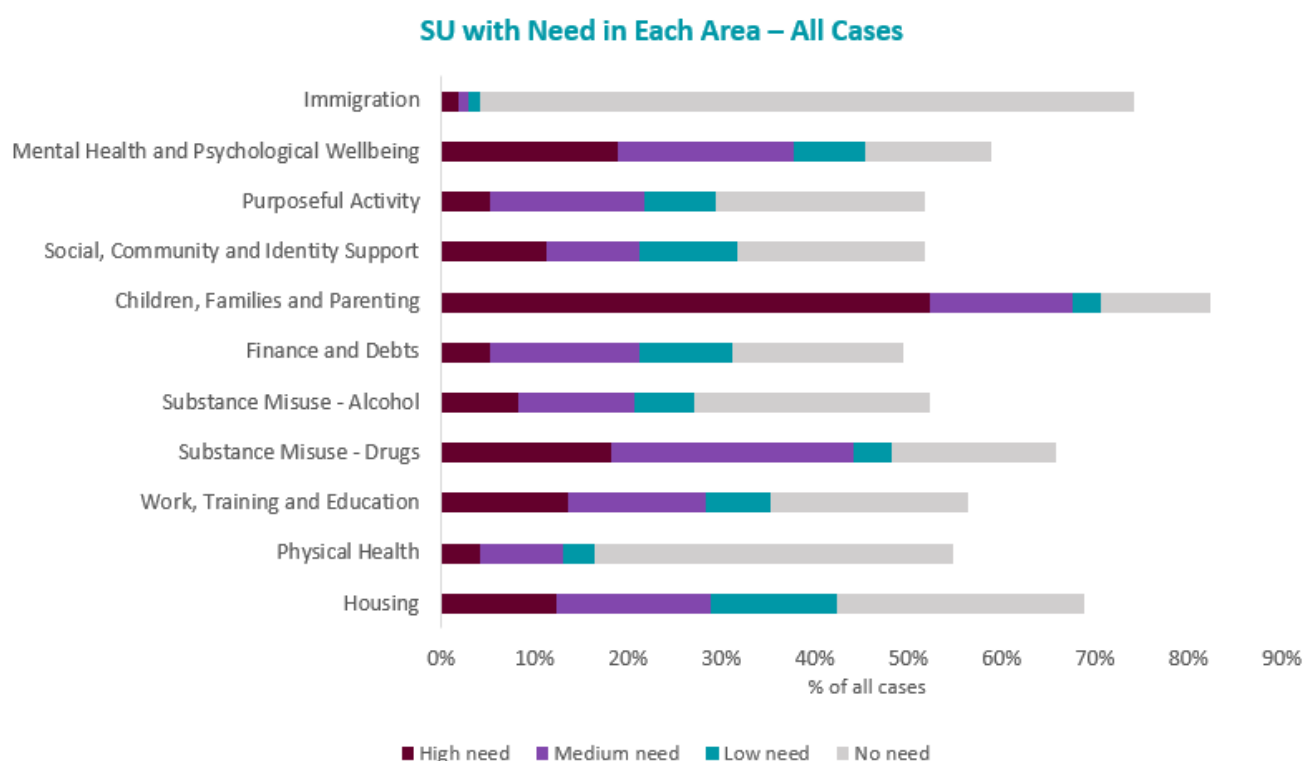
²⁴ This refers to any needs in relation to the service user's family and / or children, as identified by the Drive Case Manager, e.g. relationship with children or family members, a need to engage with relevant agencies (e.g. children social care), improved understand of the impact of the abuse on their family, or support to engage in safe contact.

²⁵ Service user needs reported at mid-point (n=487).

²⁶ Differences in prevalence of need between the Croydon site and the pilot are likely to be the result of differences in how needs were categorised and recorded. Whilst the pilot captured these needs in three separate categories: relationship with children, relationship with family members & parenting capacity, in the Croydon site they were grouped together as one area of 'Children and families'.

2018). Further work to develop understanding of Drive’s cohort in Croydon - and high-harm perpetrators more broadly - is suggested (see ‘Working with perpetrators and victim-survivors’).

Figure One: Service user need



Source: Drive Performance Management Croydon dashboard, 9th May 2019 – 31st March 2020

Section 2: Year two project activity

This section presents data in relation to Drive project activity between 9th May 2019 to 31st March 2020. The data relates to all cases that were open for all or part of the reporting period, including any cases opened prior to the reporting period, and any cases that were closed during the reporting period²⁷.

Open Cases

- A total of 96 Drive cases were open in Croydon at the time of reporting²⁸.
- In half of these (49%, n=47/96), a Case Manager had been able to make direct contact with the perpetrator to coordinate and deliver interventions. This is similar to figures reported in year one (46%) and in line with figures collated from the Phase 2 replication sites (45%)²⁹. Drive exists to target high-harm, high-risk perpetrators, and therefore does not anticipate that all perpetrators will engage with Case managers directly, utilising disrupt opportunities to affect those not in direct contact with Case managers. Guidance from the Drive partnership suggest that sites should aim for between 50 - 60% of cases with direct contact.

²⁷ Although the data in this section may refer to service users previously reported on in the year 1 interim report (covering July 2018 to May 2019), the data will only cover project activity occurring during the reporting period (project activity figures will not be duplicated across reports).

²⁸ As of 31st March 2020.

²⁹ As of 31st March 2020, 446 open cases across all Phase 2 replication sites.

- The status of the other open cases (n=49) continues to vary: undergoing additional background research (which may include disruption and risk management activity) (n=22); at pre-closure stage (n=15); on hold (n=11); or, the service user was deemed not safe to contact at that time (n=1).
- Of those where direct contact was made, 60% of perpetrators were fully engaging (n=28), 10 partially engaging (21%) and five not engaging (11%) with the Drive service (engagement status was missing for the remaining four cases). It is difficult to compare this data to year one as some of the year two cases may have been opened in year one and as such formed part of the year one data, however, there appears to have been an improvement in service user engagement levels in year two, with increases in the number of perpetrators fully and partially engaging (by 16 and 8 respectively). Although levels of full engagement from perpetrators is lower for Croydon than that found across all Phase 2 replication sites - 71% compared to 60% - Croydon had a higher proportion of partially engaging service users - 9% compared to 21%. When comparing cases in which there was any level of engagement³⁰, Croydon is comparable to the level found across all replication sites with 81% (n=38) of service users in Croydon engaging, and 80% (n=159) of service users across all replication sites engaging with the service.

Interventions



- During the reporting period, a total of 694 multi-agency interventions³¹ were made in relation to cases in the Drive service (including both open and closed cases – many cases involved multiple intervention attempts conducted alongside other agencies). This demonstrates a substantial increase in activity levels in Croydon compared to year one, in which 105 interventions were made (see Table 2 for examples of interventions used in the work of Drive). The evaluation was not able to explore in more detail the nature of the interventions or analyse these further, such as the average number of interventions per client or how they were matched to client need. It would be recommended that future work in the area explores this issue.
- Most multi-agency interventions (73%, n=509/694) included a combination of both 'support'³² and 'disrupt'³³. Interventions focused on 'disrupt' or 'support' only were considerably less frequent (11%, n=73/694 and 16%, n=112/694 respectively). Again, the proportion of interventions which combine both 'disrupt' and 'support' in year two constitute a considerable increase compared to year one (just over half, 52%) of cases used the combined approach. This may be due to a number of reasons: changes in local recording practices; improved understanding of the model; improved agency buy-in; and/or, improved Multi-agency working during year two. Further exploration of the increased number of interventions and use of both 'disrupt' and 'support' should be undertaken to develop Drive's learning.

³⁰ Both full and partial engagement.

³¹ This figure does not include behaviour change sessions delivered by Case Managers alone.

³² This is defined as 'addressing perpetrator need with the aim of removing barriers to the change process'.

³³ This is defined as 'putting barriers and obstacles in place to prevent abuse'.

- Most interventions were jointly conducted by the Drive Case Manager and a range of agencies; most frequently Children’s Social Services (29%, n=201/694), IDVAs (16%, n=109/694) and Police (14%, n=95/694)³⁴. Given the increase in the number of interventions used by Croydon in year two, unsurprisingly, all agencies have increased in the number of interventions they have jointly delivered. In year one, Children’s Social Services jointly conducted 22% of cases with Drive Case Managers, which may point towards an increased and welcomed prominence in their role in year two, given the number of CYP associated with Drive cases in Croydon.
- Year one performance data pointed towards the challenges of moving towards meaningful behavioural change work with perpetrators to address perpetrators’ attitudes and behaviour to domestic abuse - eleven of all open cases at the time of reporting had received behavioural change support. Behaviour change work is one tool made available by the model, which does not anticipate that all perpetrators will engage with Case Managers – indeed, as the data shows - disrupt and risk management activities are the primary interventions in some cases. In year two, 43% (n=41/96) of all open cases had received behavioural change support at the time of reporting, with an average of 5 sessions per case; slightly higher than figures for all Phase 2 replication sites (38%). It is evident that there has been progress in delivering this area of the model with increasing opportunities to engage perpetrators in behavioural change work. Given the longer-term nature of such interventions, as cases continue to progress through the service the number of closed cases which have received behavioural change support will likely increase.

Table 2. Examples of support and disrupt interventions

Examples of support interventions:
Homelessness: Drive supported a perpetrator with unsuitable living situation and substance misuse needs to attend an open day and to become engaged with a service working with unemployed, homeless young people to help them lead positive futures.
Benefits, Debt Management and Finances: Drive supported perpetrator to access Citizens Advice Bureau for support with debt issues. Drive assisted with setting up payment plans with water and electricity providers.
Mental Health: Drive working with a perpetrator in prison for possessing offensive weapon. He has previous convictions for domestic abuse and is not permitted to have contact with any of his children. Service User disclosed he was the victim of childhood sexual abuse and whilst in prison tried to take his life after being told he would not be able to see his son. Service User disclosed that feeling like he had support from the case manager was keeping him going and that he wants help and wants to change. The Case Manager is now liaising with sexual abuse services to find out if support can be provided in prison and to find out what mental health support is available.
Examples of disrupt interventions:
Police Action: Timely information shared with Police identifying whereabouts of perpetrator, leading to arrest and bail conditions not to contact victim or enter her area of residence.
Legal Proceedings: Case Manager supported the victim of the perpetrator in seeking legal support to facilitate the sale of their marital home which he had been obstructive in selling. Actions are currently ongoing.

³⁴ Interventions were also carried out by Prison (12%, n=80/694), CRC (9%, n=63/694) and a range of ‘other’ agencies (21%, n=146/694).

Use of Breach of Orders: The Case Manager identified that the perpetrator and victim were in contact. This was a direct breach of his order. The victim was 11 weeks pregnant. The Case Manager notified Community Rehabilitation Companies (CRC) and provided evidence and provided a statement to the police. The victim had already previously had one child removed due to her vulnerability. The Case Manager reported this to Children’s Social Care (CSC), who prioritised an assessment for the victim. The Case Manager is continuing to work with CSC, CRC and the police. As a result, the SU received a 2-year community order, Building Better Relationships rehabilitation programme, 100 hours community service and 20 rehabilitation activity requirement (RAR) days.

Examples of support and disrupt interventions:

Housing: Case Manager supported a service user who has insecure housing to find permanent accommodation which: a) supported them to get secure housing, as well as b) aimed to decrease harassment/abuse by reducing likelihood of the service user insisting on staying at the victim-survivor’s home.

Source: SafeLives

Section 3: Case closure and Case Manager-reported outcomes

Closed cases

- In year two, 68 Drive cases were closed. The average length prior to closure was 244 days. In year one, just four cases were closed, depictive of the longer-term nature of work associated with Drive.
- The primary reason recorded for closure varied: the most commonly reported reason was service user disengagement (44%, n=30/68); followed by limited scope of work (18%, n=12/68) and the risk to victims/CYP deemed too high (16%, n=11/68). Of the cases closed, direct contact was made in 30 cases prior to their closure; of which two thirds (67%, n=20/30) of perpetrators were recorded as ‘non-engaging’ at the point of case closure³⁵.
- Figures in relation to case closure reason need to be considered within the context of recording practices: Recording of reasons for case closure began during phase 2 replication of the pilot and during this time understanding of the Drive model, what constitutes an intervention and case closure procedures has evolved in Croydon and in other sites. As such, findings and data recording practices relating to case closure should be reviewed to ensure that they appropriately reflect operational activity, and that staff are recording their work consistently and accurately. Robust data relating to case closure will deepen understanding around service user engagement and motivations for taking part in the Drive project.

Abuse Profile

The Severity of Abuse Grid (SOAG) is an assessment³⁶ of the changing risk levels to victim-survivors made by Case Managers in relation to the type of abuse (Physical, Sexual, Harassment & Stalking (H&S), Jealous, Coercive & Controlling (JCC)) and severity of abuse (classified as either standard, moderate or high, none or unknown). Cases were assessed at intake and exit for all victim-survivors associated to all closed cases

³⁵ Four were fully engaged and two partially engaged. In the remaining four closed cases, contact had ceased. The definition of ‘non-engaging’ is a service user who is not communicating with Drive and is consistently not meeting commitments or communicating when commitments will not be met.

³⁶ The Severity of Abuse Grid (SOAG) allows Case Managers to draw together information from all available sources, including that from other agencies involved, the IDVA, and their conversations with the service user. Case Managers complete assessments at intake and exit, and at regular intervals (at least every 3 months) whilst a case is open. Assessments at intake and exit are used to monitor progression against outcomes.

(n=83)³⁷ (see Appendix F, Figures 2-5). At the point of case closure, Case Managers are asked to consider the level of abuse experienced in the previous three months. It is important to note this data relates to a relatively small sample of cases (n=68), has no control condition, and although multiple agencies feed into this assessment, it is based on Case Managers' own assessments of a case.

- A reduction in Physical, Sexual and H&S, JCC abuse was reported by Case Managers across all closed cases for this in which direct and non-direct contact was made with perpetrators (See Appendix F, Figures 2-5).
- Although an increase the number of cases classified as 'standard' at exit was seen for H&S abuse, it is not necessarily indicative of an increase in overall levels of abuse in this area, for example, service users who were deemed moderate/high risk at intake may leave the programme as 'standard'. Further work to explore such patterns with a larger sample would be beneficial.
- A greater reduction in Physical, Sexual and JCC abuse was reported by Case Managers in cases where direct contact was made with the perpetrator. Given the nature of working face-to-face with service users and having the opportunity to undertake Behaviour change work, this is an expected outcome of Drive work.
- Levels of reduction in Case Manager reported abuse levels in Croydon, are consistent with those seen across other Drive replication testing sites and are also following the same downward trend found in the original pilot sites.

Summary of performance data

Over the duration of the project (July 2018 and March 2020), Drive has worked with a total of 170 perpetrators, 203 associated victim-survivors and 309 associated CYP, this means Croydon delivered to 83%³⁸ of the target set for this time period and is in line with the other Phase 2 replication sites³⁹. This is likely due to a slower initial delivery pace during implementation, commonly expected during the set-up phase of projects. In addition, 799 multi-agency interventions were recorded in relation to cases in the Drive service, including 'support' (n=135), 'disrupt' (n=100) and a combination of the two approaches (n=564). A substantial increase in the number of interventions recorded may be due to changes in local recording practices; improved understanding of the model; improved agency buy-in; and/or, improved Multi-agency working during year two. Further exploration should be undertaken to develop Drive's learning.

Performance data provides valuable insight into how the project has been implemented, delivered and embedded within Croydon. In year two, project activity in Croydon has increased. A higher number of new cases were allocated via the DAPP, adding to the existing year one caseload, and there was a substantial increase in the number of interventions made, particularly those combining 'support' and 'disrupt'. This may signal increased confidence and understanding of the model leading to greater creativity, although further work to understand local recording practices should be undertaken.

In year two, more cases have progressed through the service with an increase in the number of cases closed; indicative of the longer-term nature of the work of Drive. Although service user disengagement is the most common reason for case closure, work is recommended data to review how data is recorded to ensure consistent and robust capture which accurately reflects the work of Drive. The Drive model does not anticipate that all perpetrators will engage with Case Managers – indeed, disrupt and risk management

³⁷ Please note that more than one victim-survivor may be associated with a case.

³⁸ 204 service users.

³⁹ 84% nationally across all Phase 2 sites.

activities are the primary interventions in some cases reflecting Drive's aim to target those who are harder to engage. Data points towards an increase in the level of behaviour change support being undertaken in year 2, a promising development and indicative of the longer-term nature of direct work with perpetrators. Furthermore, case manager reported outcomes suggest that Drive in Croydon may reduce physical, sexual, H&S and JCC abuse, the effect of which is greater in cases where direct work with perpetrators is undertaken.

Performance data, as well as staff feedback (see below), highlights the longer-term nature of working with perpetrators as part of the Drive project. As more cases progress through the service, understanding of what works, for whom and in what ways will develop, as well as understanding of any longer-term benefits of the project. Whilst assessing the impact of the Drive project in Croydon does not form part of this evaluation, work undertaken centrally indicates that reductions in abuse in the replication testing sites are following the same downward trend as found in the initial pilot sites (evaluated by UoB). Information from such pilot sites further along in their journey will be useful - for both Croydon and any new sites - to understand whether the project is working as anticipated.

Understanding the cost of domestic abuse and the contribution of Drive

Understanding the fiscal benefits of programmes such as Drive is challenging, given its multi-agency approach to working with complex service users. The evaluation of Drive in Croydon did not set out to undertake an analysis of the associated costs of the programme. As well as understanding the impact of Drive on service users, victims, CYP, and society more broadly, understanding the potential cost savings associated with such programmes, is key for commissioners and policy makers building the case for investment in Drive.

A Home Office report published in January 2019 estimated that the cost of domestic abuse for victims in England and Wales for the year ending 31st March 2017, was approximately £66billion; the largest component of this estimated cost was the physical and emotional harm experienced by victims, which accounted for an estimated £47million of the cost⁴⁰. The report goes on to estimate the cost for a single victim of domestic abuse in this period as approximately £34,015⁴¹ and acknowledges that these costs likely under-estimate the true cost.

The UoB assessed the costs associated with high-risk, high-harm domestic abuse as part of their evaluation of Drive⁴². Using Drive data to determine the costs relating to victims (and their children), and perpetrators, the analysis estimated the state funded costs associated with perpetrators identified as high-risk via the MARAC referral pathway, as approximately £63,400 per case⁴³.

Although it was not possible to assess overall fiscal benefits of the programme as part of their work, using the financial analysis carried out by the UoB as a foundation, the Drive Partnership have since undertaken an assessment of the potential cost savings as a result of the Drive intervention, with a focus on serial perpetrators of domestic abuse⁴⁴. In their analysis of MARAC data for one Drive site, they observed the reappearance of serial perpetrators (who had been involved in the Drive programme) at the MARAC between 6- and 12-months following completion of the Drive intervention. This preliminary work points towards potential cost savings of Drive and contributes to the ongoing efforts to understand the economic benefits of the programme.

It has so far not been possible to assess the economic benefits of the Drive programme in Croydon. In addition to the difficulties associated with understanding the cost of delivering such programmes, given its relative infancy in Croydon, the number of cases that have progressed through the service is not yet sufficient to replicate the cost savings work that the Drive Partnership have conducted which requires sufficient post-intervention time to have lapsed. Furthermore, challenges around the suitability of using locally collected MARAC data were encountered. It is suggested that in order to support future cost analysis following a longer delivery period, opportunities to identify relevant data sources, collect quality data and improve current data recording practices should be explored in Croydon.

⁴⁰ Oliver et al., 2019

⁴¹ 1,946,000 victims in England and Wales in the year ending 31 March 2017.

⁴² Hester et al. (2019) Evaluation of the Drive Project – A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse.

⁴³ The costs for loss of quality of life and economic output were not included.

⁴⁴ Those perpetrators who have repeatedly used abuse in multiple relationships.

Further embedding Drive in Croydon: Year two

General perceptions of Drive in Croydon and working with perpetrators

Overall, the Drive model continues to be viewed positively by practitioners and stakeholders in Croydon and was commended for filling a gap in support for high-harm perpetrators, as reflected upon by one practitioner: *'...before there wasn't anything for them and now there is. And you do have to provide something, ... they are the ones wreaking the most havoc, and causing most harm, so you've got to fill that gap'*. Although Drive was considered expensive and time consuming – particularly by practitioners and those delivering the programme – most participants felt that it is worth continuing with if it can help stop the cycle of abuse and reduce risk.

Although participants reflected that despite initial scepticism, most agencies and practitioners were now supportive of the Drive model and working with offenders, it was evident that some – particularly those working to support victims – remained sceptical. Although they acknowledged the need to work more directly with entrenched, persistent offenders, IDVAs in particular felt that Drive exposed an 'imbalance' between the tailored, long-term interventions offered to perpetrators and the more generic, short-term support available to victims.

Such scepticism is not necessarily a surprise as previous research has also highlighted this issue⁴⁵. However, there is growing awareness that working with Domestic abuse perpetrators is core to delivery⁴⁶ – given that they are the source of the problem and tackling offending behaviours can avoid future harm, preventing both future victimisation and new victims. Findings from this evaluation suggest that work still needs to be done to ensure all staff are aligned to the benefits of working with offenders – if not addressed such working tensions will continue.

Achieving, widening and sustaining buy-in

Buy-in to the Drive model and support for working with perpetrators, was considered a key enabler, something that required both initial and ongoing awareness-raising, but also somewhat of a 'cultural shift' towards more acceptance of working with perpetrators – which, participants acknowledged, may take time. Whilst there has reportedly been positive progress in the last 12 months in information-provision and awareness-raising of the project – for example, the MPS now try to provide daily briefings to officers and probation have designated two 'link officers' – some stakeholders felt that more could be done to raise awareness through adopting a 'top-down' approach; *'it has got to be from a government level, it has got to be all consuming from every level downwards'*.

Feedback from practitioners not directly working with perpetrators indicated that they would welcome more official and in-depth data around outcomes, but also case studies and stories to illustrate the work of Drive, types of interventions used, and to highlight learning. Such information may also serve to explain and support the rationale for implementing a perpetrator-focused programme, and address some of the remaining scepticism discussed above.

As Croydon prepares for an additional year of delivery, some stakeholders observed that it was a good time to 're-launch' the project to: hold refresher training days; to reengage commitment to Drive and attendance at the DAPP; and, raise the profile of Drive in Croydon amongst agencies and services. There

⁴⁵ Phillips *et al.*, 2013; AVA, 2018

⁴⁶ <https://gov.wales/sites/default/files/publications/2019-11/violence-against-women-domestic-abuse-and-sexual-violence-public-services-good-practice-guide.pdf>.

is a clear role for evidence; generating learning, promoting success and demonstrating the effectiveness of Drive, which will be key to sustaining commitment from agencies and staff working in Croydon, as well as raising awareness of the project amongst new partners and in new areas. It is vital that this includes the buy-in and commitment from victim support services.

Evidencing and sharing Drive's successes

It was acknowledged by participants that further understanding and sharing the success of Drive in Croydon will be key for the next phase of the programme - to attract and maintain support and buy-in from agencies and staff within Croydon, but also to contribute to the evidence base for perpetrator programmes and the future roll-out of projects such as Drive.

At the same time, understanding and measuring the success of Drive was seen as challenging, particularly given the infancy of the project and the cycle of domestic abuse which often occurs over several years. Whilst participants recognised the need to understand and measure effectiveness of the project, defining markers of success for Drive requires further work. Practitioners argued that, given the individualised nature of the intervention work measuring change requires a more nuanced approach than simple recording of generic outcome data. Furthermore, although a reduction in domestic violent behaviour is key, for some participants, success needs to be viewed as 'all-encompassing', including evidence of perpetrators leading better, healthier lives, and victims and CYP not only feeling safer, but actually being safer. A review of the outcomes and markers of success should be undertaken to ensure the project continues to learn and build evidence to support further sustainment and rollout.

Strengthening partnerships and moving towards local ownership

Whilst the Drive Central team have continued to provide a key support function to Croydon, during its second year of delivery, there is evidence of movement towards more local ownership of the model, with Croydon reportedly leading and formulating solutions to problems and implementing local processes. An important aspect of Drive in Croydon is that it is embedded within the well-established local domestic abuse landscape rather than sitting 'alongside' it.

This has reportedly resulted in increased opportunities to work collaboratively and find innovative ways to support and disrupt perpetrators, further aided by agencies having developed a greater understanding of each other's roles and the levers they can bring – which may, in part, explain the increase in multi-agency interventions delivered in year two. As one participant summarised: *'A year ago we didn't understand the aims and motives of everyone involved, but now we are in a better place and we've built those relationships'*.

Indeed, this was seen as particularly evident in Croydon's work with the MPS in year two. Whilst during early implementation staffing issues led to inconsistencies in the role of the Drive Fellow (typically a police role), during year two stakeholders and practitioners were extremely positive about the cooperative partnership which has developed with the police, presenting opportunities to closely align with existing police operations and activity: *'that's definitely a characteristic of Croydon - they have that complete acceptance by the police that they need to work alongside Drive on these cases'*.

Despite improvements in partnership working, concerns were expressed by stakeholders and participants that some partner agencies do not appear as invested in the project as others. Practitioners reflected that some agencies, particularly mental health and substance misuse, are becoming increasingly disconnected with the project as workload pressures seemingly result in a de-prioritisation of Drive - a concern given the prevalence of substance misuse and mental health associated needs within the Drive cohort (see Section 1). Drive practitioners also spoke of their frustrations when liaising with services and agencies

suffering a high turnover of staff – for whom Drive is not their primary role – which has resulted in cases passed between staff members. If agencies are unable to provide the level of support to the project that is required, the deliberative process of collaboratively developing plans and sharing information may suffer.

Delivering Drive: Ways of working

Capacity and resourcing

At the time of the fieldwork, the Drive Case Manager team was fully staffed – an improvement on year one – which has seemingly made it easier to manage caseloads and brought stability to the team. It was clear from participant feedback, that the Drive workload is demanding, requiring considerable staff time to support information sharing, prepare and attend meetings, and gather intelligence on cases to aid decision making. In year two, an increase in the number of cases accepted onto Drive alongside the continuous flow of Drive cases assigned at the fortnightly DAPP, has sustained the heavy caseloads reported in year one and resulted in caseloads higher than the recommended 25 cases.

Furthermore, time spent travelling and arranging the logistical aspects of working with perpetrators, reportedly continues to impact on the management of other elements of the Case Manager role in year two – opportunities to learn from the contingencies implemented during COVID-19 should be explored. Despite these issues, the natural fluctuation of their work means that their roles reportedly remain manageable: *'We have been at capacity, or even over capacity... But I think it has been manageable, there has been a nice structure in place to manage those cases. Because there is such a fluctuation with the work, there is a freedom in that. But if that wasn't the case (no fluctuation), I think it would be a very different scenario'*. Participating IDVAs felt that their involvement in Drive adds an additional burden to their already busy work schedules and that additional resourcing to deliver the programme is required.

Staff feedback indicates that Drive is a resource intense project requiring the right staff with time to do their job. This was illustrated in the role of the Drive Fellow – typically a police role in Drive – where the wider responsibilities of the Drive Fellow beyond Drive and domestic abuse, reduce their capacity to work on Drive. For some practitioners – for whom Drive forms only part of their role – the project creates more tasks, adding pressure to an already demanding workload, reportedly resulting in a reduction in attendance at The Domestic Abuse Perpetrator Panel (DAPP).

Training

Gaps in training highlighted during year one broadly appear to have been addressed in year two, with participants reporting a general increase in communication, events and information sessions. Opportunities to learn from other Drive sites and role specific network events and workshops have enabled sharing of best practice and learning. In addition, training in areas such as: stalking and harassment; gangs; and, general case manager training such as ACEs, has been positively received, although some felt that it has been too generic focusing on theories of offending as opposed to more in-depth training around behavioural change work which they felt would be beneficial to their role.

Furthermore, following a lack of clarity around the 'disrupt' element reported in year one, information sessions delivered in the last 12 months have reportedly been helpful, although it was evident from staff feedback that more specific training, awareness raising, and documented guidance in relation to the 'disrupt' element is still required: *'There have been some information sessions, and I do think I've got a bit more an idea of about some of the kinds of disrupt stuff. But there was this case the other day at the DAPP which was allocated as 'disrupt' and I did have to ask what it means. I know something is meant to be*

done with it, but I'm not sure what. Drive practitioners and service managers also indicated that in-depth training on internal IT processes would be beneficial.

Information-sharing

Multi-agency partnership working continues to be at the heart of Drive. Whilst not a novel concept, the multi-agency approach to tackling domestic abuse in Croydon depicts a change from the more common, unidirectional referral mechanisms which may have limited the opportunity for informed discussions and collaborative action plans typical of Drive. Participants viewed this as a key strength of the model: *'The information sharing; you have the probation officer, the social worker, the case worker, the IDVA are all having a more holistic view of what's going on in the family home. So, it's not a one-sided view but a more accurate whole picture of what's going on. And that allows for a clearer, more objective plan of how to tackle it rather than other agencies working on it in silo. And from that point of view that's what's been the most effective part of Drive'*.

According to participants, information sharing continues to pose challenges in Croydon and some participants – service managers and case managers – expressed concern that this had worsened during the previous 12 months, resulting in some partners being 'absent from the picture'. Indeed, case managers reported spending a lot of time 'chasing' partners for information, and some had resorted to no longer making information requests to partners outside of the DAPP.

Participants speculated that the introduction of GDPR may have impacted on services' willingness to share information, with some staff seeming to become 'more protective of their clients'. Participating IDVAs expressed discomfort about sharing information provided by the victim about the perpetrator because of the agreement they have with victims about the use of this information, which falls outside of their control once shared with Case Managers. Gaps in staff awareness and understanding of the data sharing agreements were evident, with some practitioners describing themselves as 'left in the dark' about key Drive processes such as sharing intelligence and consent. Given ongoing challenges in this area and the potential impact on delivery, thought should be given to how these issues could be addressed; reviewing local governance structures; prioritising the review, implementation and training of information sharing guidance and processes; and, consulting an information sharing expert to support this work should be considered.

The DAPP

The Domestic Abuse Perpetrator Panel (DAPP) continues to be viewed as a unique and key component of Drive. Participants praised the newly 'streamlined' process that enables members to see which pieces of information and factors will be the focus for each case. As in previous observations of the panel, DAPPs move at a fast pace with 17 cases heard over two hours. Partners appeared more confident when discussing their cases compared to observations earlier in the project, perhaps indicative of Drive being more embedded post-implementation.

As well as considering new cases, the panel reportedly serves as a useful forum for reviewing cases that are proving difficult to engage – 10 were reviewed at the panel observed – enabling open discussions between partners about available levers and approaches. As one participant reflected: *'I think some of the review cases have been handy when you can get the partnership information, because sometimes you need that meeting to ask 'what am I doing with this?' It's a good way to get more information or ask people about another way in'*.

The importance of partners around the table was demonstrated during an observation of a panel – the 'live' nature of information sharing and decision making at DAPPs highlights the importance of attendance by all key agencies. It is therefore a concern that participants reported a recent 'drop off' in attendance.

Possible factors identified by participants as affecting attendance levels, included: the time commitment involved; a high staff turnover resulting in a lack of awareness of meetings and their importance; for some agencies their role may be more limited affecting their commitment to attend, for example reportedly fewer cases are reviewed at the DAPP involving mental health or substance misuse services. Some practitioners and stakeholders observed that the DAPP, unlike the MARAC, has not yet been embedded as part of practitioners' job roles, as one participant surmised: *"People just aren't turning up (to meetings) as much as they used to. I think with MARAC, it's kind of drummed into them that they need to be there, But I think with Drive we haven't really done that"*.

Participants shared several ways in which attendance at the DAPP could be improved, including:

- Holding the DAPP monthly (rather than fortnightly);
- Altering the location of the DAPP – it is currently held at the Family Justice Centre in Croydon, which may exacerbate attendance – to a more central location;
- Exploring options to join the meeting remotely (e.g. via Skype). Due to the COVID-19 pandemic, DAPP meetings in April have taken place online. Croydon should utilise any learning from these meetings to inform future decisions about the DAPP arrangements;
- Raising awareness through Drive roadshows and information sharing events to highlight the importance of the DAPP and the value of partner agencies' input and attendance and encouraging senior manager within each service to emphasise the importance of attendance;
- Partner agencies should receive the list of cases which will be discussed at the DAPP with more notice (rather than a day or two beforehand) so that they have enough time to undertake research and to get a better idea of how they may be of interest to their specific service.

Working with perpetrators and victim-survivors

Eligibility for Drive

There is currently no set of specific selection criteria for Drive as such, and whilst there is some guidance more could be done to set out and standardise who is eligible (or not) for Drive (see Appendix C). According to participants, determining an individual's suitability for Drive is broadly guided by the level of risk and available levers and includes factors such as: safe levers for contact to ensure victim safety (i.e., if there is no existing intervention/professional contact, that would be deemed unsafe); whether police/probation have indicated elevated risk to professionals; and the extent to which Case Managers are safe to conduct Behaviour change work.

Initial misunderstandings that Drive should only work with perpetrators who are ready, willing and able to engage have reportedly since been clarified and there is both understanding and appreciation of Drive's aims to capture the more complex cases, as summarised by one participant: *'we didn't want to see cases that were complex, not engaging or not safe to contact in the first instance, just flying under the radar, because Drive was actually set up to focus on that group. If you stop doing that, then those cases just continue to get away with it because they are too hard to work with'*.

There is evidence that those cases brought to the DAPP are the 'right' type with the panel nearly always reaching consensus about the suitability of cases for Drive. One participant commented: *'We normally agree about what to do with the cases... I know Drive is for high risk cases, but if we think they pose a risk to the case workers, we will reject them. The case managers are not police officers at the end of the day, they don't have powers to deal with it'*. Despite the broad consensus, one stakeholder indicated that more work may be needed to fully develop the eligibility criteria for Drive and potentially expand the cohort to ensure the most appropriate perpetrators are targeted. Thought should be given to further

developing the eligibility and selection criteria for Drive in Croydon, to provide clarity for both new and existing staff and agencies, and to ensure and maintain project integrity.

Complex cases and complex interventions

Panel observations highlighted the complexity of cases with complex needs as well as some presenting long, intergenerational histories of abuse and control. Decisions on whether to close, accept or review cases were not always clear cut, with 9 of the 17 cases heard at the panel brought back for review requiring additional information from partners, further clarity, or due to new information about a perpetrator coming to light, e.g., a breach of a restraining order. Work undertaken on cases requires a 'flexible' and 'responsive' approach as new information and intelligence shared by partners creates opportunities 'to close down their [the perpetrators'] space for action'.

Fieldwork undertaken to understand the 'typology' of cases further highlighted the transient nature of cases; changing risk levels, disengagement and re-engagement, and clients moving between custody and the community are seemingly common in Drive's caseload⁴⁷. Although it has been possible to depict several case categories (see Appendix G), it is important to emphasise the complex interdependencies present within Drive's cohort. Drive's complex cohort is further illustrated through the 'perpetrator footprint' work which, using a dip sample of 25 cases, examined those agencies a perpetrator was known to prior to their involvement in the Drive programme. Children's Social Care (CSC) and the police, were the most common agencies that perpetrators had previous contact with; 14 perpetrators were known to the CSC and 12 were known to the police. Almost half (n=12/25) of service users were already known to two or more services, prior to their involvement with the Drive programme (see Appendix H).

Whilst participants raised the possibility of a link between gangs and domestic violence, the number of gang-related Drive cases in Croydon are extremely low. Indeed, a cross-check of the Croydon Drive cohort with the MPS gangs matrix found a match in only one case. Some participants reflected such low prevalence could be in part due to what they considered 'strict' criteria adopted by the matrix. Nevertheless, current evidence indicates no noteworthy crossover between gangs and Drive service users.

Further work to develop understanding of Drive's cohort in Croydon – and high-harm perpetrators more broadly – should be considered; a thorough understanding of the histories and needs of perpetrators, as well as factors in relation to motivation, willingness and ability to engage with an intervention will help to further learning around the role of interventions for perpetrators of domestic abuse.

Drive case managers reportedly require 'a certain approach...a certain skillset which is hard to define' in order to undertake complex work with a challenging offender cohort. Practitioners described how a considerable amount of preparation – often taking months – is focused on building trust and rapport with a perpetrator before any Behaviour change work can be undertaken. Despite reportedly struggling initially with this aspect of the role and the often-lengthy timescales associated with cases (with some kept open for more than 12 months), in year two, practitioners reflected positively about the work they have undertaken with offenders: *'we were having difficulty with the lack of time spent on behavioural change work at the beginning...It's been a process, it's almost like you have to accept that the first six months are going to be like that for most cases. There are very few cases where you can just dive in and do the work'*. This is consistent with learning from wider offender management programmes⁴⁸.

A service user described the relationship with their Case Manager, which was key to their engagement with the programme: *'I don't really get on with my family, and most of my mates I don't really go and*

⁴⁷ Based on one in-depth interview with a Drive practitioner.

⁴⁸ Sapouna *et al.*, 2015

...speak to them about those sorts of things. I would say, [CM's] a very approachable person, [they] makes you feel comfortable to...you know like, some people I feel like judge you, whereas I talk to [CM] about things and like I don't feel that [they] judge me'. Investing time in building rapport and developing trust, appeared to lead to a sense of accountability for this service user, as they described: 'they've [CM] basically made the first step for me and then that's made me feel that then I need to take that second step now'.

Once behaviour change interventions can be implemented, it was clear from practitioner feedback that there is no standardized approach; Drive delivers a tailored programme of work dependent upon the case, i.e., the environment, the circumstances and the individual needs. Indeed, behaviour change work is highly individual, often involving incremental, small changes, and can occur in many ways, as described by one participant: *'Behaviour change can mean lots of different things. Talking about your childhood can be a behaviour change – because before a lot of these clients couldn't talk; they've built up an attachment with a professional or any other person to start talking about that stuff'. A service user who engaged with the programme described how as well as helping them to explore the role of relationships in their life and 'understand why I've done things in the past and felt the way I've felt', their Case Manager provided support on 'coping with stress' to direct them away from alcohol use, online educational courses, and banking; 'trying to push me into the right direction'.*

It is vital to the success of the project that Drive utilises its armoury collectively; *'change, support and disrupt working together, not separately'*. Following gaps raised during year one in understanding of the 'disrupt' element of the model, information sessions have been welcomed by staff. Improvements have been noted, with more 'creative combinations' involving both support and disrupt, seen in Croydon in year two. Some participants appeared to have a good working knowledge of implementing 'disrupt' beyond arrest, describing specific examples of working with partners, such as housing, mental health, probation and social services to disrupt offenders by: undertaking safety planning; putting alerts on addresses; monitoring anti-social behaviour patterns and checking for any other criminal activity.

However, whilst there is evidence of improvement, it appears this aspect of the model continues to pose challenges for staff. Uncertainty was expressed by some practitioners around the actions and outcomes that these types of cases typically involve, with a common assumption that 'disrupt' equals arrest. Whilst police arrest is the 'traditional' route to disrupt, it can be difficult given the nature of domestic abuse offending predominantly 'behind closed doors'. It was evident that greater understanding and clarity in this area would be beneficial.

There may be value for Drive to explore the wider learning from a range of Offender Management programmes delivered over recent years that similarly seek to strike this balance between enforcement and support (i.e., Prolific and Other Priority Offenders Programme; Integrated Offender Management; or the pulling levels approaches)⁴⁹.

⁴⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97811/PQ-5-years-on.pdf.
<https://www.gov.uk/guidance/integrated-offender-management-iom>.
Braga et al., 2019

Case Study A: John*

John is a serial perpetrator of domestic abuse who has previously served time in custody for violent behaviours against female partners. He is in a relationship and has children with his current partner, as well as children with his previous partner. John has a history of substance misuse and anger management issues and is well-known to Police.

Initially John was difficult to find and engage, but eventually, after several months and numerous attempts, he was engaged via his Community Rehabilitation Community worker and agreed to additional support from Drive.

During the initial meeting with his case manager, John presented as angry, asking for support with this, and disclosed high levels of cannabis use. Over time, the Drive case manager developed an effective working relationship with him and, as a result, he was able to openly discuss things and reflect on both recent and non-recent issues he was facing. He acknowledged that he was abusive to intimate partners and wanted to work on changing this.

Work undertaken by the case manager uncovered significant childhood traumas and adverse experiences, including: parental mental health; parental substance misuse and domestic violence; young carer responsibilities; and, social workers heavily involved throughout.

Throughout the direct, behaviour change work with John, he has shown a willingness to engage, listen and reflect on how his past experiences may have impacted his own. John is attempting to use new strategies to manage anger and conflict. He may need additional therapeutic interventions to support his mental health needs.

Alongside direct work with John, Drive has facilitated the sharing of relevant risk information with multiple agencies including Probation, Police and the IDVA service, and John's current partner has been allocated a social worker following a referral made to the Multi Agency Safeguarding Hub (MASH).

Although John remains high-risk, a robust multi-agency response remains in place to manage this.

Supporting victims

Although Drive is a perpetrator targeted programme, victims are also a key focus of the work undertaken. Indeed, during observations at the panel, victim-survivor and child safety were at the heart of all decisions, discussed as part of every case. As noted in earlier observations, child protection – both as a lever and a core part of risk assessment – appeared to guide a lot of cases discussed.

The role of the IDVA service in supporting victims was considered an essential part of delivering Drive; *'if you have not got a robust IDVA service, you are going to struggle on Drive'*. The joint working between Case Managers and IDVAs should, according to staff feedback, allow for effective communication and 'triangulation' of cases, enabling practitioners to consider the viewpoint of both the victim and perpetrator when making decisions. Positive aspects of the work between Case Managers and IDVAs include their co-location, both useful and important for understanding each other's job roles and the cases they are involved in, as well as a 'strong' working relationship built on 'mutual respect', open communication, and trust. As one practitioner described: *'I think that it is also really helpful that the case managers are based here. So, if you've had a conversation with your client you can quickly go and say look, this is what she's saying, and we can share information very quickly'*. IDVAs and Case Managers called for more

opportunities for inter-team engagement, workshops and partnership meetings to further strengthen and develop their partnership.

Despite positive elements of joint working, participants also highlighted some of the challenges of supporting victims as part of a perpetrator focused programme. IDVAs reported that victim feedback about the project is very mixed and many of their clients continue to be sceptical of Drive given its apparent support for the perpetrator, sometimes resulting in them disengaging altogether. There was also concern from participating IDVAs that some victims who remain engaged with Drive do so because they are hopeful of a reconciliation with the perpetrator, or that perpetrators may sometimes use the fact they are on the programme to manipulate the victim into rekindling their relationship. Whilst raised as a risk, it was stressed by participants that this was not unique to Drive, but rather an added complication when working with perpetrators.

Moreover, it is likely - according to practitioners - that Case Managers will be working with perpetrators long after a victim has finished being supported by an IDVA, which IDVAs reported feeling 'awkward' and 'uncomfortable' about when that is the only reason they will continue to contact a victim. As one practitioner observed: *'It's kind of saying 'well we've worked with you for a few weeks, and I know that you've still got a lot going on, but we're going to close the case. But just to let you know, I am going to also check in with you once a month, just because we are working with the guy'.* Further work to understand the experiences and impact on victim-survivors, when perpetrators engage with perpetrator programmes such as Drive, should be undertaken.

Case Study B: Sam*

Sam is a serial perpetrator of domestic abuse. He has convictions for domestic abuse, as well as violence and other forms of offending and has served time in prison. Sam presented with pro-criminal attitudes and strong and rigid belief systems, which appear to have influenced his aggressive behaviour in relationships (not only intimate). His negative social circle appeared to further support his abusive behaviour.

Sam was approached by the Case Manager whilst he was remanded in custody and was open and willing to engage with Drive. Work undertaken by the Case Manager with Sam highlighted dysfunctional relationships and a pattern of abuse in intimate relationships. Sam reported an unstable childhood with numerous foster care placements before he was 18. He engaged in behaviour change work around his identity and relationships and was open to exploring his behaviours with the Case Manager. Further direct work with Sam is needed; he continues to present as hostile towards the victim and further work to increase his ability to manage his risk to the victim is required.

Alongside behaviour change work directly with Sam, Disrupt work has also taken place. Information sharing between the Prison Public Protection Unit, police and Case Manager regarding concerns raised in relation to risks that Sam was presenting to an individual in the community, as well as details of a new partner that Sam is intending to stay with on release, have allowed relevant agencies to take action. As a result of information sharing, Drive have been able to liaise with local IDVA services in order to request a referral to MARAC and a Clare's Law for his new partner, prior to Sam's release from prison. Discussions continue between prison, police, probation and the IDVA service to identify new risk concerns linked to the victim or any other individuals.

Looking ahead – The future of Drive

The future of Drive in Croydon

Uncertainty was expressed by some practitioners about Drive's future beyond the current funding (to March 2021); the assumption that traditional approaches to tackling domestic abuse in Croydon would resume was considered a possibility: *"We wouldn't be running a project like that just ourselves because we need the partners to do it, so we would not do that work anymore, basically."*

An uncertain future for Drive in Croydon has a potential impact on its delivery. During an observation at a panel, the future of the project was raised in relation to whether cases should be taken on. Furthermore, one stakeholder suggested that the recent decline in attendance at the DAPP may be in part due to its uncertain future, highlighting the importance of timely future planning and communication with delivery staff.

Stakeholders highlighted several elements which should form the focus of the next phase of project delivery in Croydon to support sustainability:

- Further embed the model and ways of working in Croydon – stakeholders anticipated delivering a continuation of Drive in the coming year, with little change to delivery itself or the scale of delivery.
- Continue to learn and build evidence – the next phase of delivery was seen to offer a chance to develop understanding of how the project works, broaden the outcomes that Croydon currently monitors, and understand its impact on wider agency working. Outcomes should reflect the nuances of the intervention and its effects on perpetrators, as well as adult and child victims. Identifying which agencies hold data to support the development of outcome data will be a key next step.

As the project develops it may be possible to further refine the typology of Drive cases to deepen understanding of how levers work, what combinations work and in which cases. 'Real stories' in the form of case studies were also considered vital in cementing people's understanding of the approach and bringing to life the work of the project. Evidence will be key to harnessing support from operational staff – particularly those not working with perpetrators – as well as maintaining support from senior leaders and commissioners. The programme provides a real opportunity to learn from sites further along in their journey which will be key in sustaining support for the longer-term nature of Drive work; thought should be given as to how this can be best facilitated.

- Raising awareness and fostering new links – multi-agency partnership working was seen as a cornerstone of Drive. Participants identified opportunities to forge new links including Health, the Croydon Violence Reduction Unit and London Violence Reduction Unit. As well as fostering links with new agencies, raising awareness of the project was seen as ongoing given staff turnover and organisational restructures.
- Take stock and re-engage – following 18 months of delivery in Croydon and confirmation of further funding, stakeholders saw this time as an opportunity to re-engage agencies and staff and 're-launch' the project through workforce development, training refreshers, as well as learning and networking events. It was felt that reviewing attendance levels and the logistical aspect of the DAPP should be a focus for Croydon in the immediate future.
- Planning for the future of Drive in Croydon – some stakeholders observed that not enough time was built in to planning for the sustainability of Drive in Croydon. The additional 12 months of funding

was seen as an opportunity to begin making such plans and to explore alternative sources of funding for the project.

Expanding and Replicating Drive

When considering *how* any potential future roll-out of Drive should occur, stakeholders agreed that a phased approach would be preferable, with pan-London expansion considered after the model has been successfully adopted in other boroughs. Some participants suggested that decisions should be guided by the level of need - prioritising those areas with the greatest need - and considering the local landscape and existing provisions in any planning.

The Croydon pilot has generated a set of building blocks to inform and support future expansion and replication of the project (see Figure six):

- **Buy-in:** at every level – commissioner, senior leaders, and operational staff – is vital to the success of the project and the acceptance of work focusing on perpetrators. Sustained support for the project will ensure that sufficient time and capacity are allocated and bring stability and consistency to project delivery. Consideration should be given to longer-term funding cycles to provide more certainty for staff delivering the project.

Participants highlighted the importance of setting out clear expectations, outlining the aims of the project and fully briefing key partners and agencies. This will ensure that the correct representatives from each partner agency are bought in to the project and in attendance at the DAPP. As one participant observed: *‘If you really want to make the project sort of work, it is helpful to have individuals who may have had some experience. For example, I think that [they] would have been the better person to attend this meeting. Not because I don’t want to attend’.*

Whilst securing buy-in is key during implementation, sustaining support and commitment is an ongoing part of the project and will ensure that key functions, such as the DAPP, operate optimally. Evidence will form a key part of attracting and maintaining buy-in and may help to counter initial concerns and scepticism about the project. It is vital that this includes the buy-in and commitment from victim support services.

- **Evidence & Learning:** is crucial to the implementation and delivery of the Drive project, both in sites already delivering Drive as well as any potential new sites about to embark upon project set-up. Evidence has a role in attracting initial buy-in and support for the project and its approach, as well as maintaining ongoing commitment to the project, both operationally and strategically. Participants - both strategic partners and practitioners – highlighted the importance of evidence and learning and its role in sustaining interest in Drive, particularly amongst those who may have concerns about the project’s focus and those who do not work directly with perpetrators. Whilst outcome data is important, participants noted the importance of case studies and narratives which bring the work to life and help others to understand the model and its aims; particularly important in lieu of longer-term outcome data given the project’s relative infancy.

There is an opportunity for wider learning between Drive sites through networking and shared learning events and other mechanisms, enabling staff and practitioners to learn from their counterparts. The phased roll-out of the programme benefits new sites enabling them to understand and observe the intended outcomes, as well as anticipate and plan for potential challenges. Generating learning about Drive – how it works, why it works and in what ways - is important for the project itself, as well as its

broader contribution to the evidence base for perpetrator programmes. Future rollout could offer new opportunities in this space.

- A model adapted to the local landscape: although key principles of the Drive model are consistent across sites, the model affords and encourages flexibility to suit its context and meet local need. Understanding existing local processes, communities, structures, business and third-party opportunities, as well as existing networks, are key to ensuring that the model works *within* the wider system. Undertaking a mapping exercise will help to identify the local strengths and weaknesses and is a key initial step in planning how to embed Drive.

Croydon has demonstrated the benefits of a strong police partnership as well as robust IDVA provision; *'if you have only got three IDVAs in a borough delivering an IDVA service, they are going to struggle to manage Drive'*. The Drive model and its staff are one part of the puzzle; connecting with local agencies and partners, and capitalising on existing activity, is key to fully leveraging the benefits of the project.

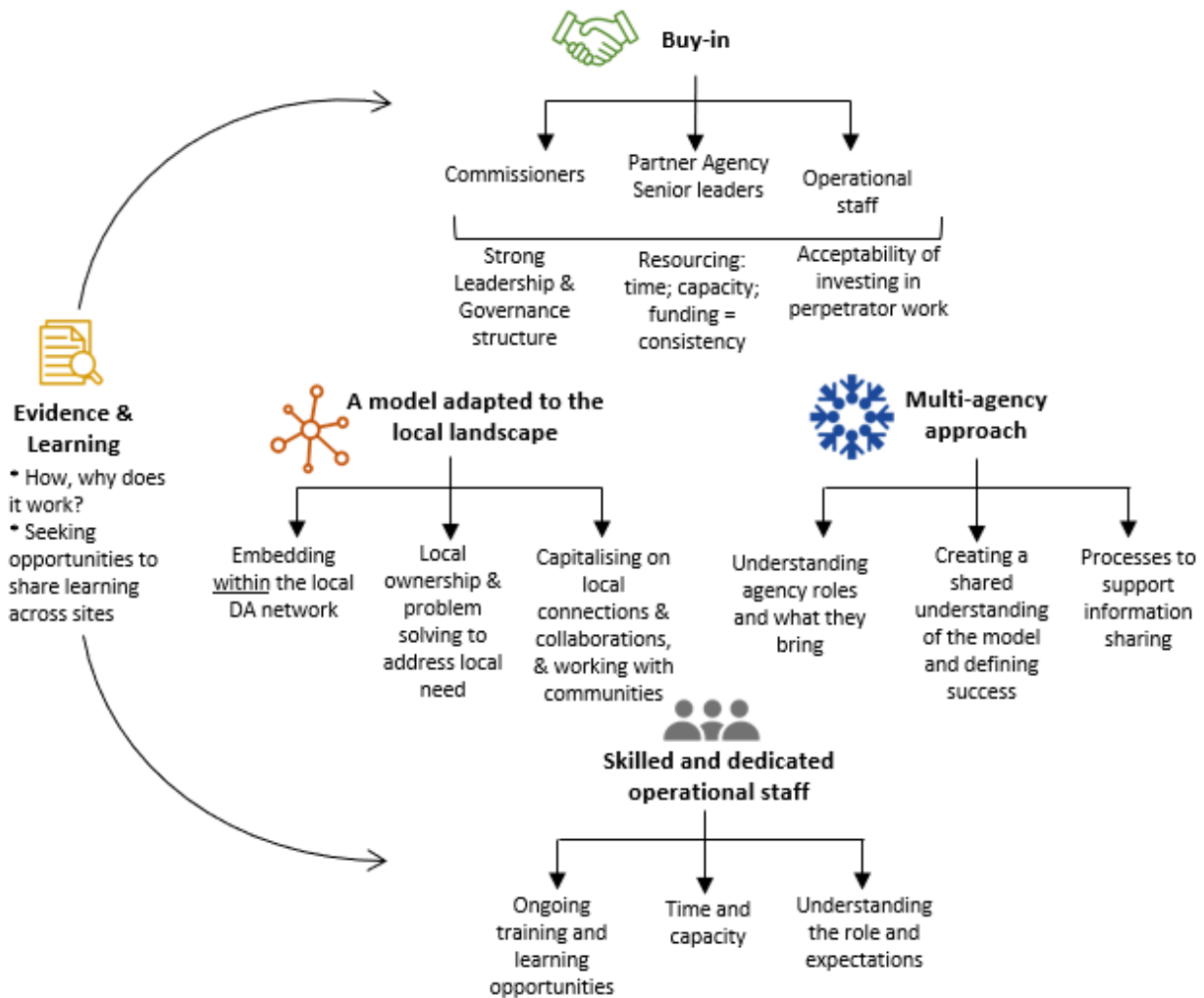
- A multi-agency approach: at its core, Drive relies on strong partnerships and multi-agency approaches to tackling problems. Whilst targeting perpetrators is the lens through which the project is delivered, work to support adult and child victims is vital to its success, as evidenced in this report and by findings from the UoB. Ensuring agencies and partners have a shared understanding of the model and its aims - as well as understanding each other's contribution to the work - leads to creative and effective interventions.

Information sharing and consent processes to facilitate effective partnership working; clear processes and protocols in place and agreed by partners prior to delivery will help to mitigate issues during delivery. Regular review of such processes should ensure optimal working, as well as regular training for new and existing staff.

- Skilled and dedicated operational staff: a workforce with the expertise to deliver the work. Staff must fully understand Drive's novel approach and how to use levers to change, support and disrupt offenders. Training was identified as an important aspect of project set-up and participants reflected that more training *ahead* of launching the project would have been beneficial. Training on the Criminal Justice System and probation, Drive processes and protocols, as well as operationally focused training in the use of disruption, should form part of the training offer to new staff.

As well as defining the roles and expectations of agencies supporting the project, it was noted that a clearly defined job description depicting the responsibilities of the Case Manager, would ensure that staff have realistic expectations of the role and serve to increase staff retention. One participant reflected: *'I think one thing might be with recruitment. In the early days we had a bit of a turn over with staff, people who had gone for the job and realized it wasn't quite what they were hoping for'*.

Figure six: Building blocks for embedding Drive



Conclusion

The Drive project in Croydon has continued to deliver a project which addresses the behaviour of high-harm domestic abuse perpetrators to improve outcomes for adult and child victims, and perpetrators. Year two has seen a substantial increase in project activity with a higher number of cases progressing through the service, and a greater number of interventions used. Over the duration of the project in Croydon, Drive has worked with a total of 170 perpetrators, 203 associated victim-survivors and 309 associated CYP.

There is much to be taken from process learning from the two-year evaluation of the Drive replication pilot in Croydon. Overall, the model continues to be viewed positively by practitioners and stakeholders in Croydon and was praised for filling a gap in support for high-harm perpetrators. However, it was evident that some practitioners - particularly those working to support victims - remain sceptical or working with Domestic abuse perpetrators. IDVAs in particular felt that Drive exposed an 'imbalance' between perpetrator and victim support provision - although there was acknowledgment of the need to work more directly with entrenched, persistent offenders. However, there is growing awareness that working with

perpetrators is core to delivery⁵⁰ – given that they are the source of the problem – and tackling offending behaviours can avoid future harm, preventing both future victimisation and new victims. Findings from this evaluation suggest that work is needed to ensure all staff are aligned to the benefits of working with offenders – if not addressed such working tensions will continue.

Securing and maintaining buy-in then, is a key enabler of the project, and continuing to build evidence and learning will be vital for Drive in this respect, as well as other perpetrator programmes. Following 18 months of delivery in Croydon, a review of the project outcomes and markers of success should be considered to ensure continued learning for Croydon and any potential wider rollout.

Multi-agency working continues to be a key strength of the project and continuing improvements in year two were reported by participants – particularly between Drive and the police. Participants reported improved understanding of both the model itself, and the role of each organisation in its execution, with a sense that Drive is becoming more embedded and established within the local landscape. Going forward, thought should be given to further developing the eligibility and selection criteria for Drive in Croydon, to provide clarity for both new and existing staff and agencies, and, to ensure and maintain project integrity.

The Drive model offers a number of interventions available to support, change, and disrupt perpetrator behaviour. Behaviour change work is one tool made available by the model, which does not anticipate that all perpetrators will engage or work directly with Case Managers – indeed, disrupt and risk management activities are the primary interventions in some cases. Staff feedback indicates that behaviour change work is complex, individualised, and difficult given the complex, entrenched and high-risk nature of the client group. Year two has seen some progress in the level of behaviour change support undertaken with perpetrators in Croydon, indicative of the longer-term nature of such work. In addition, Case Managers spoke positively about the work they have undertaken with Drive’s cohort and the small changes which signify meaningful accomplishments. Year two has also seen a notable increase in interventions using both ‘disrupt’ and ‘support’ to target perpetrators, which correlates with the increased understanding of the model and creativity reported by participants – though work to understand such marked growth in activity should be undertaken to support learning. It was evident that the ‘disrupt’ tool continues to cause some uncertainty for staff delivering Drive and further awareness raising, training, and documented guidance, would be beneficial.

The two-year pilot has presented some challenges. Agency and practitioner level buy-in was highlighted by participants as vital to project success with varying engagement levels reportedly resulting in inconsistent attendance at the bi-weekly DAPP. The work of Drive adds considerably to already busy workloads and stretched services which poses challenges for partnership working. Given the importance of the DAPP – assembling partners to make informed, intelligence-led, ‘live’ decisions about cases – who is at the table (and who is missing) is key to its success.

Issues around information sharing between agencies have seemingly persisted in year two, potentially affecting activity levels outside of DAPPs. Given ongoing challenges in this area and the potential impact on delivery, thought should be given to how these issues could be addressed; reviewing local governance structures; prioritising the review, implementation and training of information sharing guidance and processes; and, consulting an information sharing expert to support this work should be considered. These issues highlight the importance of having clear operational processes in place at the project outset.

⁵⁰ <https://gov.wales/sites/default/files/publications/2019-11/violence-against-women-domestic-abuse-and-sexual-violence-public-services-good-practice-guide.pdf>.

As discussions regarding the future of Drive in London progress, learning from the replication pilot in Croydon - as well as other Drive sites - should be incorporated into comprehensive and early project planning. Since completion of the initial evaluation period for the Croydon site, the outbreak of COVID-19 and the subsequent lockdown have likely changed the wider landscape within which programmes such as Drive will be commissioned and delivered. Activities are under-way and evidence is beginning to emerge to better understand the implications with regards to demand for domestic abuse services, offence volumes and severity of offending, as well as budgets and funding availability⁵¹. These will need to be considered as part of any sustainability considerations and future planning.

⁵¹ For example: Ivandic and Kirchmaier (2020) Domestic Abuse in times of quarantine: <https://cep.lse.ac.uk/pubs/download/cp578.pdf>; Justice Analytical Services (2020) COVID-19: The experience of victims - a rapid international review, available on request; Currently ongoing research by Dr Katrin Hohl (City University) and Dr Kelly Johnson (Durham University): Responding to the Covid-19 domestic abuse crisis: developing a rapid police evidence base.

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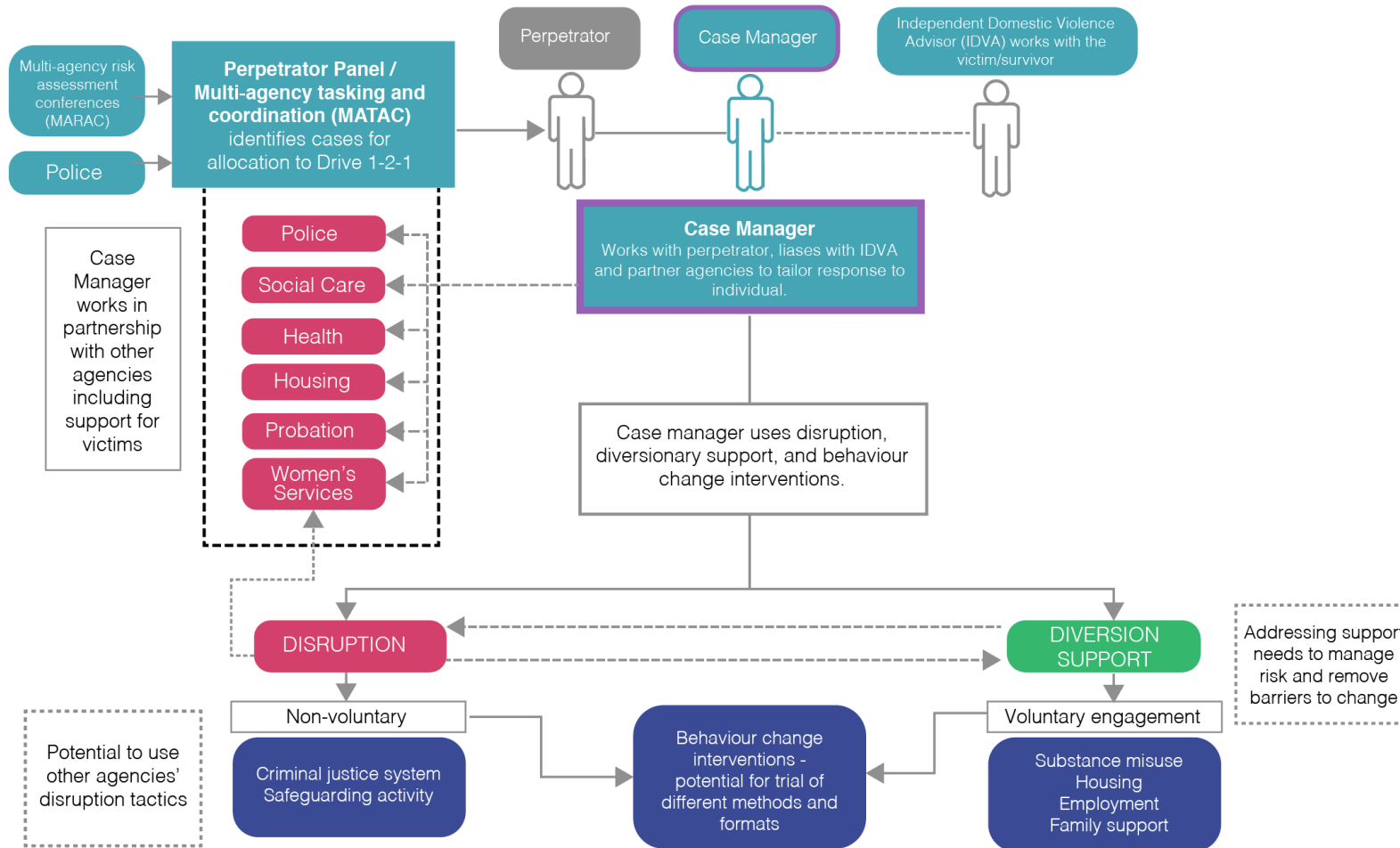
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Appendices

Appendix A: Drive Model



Source: SafeLives

Appendix B: Drive Case Manager training summary

Nationally accredited Responding to High-Harm Perpetrator – Case Manager Training (Level 3 Certificate in Domestic Abuse - Prevention and Early Intervention)

Inclusive material in 3 blocks of 4 days

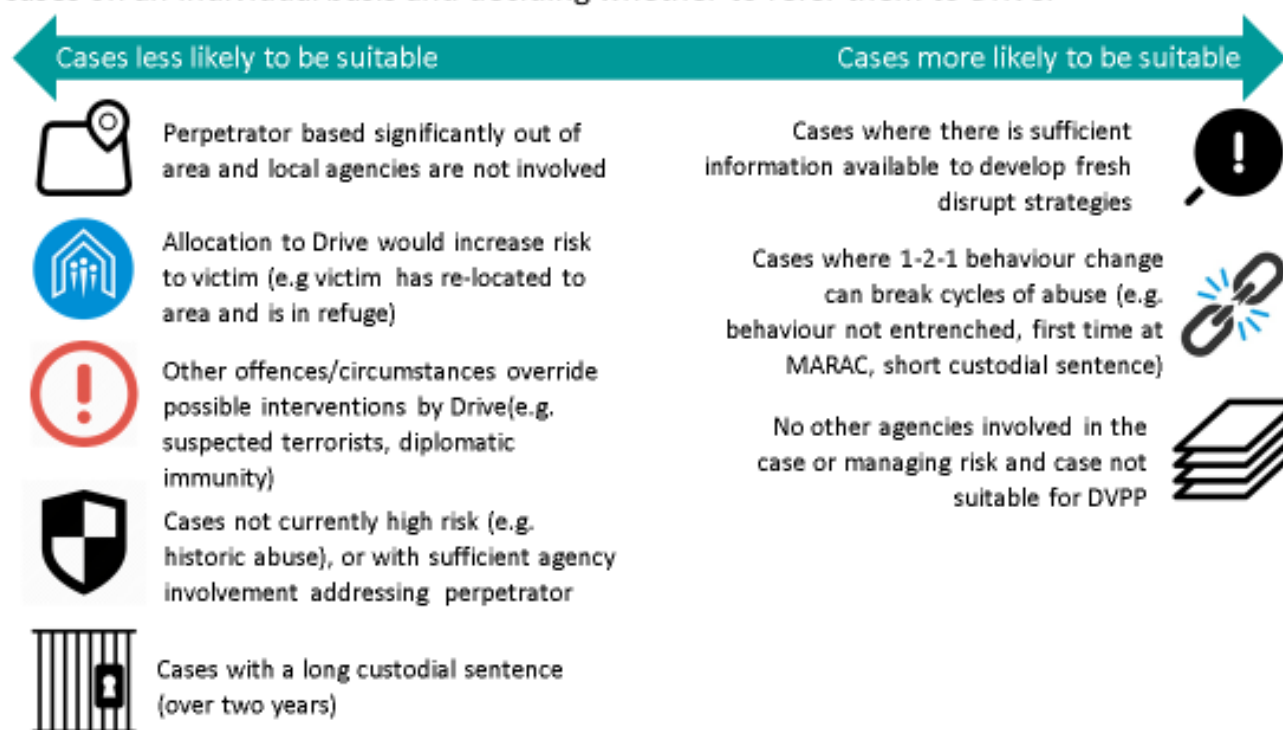
- Psychology of DA Perpetrators
- Typologies of abuse
- Trauma and Trauma informed practice
- Advocacy Skills
- Motivational Interviewing
- Working with denial, minimisation & blame
- Risk management and intervention planning
-
- Sexual violence
- FGM. HBV and Forced Marriage
- Mental health
- Impact on Children
- Male Victims
- Assessing counter allegations
- Criminal Law
- Assertive engagement with clients with complex needs
- Housing
- LGBTQIA*
- Responding to crises situations
- Domestic Violence Disclosure Scheme
-
- Specialist 4-day block on holding 1-2-1 intensive interventions with high-harm, serial and complex need perpetrators

In addition, the Case Manager can access CPD on:

- Stalking
- Cultural awareness/responsivity training
- DVPO's and DVPN's
- Disrupt tactics
- Risk Management of Prison leavers
- Formulation training (with forensic psychologist)
- Adverse Childhood Experiences
- Child Protection/Safeguarding
- Substance misuse and domestic abuse

Referral Guidance

The Drive Project has developed guidance around cases that are less likely to be suitable for Drive, as well as cases that are likely to be suitable, in response to learning from the evaluation. Professional judgement will be required in determining cases on an individual basis and deciding whether to refer them to Drive.



Source: Drive presentation to MOPAC Violence Against Women and Girls Board, 4 December 2018

Appendix D: Croydon Drive interim evaluation: Learning from year one of the Drive Project in Croydon

The interim report reflected on initial learning generated in year one of the Drive Project in Croydon. The report presented the 'activity' of the project through performance data and reflected on process learning generated throughout fieldwork conducted.

Key Findings:

- During the performance period (1st July 2018 to 8th May 2019), 73 cases were accepted and allocated to the Drive Service, slightly below the target for that period (n=100). There were 89 victim-survivors and 125 children and young people associated with these cases.
- At the time of reporting, 69 cases were open. Drive Case Managers had made direct contact in just under half (n=32) of open cases, with twelve perpetrators fully engaging in the service (most remaining cases were undergoing additional background research, in the process of contact, or on hold). Four cases had closed, with lack of service user engagement the most common reason.
- A total of 105 interventions had been made in cases across the lifetime of the Drive Service to date, including support, disruption, or a combination of the two. These were delivered jointly by the Drive Case Manager and a range of agencies, predominantly the police, Children's Social Services, and Independent Domestic Violence Advisors (IDVAs). Eleven open cases had received behavioural change support - focused interventions to explicitly address perpetrators' attitudes and behaviours.
- A multi-agency partnership approach is at the 'heart' of Drive, and the DAPP was welcomed by practitioners and stakeholders as a forum to assess risk and agree approaches to tackle abuse.
- However, challenges were recognised around initial stakeholder engagement, identifying levers to tackle perpetrator behaviour (particularly disrupt action), delivering consistent, ongoing training and communication, and establishing data sharing agreements. Furthermore, some stakeholders struggled to resource Drive, particularly time-consuming background research on cases, compounded by broader organisational changes.
- Engaging with perpetrators was a challenging part of the Drive Case Manager role, particularly knowing individuals' whereabouts and identifying 'levers' to encourage participation. Co-location with IDVAs was welcomed, with this collaborative approach viewed as promising in terms of making a positive difference for victim-survivors and perpetrators.

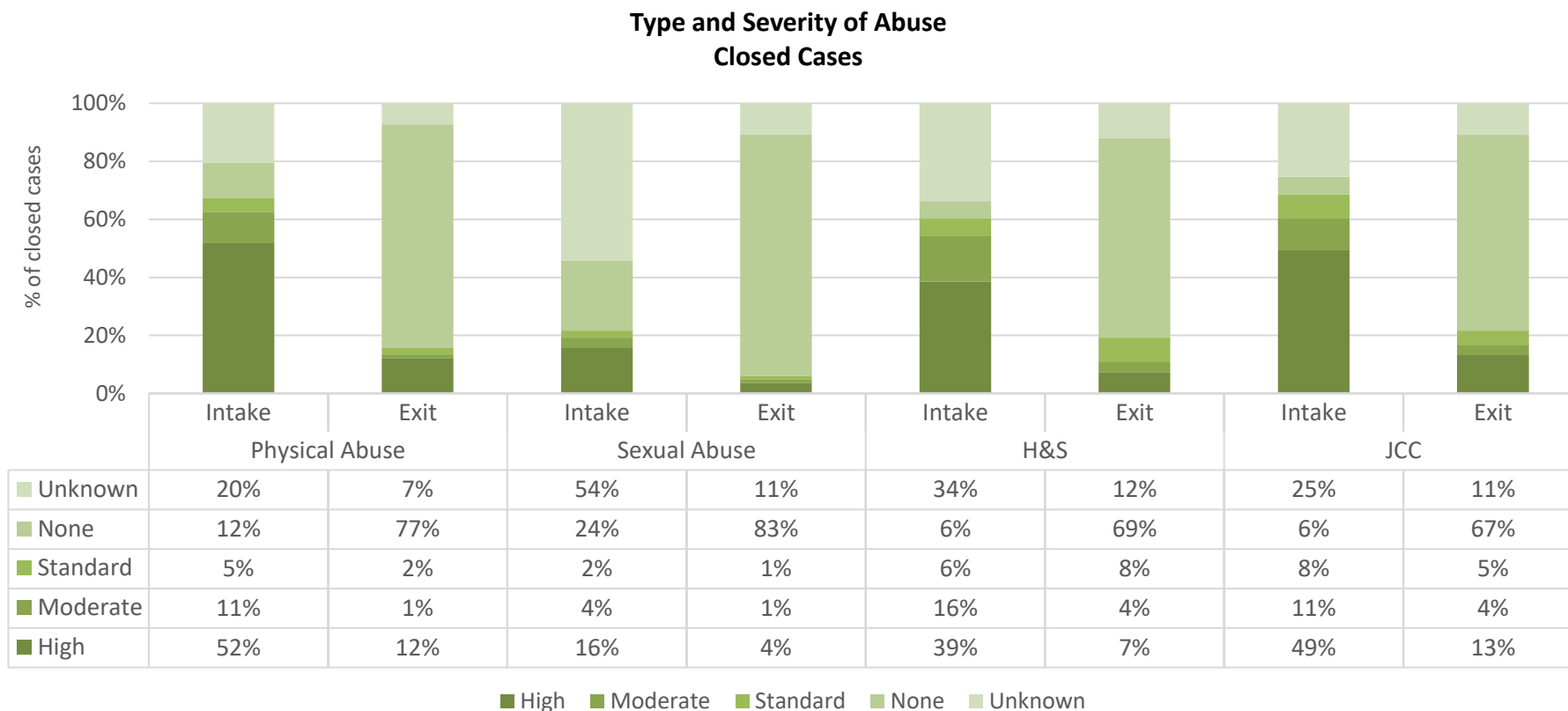
Appendix E: Fieldwork conducted to date

Method	Participants	Date
<i>Evidence and Insight Team, MOPAC</i>		
Quarterly performance data returns	Provided by Croydon Drive team	May 2019 – March 2020
Semi-structure face-to-face stakeholder interviews x 5	Central and local (Croydon) Drive stakeholders involved in delivery of Drive	November 2019 – February 2020
Observations at DAPP x 1	DAPP members	November 2019
Service user interview x 1	Service user	July 2020
<i>Opinion Research Services</i>		
Depth telephone interviews x 4	DAPP members	January 2020 – February 2020
Focus groups x 2	Drive CMs; IDVAs	February 2020

Appendix F: Drive case manager reported outcomes: the Severity of Abuse Grid (SOAG)

Source: Drive Performance Management Croydon dashboard, 9th May 2019 – 31st March 2020

Figure 2: Abuse Profile: Intake vs. Exit (All closed cases) (number of victim-survivors associated with cases, n=83)

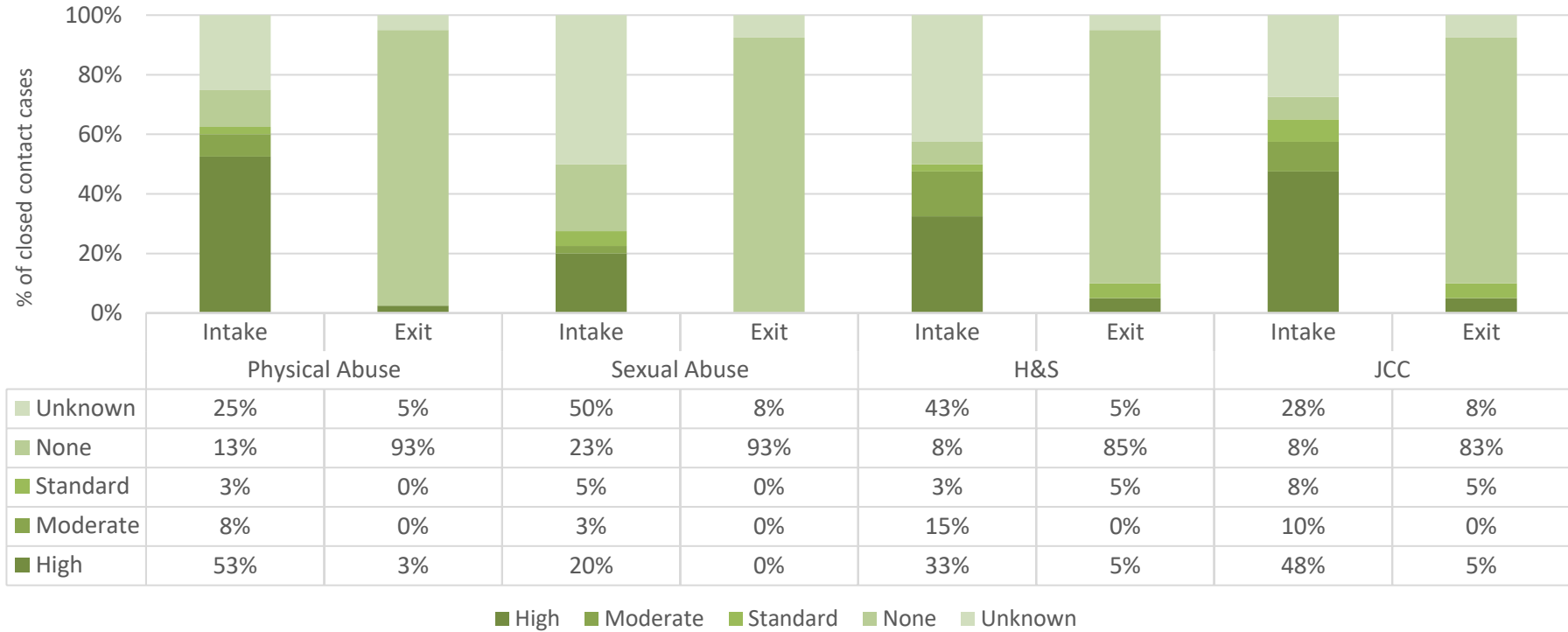


% reduction	Physical abuse	Sexual abuse	H&S	JCC
High	77%	77%	81%	73%
Moderate	89%	67%	77%	67%
Standard	50%	50%	-40%	43%

Figure 3: Abuse Profile: Intake vs.

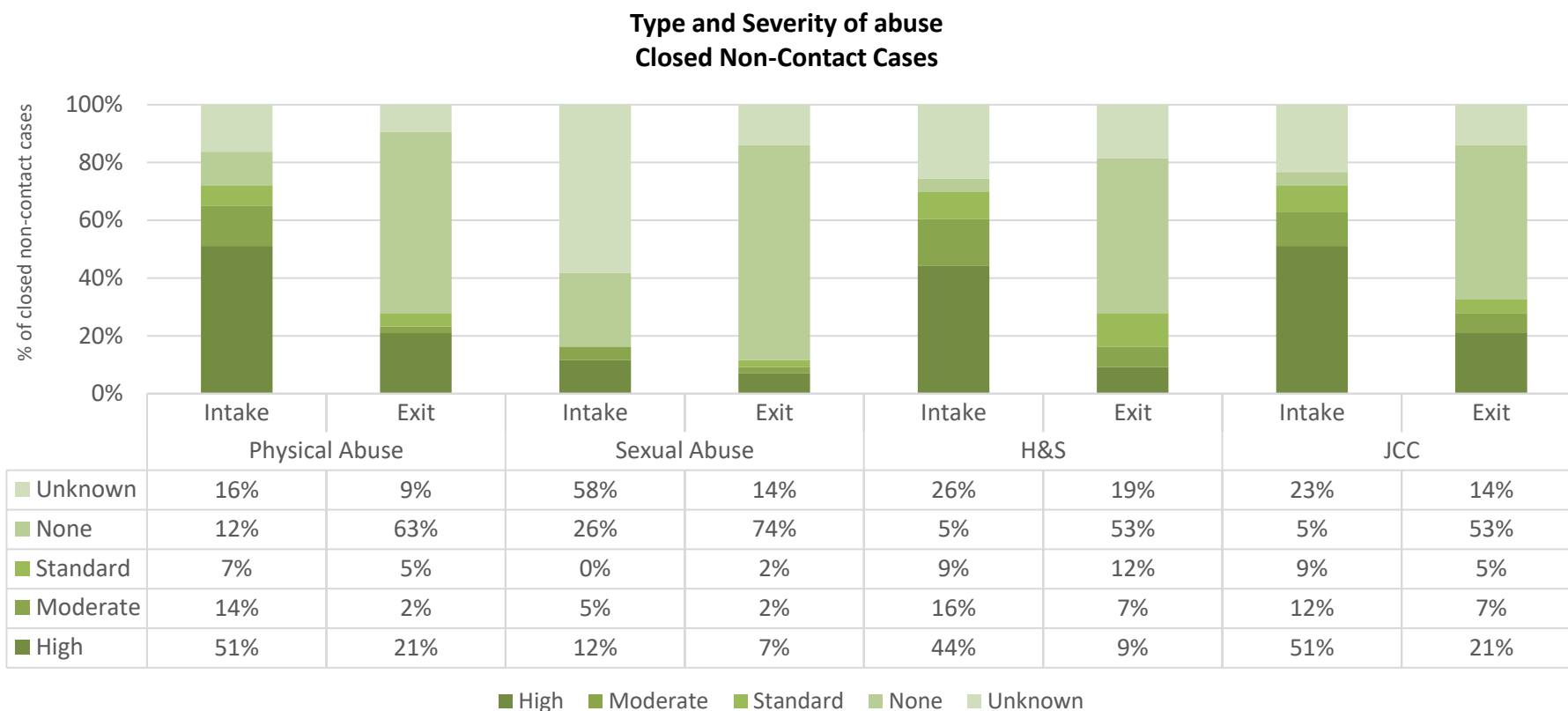
Exit (Closed Direct contact cases) (number of victim-survivors associated with cases, n=40)

Type and Severity of Abuse Closed Contact Cases



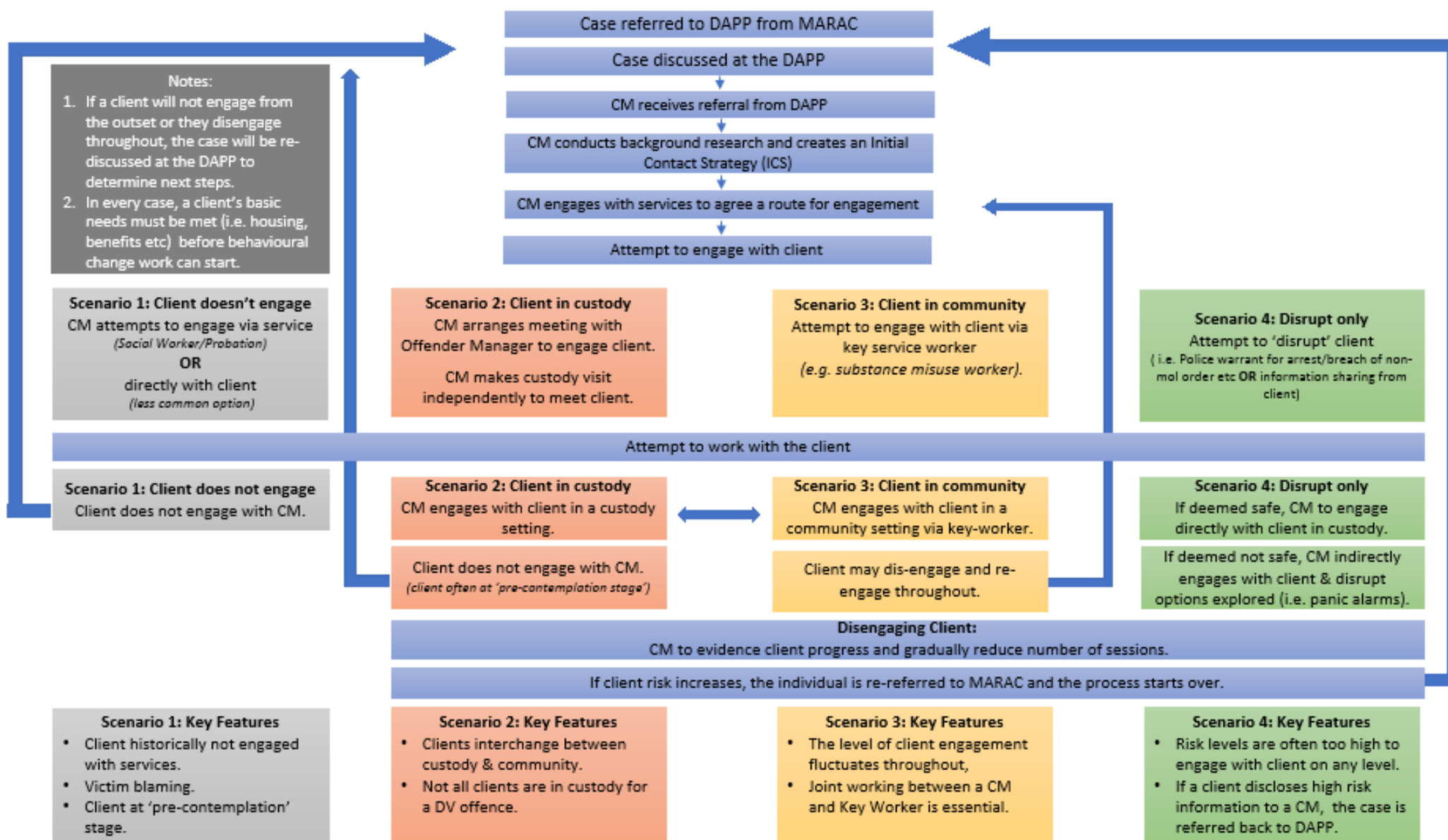
% reduction	Physical abuse	Sexual abuse	H&S	JCC
High	95%	100%	85%	89%
Moderate	100%	100%	100%	100%
Standard	100%	100%	-100%	33%

Figure 4: Abuse Profile: Intake vs. Exit (Closed non-direct contact cases) (number of victim-survivors associated with cases, n=43)



% reduction	Physical abuse	Sexual abuse	H&S	JCC
High	59%	40%	79%	59%
Moderate	83%	50%	57%	40%
Standard	33%	-	-25%	50%

Appendix G: Initial typology of Drive cases (based on one Case Manager interview)



Appendix H: Perpetrator 'Footprint' (based on a dip sample of twenty-five cases)

Using a dip sample of 25 Drive service users, the below infographic demonstrates the 'perpetrator footprint' – agencies that the service user was previously known to prior to their involvement in the Drive programme. Data indicating whether the service users were classified as 'engaging' or 'not engaging' was available for mental health and substance misuse services only. Notably, perpetrators were most commonly known to child social care, police and substance misuse services. Almost half (n=12/25) of service users were already known to two or more services, prior to their involvement with the Drive programme. This snapshot illustrates the complex nature of the 'typical' Drive service user and indicates that service users may have multiple needs beyond their domestic violence offending.

