

## Domestic abuse interventions in children's social care - feasibility study

Study Summary	
Delivery Organisations	For Baby's Sake Trust; Early Years Alliance; Lambeth Early Action Partnership (LEAP) & Refuge; Survive and Thrive Integrated Children's Service
Evaluator	What Works for Children's Social Care (WWCSC) & the Early Intervention Foundation (EIF)
Principal Investigator	Aoife O'Higgins, Director of Research
Protocol Author(s)	David Rodriguez, Research Associate Emily Walker, Research Associate Chloe Juliette, Senior Researcher Aoife O'Higgins, Director of Research
Number of Pilot Sites	4
Protocol Date	November 2022

### Summary

There is a scarcity of evidence about 'what works' for children who are exposed to domestic abuse (DA). What Works for Children's Social Care has partnered with the Early Intervention Foundation to complete work for the Department for Education to start building a pipeline of evidence to understand 'what works' in this space. As part of this project, we will be working with four local areas across England to understand what interventions are being delivered to support children and families affected by domestic abuse, and the feasibility of evaluation of these programmes. Details about the four sites can be found in the appendices.

This research aims to ultimately feed into improving the effectiveness of the DA system and programmes, and enhancing the wider evidence base on DA which could be applied to other local areas and interventions.

We will explore the feasibility of the intervention delivery and evaluation and readiness for impact evaluation through:

- Theory of change development and qualitative interviewing with practitioners and service users in each site
- Focus groups across the four sites exploring data use and linkage
- The collection of administrative data, or exploration of the conditions needed to do so
- The development of guidance on early evaluation informed by known barriers and existing literature.

The theory of change development with each of the four sites will be conducted in late 2022, which will inform the other activities running in parallel in early 2023. The findings across the strands that follow will be triangulated and brought together in a final report in April 2023.

## Background and problem statement

Domestic abuse is highly prevalent, affecting as many as one in five children. It is the most common reason for referrals to children's social care.<sup>1</sup> It is a factor in 50% of social worker assessments of Children in Need, over half of serious case reviews and two-thirds of child contact applications. The COVID-19 pandemic has put the spotlight on domestic abuse and children, with the NSPCC reporting that calls to their helpline about domestic abuse had risen by a third during lockdown.<sup>2</sup>

### Impact

Children and young people exposed to domestic abuse are at an increased risk of negative behavioural and health outcomes. Research reports consistent associations between children's exposure to domestic abuse and anxiety and depression, aggression, poor academic attainment, risky health behaviours (including misuse of drugs and alcohol) and other physical health consequences,<sup>3</sup> as well as likelihood of experiencing abuse in their own relationships.<sup>4</sup>

The recent Domestic Abuse Act recognises children who live in households where domestic

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<sup>1</sup> In 2020/21 domestic violence was the most common factor identified at the end of assessment for children assessed by a local authority. This clearly only reflects cases where a child has been referred for assessment.

<sup>2</sup> NSPCC (2020). 'Calls about domestic abuse highest on record following lockdown increase'. Available at: <https://www.nspcc.org.uk/about-us/news-opinion/2020/Calls-about-domestic-abuse-highest-on-record-following-lockdown-increase/> [Accessed 17/11/22].

<sup>3</sup> Howarth E, Moore THM, Welton NJ, Lewis N, Stanley N, MacMillan H, *et al* (2016). IMPROving Outcomes for children exposed to domestic Violence (IMPROVE): an evidence synthesis. *Public Health Res* 2016;4(10); Royal College of Psychiatrists (2017). 'Domestic violence and abuse – the impact on children and adolescents.'; UNICEF (2006). Behind Closed Doors: The Impact of Domestic Violence on Children. Available at: <https://www.unicef.org/media/files/BehindClosedDoors.pdf>

<sup>4</sup> Office for National Statistics (2017). 'People who were abused as children are more likely to be abused as an adult: Exploring the impact of what can sometimes be hidden crimes'. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/007527impactofchildabuseonlaterlifecrimesurveyforenglandandwalesyearendingmarch2016>

abuse occurs between two adults as victims in their own right. Domestic abuse was already recognised in the Children Act 1989 as a form of child abuse.

## Interventions in early help and children's social work

The evidence base regarding the acceptability, effectiveness and cost-effectiveness of interventions to improve outcomes for children exposed to domestic abuse in both early intervention and children's social care is poorly understood. Local authorities and voluntary sector organisations have developed a wide range of programmes and services, yet there has been very little robust impact evaluation of these.

A recent Early Intervention Foundation (EIF) review highlighted an almost complete lack of robust impact evaluation evidence about what works to improve outcomes and reduce prevalence.<sup>5</sup> Whilst more than 100 programmes designed to support children who are victims of domestic abuse were identified, less than a third of these had been evaluated – and of those that had, often these did not provide a clear picture of impact. Evaluations regularly suffered from methodological weaknesses, including poor study design, small sample sizes, a focus on short term effects and an over-reliance on qualitative evidence to assess impact. Similarly, a review in 2016 highlighted the urgent need for, “more high-quality studies, particularly trials, that are designed to produce actionable, generalisable findings that can be implemented in real-world settings and that can inform decisions about which interventions to commission and scale.”<sup>6</sup>

A recent systematic review of interventions for women parenting in the context of intimate partner violence (IPV) identified that there is a large amount of variation in the quality of evaluative studies, with issues in relation to comparison groups and differing forms of delivery and mechanisms targeted.<sup>7</sup> These issues, combined with a lack of reporting intervention fidelity and standardised manuals, make it difficult to identify critical components of these interventions. Study samples were limited in that much of recruitment was conducted only for families known to services and seeking assistance at intimate partner violence (IPV) shelters. Interventions targeted different outcomes such as child wellbeing, mother's behaviour or outcomes, and some targeted both mother and child outcomes simultaneously. Delivery varied, with some interventions using joint sessions between mother and child, others targeting just mother or child at a time, home visiting support groups, and parenting education sessions. Less than half of the interventions included reported measures of fidelity monitoring, and many were not manualised to allow for measurement of fidelity, making it difficult to identify successful intervention components. Very few interventions focussed on women's parenting behaviours or outcomes of the

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<sup>5</sup> Waddell, S. and Molloy, D. (2021). 'Improving services for children affected by domestic abuse'. *Early Intervention Foundation*. Available online at:

<https://www.eif.org.uk/report/improving-services-for-children-affected-by-domestic-abuse> [Accessed 17/11/22].

<sup>6</sup> Howarth E, Moore THM, Welton NJ, Lewis N, Stanley N, MacMillan H, *et al* (2016). IMPROving Outcomes for children exposed to domestic Violence (IMPROVE): an evidence synthesis. *Public Health Res* 2016;4(10)

<sup>7</sup> Austin, A. E., Shanahan, M. E., Barrios, Y. v., & Macy, R. J. (2019). A Systematic Review of Interventions for Women Parenting in the Context of Intimate Partner Violence. *Trauma, Violence, & Abuse*, 20(4), 498–519.

<https://doi.org/10.1177/1524838017719233>

parent-child relationship,<sup>8</sup> which are likely to be mechanisms for the outcomes of children exposed to domestic abuse. Many studies of interventions at the time of the review (2015) however demonstrated promise for further evaluation.

One particular challenge is the lack of consensus about which outcomes should be prioritised by services or how to measure them. This variability significantly hampers attempts to compare different interventions in terms of their effectiveness, or to synthesise evidence from multiple studies in order to draw out lessons for those working in the sector.<sup>9</sup> The majority of ‘outcomes’ used by services are process measures (for example, referrals to a service, engaging with a service, completing a service) rather than anything which is a specific reduction in risk or an improvement in child wellbeing.<sup>10</sup>

## Research response

As shown above, there is a scarcity of evidence about ‘what works’ for children who are exposed to intimate partner violence between their caregiver and another adult, (for the sake of consistency, this will be referred to as ‘domestic abuse’ throughout this protocol). What Works for Children’s Social Care has partnered with the Early Intervention Foundation to complete work for the Department for Education to start building a pipeline of evidence to understand ‘what works’ in this space. As part of this project, we will be working with four local areas across England to understand what interventions are being delivered to support children and families affected by domestic abuse and the feasibility of evaluation of these programmes. Those we work with will focus on early intervention or children’s social care interventions. Specifically, we sought to work with partners that deliver programmes that fall under the following categories:

- Parenting programmes for parents who have been identified as at risk of domestic abuse
- Parenting support for families experiencing domestic abuse which aim to help parents understand how family violence and abuse is negatively impacting their child/children
- Therapeutic support for children who have experienced domestic abuse
- Advocacy, mentoring, or relationship building support for children who have experienced domestic abuse
- Perpetrator programmes which aim to change the attitudes and behaviours of perpetrators, which also have a focus on children’s experiences and outcomes.

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<sup>8</sup> Austin, A. E., Shanahan, M. E., Barrios, Y. v., & Macy, R. J. (2019). A Systematic Review of Interventions for Women Parenting in the Context of Intimate Partner Violence. *Trauma, Violence, & Abuse*, 20(4), 498–519. <https://doi.org/10.1177/1524838017719233>

<sup>9</sup> Howarth, E., Moore, T. H., Shaw, A. R., Welton, N. J., Feder, G. S., Hester, M., MacMillan, H. L., & Stanley, N. (2015). The effectiveness of targeted interventions for children exposed to domestic violence: Measuring success in ways that matter to children, parents and professionals. *Child Abuse Review*, 24(4), 297–310

<sup>10</sup> The current work being led by University College London and funded by the National Institute for Health Research to develop a common set of outcomes takes a vital step towards greater consistency in measurement approaches. Importantly, this work involves survivors, practitioners, commissioners and policy makers to ensure that the outcomes selected reflect the priorities of different stakeholder groups

EIF, alongside WWCS, released a call for evidence partners for the month of July 2022. Applicants were asked to provide a programme description and any evidence available on the intervention.

Once the call for partners closed, EIF worked closely with WWCS to score applicants on criteria which included:

- A strong intervention description
- Whether it was part of a DfE priority area
- A clearly defined target population
- A clear description of EDIE considerations
- Whether the programme has already been implemented
- A plausible theory of change
- Whether a primary outcome focussed on the child
- Potential for impact
- Programme feasibility.

Applicants that met most of these criteria were then shortlisted.

In addition to these criteria, the shortlisted pool of applicants will be chosen to ensure that there is a variety of different local area and intervention characteristics, including but not limited to:

1. Local area characteristics such as deprivation, region, ethnic minority percentage
2. Target population characteristics such as child age groups, perpetrators and/or survivors, types of domestic abuse perpetration, children's social care environment, equality, diversity, inclusion and equity (EDIE) considerations
3. Intervention characteristics such as delivery setting, psychological therapeutic underpinnings, delivery dosage, multi-agency working.

This process ran alongside the development of this protocol, and led to our selection of four interventions. Final decisions were completed in October 2022. More information about the interventions can be found in the appendices.

## Aims

The key aims of this feasibility study are to:

- Better understand interventions being delivered to reduce domestic abuse and its impacts, including the mechanisms leading to intended or perceived outcomes
- To explore the evidence of promise and acceptability for the interventions we're working with
- To explore the readiness for impact evaluation of the interventions we're working with.

These research aims ultimately feed into the wider aims of:

- Improving the effectiveness of the DA system and programmes by:
  - Addressing challenges with evaluation capacity and capability
  - Enhancing the wider evidence base on DA that can apply to other local areas and interventions.

# Research questions

The feasibility study aims to address the following research questions.

## 1. Intervention promise and feasibility

- a. What potential impacts of the intervention do different stakeholders identify?
- b. How acceptable is the intervention to different stakeholders?
- c. How effectively does the intervention appear to meet the needs of families?
- d. Do there appear to be any unintended consequences or negative effects? (How) Can these be mitigated?
- e. Is there evidence to support or extend our understanding of the theory of change for each of the interventions i.e. the mechanisms or conditions leading to desired outcomes?

## 2. Evaluation feasibility

- a. What is the likely timeframe to achieve a given sample size and what conditions need to be in place to achieve this, i.e. capacity of staff, acceptability of evaluation to different stakeholders, recruitment strategies, retention and drop-out rates and perceived causes?
- b. Are there likely to be any unintended consequences or negative effects of evaluation? Will these effects impact some groups more than others? (How) Can these be mitigated?

## 3. Readiness for impact evaluation

- a. What outcomes should be measured and how readily available is the data to do so?
- b. How well understood and acceptable to stakeholders are the different options available for evaluation?
- c. How well understood and acceptable to stakeholders are different levels of randomisation of different stakeholders?
- d. Are providers able to support an evaluation while delivering the intervention? How could this be enabled?

# Methods

Initial consultations with the four intervention delivery and development teams will help us prioritise research questions, and develop the methodology. Due to the unknown nature of these different interventions, and the challenges of evaluation in this space, the approach to addressing the research questions are likely to be adapted and developed in partnership with the organisations delivering the interventions. However, the methodology will broadly reflect the below and will be tailored to each intervention as appropriate.

Prior to the below activities and alongside the development of this protocol, we commissioned Oxford University to conduct a systematic review that brought together available evidence on domestic abuse interventions for children with a social worker. This review gathered evidence on the outcomes of interventions, the mediators and moderators

that influence desired outcomes, and the barriers and facilitators to successful implementation of interventions. This review is due for publication in December 2022.

Research question	Methods
What potential impacts of the intervention do different stakeholders identify?	Theory of change workshops Interviews
How acceptable is the intervention to different stakeholders?	Interviews Administrative data
How effectively does the intervention appear to meet the needs of families?	Theory of change workshops Interviews Administrative data
Do there appear to be any unintended consequences or negative effects? (How) can these be mitigated?	Theory of change workshops Interviews
Is there evidence to support or extend our understanding of the theory of change for each of the interventions i.e. the mechanisms or conditions leading to desired outcomes?	Theory of change workshops Administrative data Desk research
What is the likely timeframe to achieve a given sample size and what conditions need to be in place to achieve this i.e. capacity of staff, acceptability of evaluation to different stakeholders, recruitment strategies, retention and drop-out rates and perceived causes?	Administrative data Interviews Case studies / guidance Focus groups Consultation
Are there likely to be any unintended consequences or negative effects of evaluation? Will these effects impact some groups more than others? (How) Can these be mitigated?	Interviews Case studies / guidance Focus groups Consultation
What outcomes should be measured and how readily available is the data to do so?	Theory of change workshops Interviews Administrative data Case studies / guidance Focus groups Consultation
How well understood and acceptable to stakeholders are the different options available for evaluation?	Interviews Focus groups Consultation

How well understood and acceptable to stakeholders are different levels of randomisation of different stakeholders?	
Are providers able to support an evaluation while delivering an intervention? How could this be enabled?	Case studies / guidance Focus groups Consultation

## Theory of change workshops

To lay the foundations, WWCS and EIF will work with intervention developers to capture some crucial details about why their intervention is necessary, what it aims to achieve, and how. The workshop will ensure everyone involved has a shared understanding of the programme by clarifying and refining existing theories of change, and provides space for the intervention and research teams to explore the context in which the intervention is delivered. Stakeholders will discuss the hypothesised causal mechanisms in the model and evaluators will assess the plausibility of these. This work will inform the following stages of the research, tailored to each site, including which outcomes and mechanisms to seek data on, how, and what to prioritise.

Tailored half-day workshops will be held with each of the four intervention sites, bringing together a range of relevant stakeholders with different perspectives, e.g. senior leaders, managers, practitioners. Service users will not be involved in these workshops, but stakeholders working in the sites may gather insights from them to enrich discussions. Following this, the findings will be explored through desk research and shared with our advisory group, which brings together subject experts and people with lived experience, to further explore the theory underpinning these interventions.

The workshops will broadly cover the following topics depending on how developed the theory of change is prior to the workshops:

1. Introducing a theory of change, facilitators and participants
2. Why is the approach or intervention needed?
3. Who is the approach or intervention for?
4. What outcomes are achieved by the approach or intervention?
5. What are the key activities and how do they enable the outcomes i.e. mechanisms?
6. What are the potential unintended consequences and mechanisms for these?
7. What are the barriers and enablers to effective implementation?
8. What are the contextual factors that affect the interventions design and implementation?
9. What outcomes should be measured and how feasible is collecting this data?
10. How sustainable is this intervention? What factors impact this?

## Desk research

Following this workshop, we will collate evidence for the interventions, by drawing on the systematic review of evidence previously commissioned and other internal literature reviews

conducted, and an additional rapid search of literature and documentation where there is a gap and this is prioritised, along with literature and data provided by the intervention sites.

This work seeks to understand what evidence is available to support the assumptions that underpin the intervention, with a particular focus on evidencing the mechanisms and conditions that lead to the desired outcomes. This work will also explore the context in which the intervention was developed and operates. Context may include population demographics, intervention recruitment process/materials and success rate for target group(s), and the profile of families accessing the service if the information is available; physical location or geographical setting; what other relevant services exist in the area and how they work together e.g. Family Safeguarding, MASH; social, economic, cultural and political influences; and factors affecting implementation (e.g. organisation, funding and policy). This seeks to determine the contextual dependencies for the intervention (e.g. factors affecting delivery and receipt) and evaluation (e.g. collection of outcome data).

### Administrative data

Alongside the desk research, administrative data for collection across the four sites will be identified to meet two objectives. First, to test the feasibility of evidencing outcomes, and second, to explore how sustainable (and by proxy, scalable) the intervention is. Factors affecting the use and sustainability of an intervention may include the costs of the intervention, training resources and timing, and staff turnover as well as recipient retention, satisfaction or attitudinal measures used prior to and following the intervention. This data collection, either through collection of the data or discussions regarding the feasibility of doing so in future, will provide understanding of what is available to evidence outcomes and the level of quality or relevance of this. This work will also be triangulated with interview findings to explore the acceptability of the intervention, which aligns with recently developed guidance that advises a mixed methods approach to exploring and evidencing intervention acceptability.<sup>11</sup> This work will also be triangulated with the data focus groups, leading to greater understanding of what data is available, its accuracy and reliability, and the length of time it takes to access it.

### Interviews

Alongside the collection of and/or exploring the feasibility of collecting administrative data, we will develop interview guides that reflect the key research questions, alongside recruitment materials and an engagement plan that reflects a trauma-informed approach. This process will allow time for feedback from our advisory group and the intervention site teams, before training is delivered with the fieldwork team. The tailored training will include a detailed focus on sensitive interviewing skills, the informed consent process, safeguarding and researcher wellbeing. This training will be accompanied by policies and guidance for researchers to refer to throughout the process.

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<sup>11</sup> Sekhon, M., Cartwright, M., & Francis, J. J. (2017). Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. *BMC Health Services Research*, 17(1), 88. <https://doi.org/10.1186/s12913-017-2031-8>

Pilot interviews will test the accessibility and relevance of the interview questions prior to delivery of the fieldwork. Participants will be given verbal and written materials explaining the study and an opportunity to ask questions before deciding whether they want to participate. Written consent will then be obtained from participants prior to interviewing. Participants will be given notice ahead of time on the topics of the interviews, and will be given a list of local resources in the case that they may feel distressed after the interview. Participants will also be able to contact the interviewer after participation should any questions arise.

The interviews will be conducted with stakeholders within the delivery organisations and in partnering organisations, particularly within the local authority, as well as striving to include a small number of recipients to develop knowledge in how to engage more recipients in future evaluations. Interviews with service users for this feasibility study will be conducted, as acceptable to the sites, with adult service users alongside exploring future plans for recruiting both adult and under 18 service user engagement in full scale evaluations.

There will be approximately 10 interviews delivered with each site. This work strives to provide early insight into the perceived impacts, mechanisms and effectiveness of the intervention; barriers and enablers to intended outcomes; acceptability of the intervention; potential unintended consequences of the intervention; barriers and enablers to effective implementation; acceptability of evaluation; and barriers to evaluation and mitigation.

### **Data focus groups**

Alongside these interviews, a small number of focus groups (and additional interviews as needed according to availability) will be held across the four sites, exploring use of data in local practice and systems. Specifically they will explore the current availability, collection and use of data in detail, as well as the capacity and appetite for linkage capacity across agencies within an area. Three focus groups will bring together stakeholders across all four sites within the respective data, delivery and management teams, and may also draw on stakeholders from the wider system as applicable (particularly those working in data sharing across multi-agency partnerships). While the interviews previously detailed will focus on exploring each site individually, this strand of work will seek to bring together insights, while also sharing learning, across the four organisations specifically regarding data availability and sharing.

### **Case studies**

Alongside this work, case studies and other additional outputs will be created. These outputs will accompany the final report, and will reflect consultation with our advisory group on what outputs would be most helpful to the sector, and consideration of target audiences and end users of outputs. They are likely to include case studies of DA intervention evaluations that address barriers identified to effective evaluation, or delivery of interventions, and may also include thematically organised one-page summaries of our overall findings or initial advice and guidance on how the UK can begin to effectively evidence DA interventions.

### **Concluding consultation**

As we begin to produce our final report and accompanying outputs, we will hold concluding discussions with the four sites to reflect on the process and glean learnings for future work, discuss the development of final outputs and to explore the feasibility of rigorous impact evaluations in the four sites in the future. The preparation for this work will draw on desk

research exploring the barriers to evaluation in this space conducted by WWCS and EIF, as well as the learnings from this feasibility study.

## Outputs

The findings from all strands will be analysed and triangulated as detailed below. The key outputs will be a final report, tailored outputs for the four sites, and initial advice or insights for the DA sector which will aid building capacity for evaluation of DA interventions in the UK.

## Analysis

### Theory of change

Theory of change workshops will be recorded with the permission of participants in order to avoid the repetition of further interviews surrounding programme components. The output of these workshops will be a finalised theory of change, with accompanying notes and reflections from workshop discussion, for each intervention. This work will then be used to tailor administrative data collection and interview guides to the four interventions.

### Qualitative data

Interviews and focus groups will be fully transcribed by a professional third party. Pseudonymised transcripts will be entered into NVivo software in order to conduct a thematic analysis, comparing accounts and identifying themes and patterns across the dataset. This will follow the commonly used phased framework of analysis: familiarisation with data, generation of codes, searching for themes, reviewing themes and defining themes.<sup>12</sup>

Initial coding will deductively apply already established research questions, and additional codes will inductively label emerging themes that come from the data. Deductive and inductive codes will be triangulated to extract emerging themes from the data. The analysis will be conducted by a core team of researchers at WWCS and/or EIF, and will include quality assurance processes and proportionate reflexive practice. This work will be further triangulated and reported on using notes from the concluding consultations with the four sites.

### Administrative data

Administrative data will be analysed for descriptive and univariate statistics using Excel or R statistical software where deemed appropriate. Open-ended questions to surveys, if and where applicable, will be analysed similarly to primary interviews, focus groups, and theory of change workshops.

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<sup>12</sup> Virginia Braun & Victoria Clarke (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101, DOI: 10.1191/1478088706qp063oa

## Ethics

All WWCS research is assessed by an initial ethics checklist to determine the level of risk posed. This study was deemed to pose sufficient risk of harm that a full review by our independent Research Ethics Committee was undertaken. This involved the project team at WWCS completing a detailed form on behalf of both organisations, receiving feedback from two reviewers, responding to this by making adaptations to the project which led to receiving support from the reviewers to go ahead with the project as proposed. The detailed form included descriptions of the intervention selection criteria, a rationale for and benefits of the research, the research questions and study design which reflects the above and included reference to our following four key recommendations from experts in the field, as follows:

1. Victim-survivors and perpetrators are active agents who can create judgement for themselves whether research is beneficial to them or poses further risk of harm. They should not be considered passive or submissive participants that research 'happens to'
2. Researchers and other staff involved in the project have, within constraints, maximised skill development to conduct this research. This includes already safeguarding training, methodological training, topic area training (as through our internal social work academy)
3. Actively acknowledge and assess throughout the research activities that informed consent and confidentiality may change at any given time for participants, and they have a right to withdraw whenever
4. To maximise the dissemination of research findings in order to contribute to a scarcely researched area.<sup>13</sup>

The form also covered data protection, quality assurance, stakeholder engagement and dissemination and detailed inclusion and exclusion criteria for participants (which given the scale and status of the work did not include those who cannot consent for themselves), and the recruitment process (which acknowledged a standard process of working with gatekeepers by providing information to enable informed consent and gaining consent, before gatekeepers brokering relationships and communication between participants and the research team). The informed consent procedure was detailed at length, including key points around flexibility and partnership working with intervention sites, clarity of materials and stakeholder input before finalisation and distribution, and repeated iteration of the voluntary nature of participation and their right to withdraw at any time without any negative impact.

The form also set out potential risks of the research, including potential damage to the reputation of intervention providers and their relationship with service users, and the potential damage to participants more generally. This section included a detailed description of mitigation measures taken by the team, including following the principles of transparency

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<sup>13</sup> Downes, J., Kelly, L., & Westmarland, N. (2014). Ethics in Violence and Abuse Research - a Positive Empowerment Approach. *Sociological Research Online*, 19(1), 29–41. <https://doi.org/10.5153/sro.3140>

and partnership working, significant undertaking of training by the team, and explicit avoidance of exploring details of service users personal experiences, focusing only on the programme and whether it met their needs, in balance with respecting the autonomy of the participants and allowing them to do so if they wish to in a supported way. The submission also detailed acknowledgment and mitigations for supporting researcher wellbeing.

The key points of feedback received were:

- Some points of clarification on methods and activities, which led to an agreement there would be a briefing for any members of staff acting as gatekeepers regarding how to present the research so that any risk of accidental coercion is minimised, and explicitly stating that the incentive amount offered in a £15 voucher for participants
- Ensuring deeper clarity in information materials regarding data protection and what constitutes personal data i.e. explicitly including interview content as well as contact details
- Clarifying we will not be using the data gathered in this study for future research
- Avoiding receiving data that identifies individuals from professionals without their consent
- Reaching a conclusion on deliberation regarding engaging U18s for this work, which we decided against given the timeframe but we will explore the conditions needed for doing this in future.

## EDIE

As part of our organisational strategy to prioritise equality, diversity, inclusion and equity in our work, each of our project teams will commit to a number of principles and associated actions within a research project. The learning from this will inform future research and strives to address societal inequality in our approach to this research project, with the hope to influence beyond it as well.

## Action Plan

Commitment	Details	Timeframe for activities
Reflecting diversity in service users	<p>In terms of both interventions and evaluation of interventions, lines of enquiry, analysis and reporting should reflect the diversity of those accessing DA services. This should explore different demographics and where feasible intersectionality, in order to ensure service users are not treated as a homogenous group.</p> <ul style="list-style-type: none"> <li>• Lines of enquiry in the ToC workshops and data focus groups should cover the differing activities and impacts related to</li> </ul>	<p>Theory of change workshop and data focus group discussion guides should reflect literature reviews done to date.</p> <p>Findings so far should be reflected</p>

	<p>different demographics, including prioritised protected characteristics and additional characteristics identified through literature as facing specific barriers to accessing DA support. The findings from this should then be reflected in follow up interviews and administrative data collection/discussion</p> <ul style="list-style-type: none"> <li>● Analysis and reporting should reflect diversity of participants, exploring through sub-group analysis in balance with confidentiality and avoiding identifiability of participants.</li> </ul>	<p>in discussion guides for interviews and objectives for administrative data collection.</p> <p>Analysis and reporting should prioritise subgroup analysis wherever possible throughout.</p>
Challenging bias in narratives	<p>Given historical and sustained societal structures, the interpretation of findings, final report and accompanying outputs should be written in a way that considers current narratives about the groups discussed as well as biases within the team; actively avoiding perpetuating biases that exist in research or popular culture and may cause harm to those who share characteristics with the groups discussed.</p> <ul style="list-style-type: none"> <li>● The team will be continually mindful of using the appropriate terminology as defined by participants and wider literature throughout the lifetime of the project, including when interviewing participants and during reporting</li> <li>● Analysis will be done collaboratively so that findings do not rely on individual interpretations and the likelihood of biases being perpetuated is minimised</li> <li>● All reports will be reviewed by the project's Expert Advisory group to ensure that narratives are sensitive and appropriate to the groups and findings discussed.</li> </ul>	<p>Reflexivity will aid this process for the internal team, as detailed below.</p> <p>All outputs will be reviewed by the project's Expert Advisory Group prior to publication, and we will seek feedback from a wider audience regarding its impact / how it is received following publication.</p>
Reflexivity	<p>Throughout the lifetime of the project we will seek to embed reflexive practice among the team to allow us to be transparent about the perspectives that we bring to the project and aware of how these influence the output. We will</p>	<p>Team-based reflexivity activities will be carried out at three strategic points of the process following</p>

	<p>provide a reflexive statement as part of the report.</p> <ul style="list-style-type: none"> <li>• A reflexive statement will be written with contributions from all members of the project team</li> <li>• The project team will reflect with peers and individually on their own biases and experiences and how they will influence this particular project at three strategic points during the process</li> <li>• Reflexive and reflective practice during the interview stage will allow researchers to reflect on their approaches and responses to interviews and address any biases that may be arising.</li> </ul>	<p>the development of this protocol and the theory of change workshops (prior to fieldwork, prior to analysis, prior to reporting), followed by a reflexivity statement being finalised as part of the report.</p>
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## Timeline

	Nov 2022	Dec 2022	Jan 2023	Feb 2023	March 2023
Theory of change workshops	X	X			
Desk research		X			
Admin data		X	X	X	
Interviews and focus groups		X	X		
Concluding consultation				X	
Analysis and triangulation				X	X
Final report and case studies					X

## Data Protection

Our overarching 'Research Data Protection Statement' is available [here](#). The below is specifically relevant to the project to which this document applies. Any questions about this section can be submitted to [dpo@whatwork-csc.org.uk](mailto:dpo@whatwork-csc.org.uk) with a reference to the Data Protection Identifier (DPID) found in the table below.

Regulatory framework	
<b>Relevant legislation</b>	UK Data Protection Act 2018 (DPA) UK General Data Protection Regulation (GDPR)
<b>Data Protection Identifier (DPID)</b>	3033
<b>DPIA outcome/ risk level</b>	Medium
<b>Type of data processing</b>	<ul style="list-style-type: none"> <li>● To conduct research on the programmes' including analysis of all personal data captured and shared by data subjects or relevant organisations running a programme.</li> <li>● For the organisations delivering the programme a data subject is involved with to invite them to participate in the research.</li> <li>● To request ethical informed consent for participation.</li> <li>● To conduct an interview.</li> <li>● To transcribe the audio captured from any recorded interviews.</li> <li>● To identify personal data and take relevant action upon submission of a data subject rights request.</li> <li>● For us to contact data subjects to ask if they would like to participate in any new projects as a participant.</li> </ul>
<b>Categories of data subjects</b>	<p>Across the different data collection streams, data subjects will include:</p> <ol style="list-style-type: none"> <li>1. Practitioners</li> <li>2. Programme Managers</li> <li>3. Data Officers</li> <li>4. Social Workers</li> <li>5. Allied Professionals</li> <li>6. Parents/Legal Guardians</li> </ol>

	<p>Data categories for each data collection stream are as followed:</p> <p>Focus Groups</p> <ul style="list-style-type: none"> <li>● Name (to get information)</li> <li>● Email address (to get information)</li> <li>● Phone number (to get information)</li> <li>● Answers given in Focus Groups</li> <li>● Recordings of Focus Groups</li> <li>● Unspecified disclosures</li> <li>● Job title</li> <li>● Employer</li> </ul> <p>Interviews</p> <ul style="list-style-type: none"> <li>● Name (to get information)</li> <li>● Email address (to get information)</li> <li>● Phone number (to get information)</li> <li>● Interview answers (to be analysed)</li> <li>● Interview recordings (to be analysed)</li> <li>● Unspecified disclosures</li> <li>● Emotional difficulties</li> <li>● Behavioural difficulties</li> <li>● English additional language</li> </ul> <p>Administrative Data</p> <ul style="list-style-type: none"> <li>● Borough Council</li> <li>● CIN, CPP or CLA Status</li> <li>● Borough/council</li> <li>● Information about dependents</li> <li>● Testimonials from Parents (anonymous to WWEICSC)</li> <li>● Testimonials and reflective notes from Practitioners (anonymous to WWEICSC)</li> <li>● Medical or health information</li> <li>● Racial or ethnic origin</li> <li>● Sex</li> <li>● Age</li> <li>● Disability</li> <li>● Special educational needs</li> <li>● Instances of harm</li> <li>● Pregnancy and maternity</li> <li>● Criminal record or offence information</li> </ul>
<p><b>Privacy notice</b></p>	<p>There are three privacy notices that will be used for the three types of data collection methods:</p> <ol style="list-style-type: none"> <li>1. Interviews,</li> <li>2. Focus groups, and</li> <li>3. Through administrative data intervention sites already hold).</li> </ol>

	<p>At the first point of collection of personal data (or at a location made accessible to the data subject should WWEICSC not have direct contact with data subjects and there is a disproportionate effort in our transparency measures) the following categories of data subject will have access to a data protection notice (as mentioned above):</p> <ol style="list-style-type: none"> <li>1. Service Users/Parents/Carers</li> <li>2. Service Practitioners</li> <li>3. Service Professionals involved in data usage (Programme Managers, Data Officers, Practitioners)</li> </ol>
<b>Personal data</b>	
<b>Lawful basis</b>	<p>The lawful basis for the purpose of processing the data to be analysed in the research shall be in accordance with GDPR Article 6.1(e) "Public Task", and GDPR Article 9.2(j) and DPA18 Schedule 1 Part 1.4(a),(b)&amp;(c) for special category data including data considered to be a protected characteristic under the UK Equality Act 2010.</p> <p>and,</p> <p>The lawful basis shall be in accordance with GDPR Article 6.1(f) "legitimate interest"</p>
<b>Justification for the lawful basis</b>	<p><b>Public Task:</b>  What Works for Children's Social Care WWCS is acting upon the instructions from the DfE, within which for this Project is aligned, in accordance with Annex K of the Grant Offer Letter to WWCS, where it is stated that WWCS acting as a Processor on behalf of the DfE as Data Controller, and the subject matter of the processing "is needed in order that the Processor [WWCS] can effectively deliver the grant to provide a service to the Children's Social Care sector".</p> <p>What Works for Children's Social Care is a trading name of What Works for Early Intervention and Children's Social Care (WWEICSC) a company limited by guarantee registered in England and Wales with company number 12136703 and charity number 1188350.</p> <p>Therefore, WWEICSC is acting under the authority vested upon it by DfE as its funder which appropriately corresponds to WWEICSC</p>

	<p>conducting its research under Article 6.1(e) of the GDPR “Processing is necessary for the performance of a task carried out in the public interest.”, also known as Public Task.</p> <p><b>Legitimate Interest:</b> The lawful basis shall be in accordance with GDPR Article 6.1(f) “legitimate interest” for activities involving personal data to collect relevant information (which may include more personal data) to be analysed as part of the research. I.e. sending an email to invite someone to participate in an interview etc.</p> <p>The personal data used under this lawful basis will not be analysed within the research.</p>
<b>Special category data</b>	
<b>Lawful basis</b>	GDPR Article 9.2(j) and DPA18 Schedule 1 Part 1.4(a),(b)&(c) for special category data including data considered to be a protected characteristic under the UK Equality Act 2010.
<b>Justification for the lawful basis</b>	As above and ‘Archiving, research and statistics (with a basis in law)’.
<b>Roles</b>	
<b>Data controller(s)</b>	<p>When acting as an Intervention provider delivering an intervention (“<b>Intervention Providers</b>”), organisations shall be Independent Controllers. <b>Intervention Providers</b> will not determine any purpose or means of using personal data within the research being conducted.</p> <p><b>WWEICSC</b> shall be Independent Controllers for the research Project. <b>WWEICSC</b> will not determine any purpose or means of using personal data within the delivery of an intervention.</p>
<b>Data processor(s)</b>	<ol style="list-style-type: none"> <li>1. Pre-approved data storage and communications service providers (e.g. Microsoft, Google, Zoom etc.)</li> <li>2. Pre-approved transcription vendors.</li> </ol>
<b>Data sharing mode</b>	A secure portal and/or encrypted email and/or secure access to other organisations’ technical systems.

Retention and Destruction	
Expected date of report publication	April 2023
Expected date of data destruction	March 2025

If you are looking for further clarification regarding our data protection notification requirements they will either be found in the project specific Data Privacy Notice and/or our Privacy Policy on our website. If you have any further questions around either of these please submit them to [dpo@whatwork-csc.org.uk](mailto:dpo@whatwork-csc.org.uk) with a reference to the Data Protection Identifier (DPID) found in the above table.

## Risks

This section outlines the anticipated risks that may arise and steps that will be taken to mitigate against these.

Risk	Mitigation
Team is unable to achieve all objectives while meeting standards of rigour and protecting both relationships with delivery partners and the wellbeing of participants using DA services. This is likely to be influenced by capacity available for feasibility study activities alongside day-to-day delivery for intervention site teams as well as data sharing barriers.	We will take a flexible as well as ambitious approach, striving to meet objectives for all strands of work while also being open to relaxing timeframes and the feasibility of meeting all objectives. This will likely apply most to the collection of administrative data and interviews with service users. Our targets for interviews with service users in particular will be flexible, and designed in partnership with each site, with a focus on learning how to successfully recruit and protect the wellbeing of participants in future studies. If we are unable to collect the identified desirable administrative data, we will instead focus on understanding the barriers and exploring what will be needed to collect this data in future.
Causing harm to research participants who use services	The fieldwork team will be trained thoroughly in safeguarding and trauma-informed sensitive interviewing. This training will be designed and led by senior staff, including the safeguarding officer, at WWCS.
Staff illness	Clear internal documentation of activity timelines, assigned roles and progress will be maintained throughout.

# Appendices

## 1. For Baby's Sake

- a. **Population:** Parents with children up to age 2
- b. **Approach:** Whole family therapeutic approach. Separate trauma and attachment based work with adults
- c. **Location:** Bi-borough area of London (Westminster and Kensington & Chelsea), Hertfordshire, Blackpool, Online
- d. **Description:** For Baby's Sake is a trauma-informed, attachment-based therapeutic programme, integrated within local adult and children's services and working with all relevant stakeholders, including domestic abuse and child safeguarding services and systems, GPs, health visitors, midwives, probation etc. The vast majority (79%) of potential participants are referred by children's social care services.  
For Baby's Sake provides intensive, individual support for each parent (the person experiencing the abuse and the parent perpetrating the abuse), their baby and any other children, tailored across a number of modules, including:
  - Getting Started – comprehensive assessment phase
  - Attachment-focused parenting – from pregnancy to nurture sensitive, attuned parenting
  - Healthy expression of feelings – processing guilt, shame and dissociation
  - Inner child (the therapeutic core of the programme)
  - Building self-esteem, healthy adult relationships

Each parent has their own practitioner, who has completed the intensive in-house For Baby's Sake training plus external training, including on Motivational Interviewing, Video Interaction Guidance (VIG) and Newborn Behavioural Observations (NBO). They are supported individually via weekly sessions from pregnancy to the baby's first birthday, then usually less frequently during the baby's second year. Sessions are face-to-face and/or via video/phone technologies, matched to parents' specific circumstances, needs and risk assessment (except for CONNECT which is delivered wholly remotely).

- e. **Outcomes:**
  - Improved birth outcomes – gestational age and birth weight
  - Improved early social, emotional and cognitive development – ASQ-3 and ASQ:SE-2
  - Reduced contact with children's social care – social care data
  - Sustained behaviour change, reduction in risk and fewer domestic abuse incidents – reports of incidents, severity and type
  - Improved mental health and emotional wellbeing, reduced anxiety and depression – GAD-7 and PHQ-9

## 2. Survive and Thrive Integrated Children's Service

- a. **Population:** Children who have experienced Domestic Abuse and their parents and carers
- b. **Approach:** Systemic, trauma informed, psychoeducative
- c. **Location:** Yorkshire and the Humber (Bradford)
- d. **Description:** Family Action is part of Survive and Thrive, a consortium of 3 organisations who deliver Bradford Council's Domestic Abuse contract. Referrals are made via the Survive and Thrive One Front Door, which is run by the partner agency Staying Put, or from other parts of the Survive and Thrive Partnership. They will work with children (5 to 18), parents and whole families who have experienced domestic abuse and are living in the Bradford district.

They deliver the following activities:

- Psychoeducative work with parents, children and young people to aid understanding of the impact of DV on children and support recovery.
- Trauma-Informed work with children and young people to create safety /stability and reduce trauma symptoms. **Whole family** work to rebuild relationships.
- Parent/child group work (0 to 5) to strengthen parent/child attachments in supported accommodation. Children groups 5 to 11 in supported accommodation to build confidence and self-esteem.
- Advocacy, safety planning, healthy relationships and support to return to mainstream education for young people 13 to 17
- Trauma Therapy with CYP who require support to process trauma.

The project is delivered by children and family workers, play and attachment workers, qualified systemic practitioners, a qualified children's IDVA and a trained therapist. They state they work systemically, and work closely with key workers e.g. social workers, early help practitioners, teachers or health professionals, or other professionals working with families.

### e. **Outcomes:**

- Increase in child's feeling of safety and security
- Improved family functioning
- Reduced trauma symptoms in children
- Increased awareness of the impact of domestic abuse for children, parents and professionals
- Improved child/parent attachment

They use the following outcomes measuring tools:

- CRIES 13(trauma symptoms)
- IES-R Parental trauma symptoms
- Score 10 (family functioning)
- MORS (parent child attachment)

- f. **Other info:** Clearly stated and tested evidence base, highly experienced organisation that works with a large number of families

### 3. LEAP Enhanced Casework Service

- a. **Population:** Families with very young children (aged 0-3). Does not require primary caregiver to be separated from perpetrator
- b. **Approach:** Interagency collaboration, individually tailored, holistic, intensive approach
- c. **Location:** Greater London (Lambeth)
- d. **Description:** LEAP Enhanced Casework is a bespoke service for parents who are experiencing, or at risk of, domestic abuse during pregnancy or before their child's 4th birthday. LEAP commissions the service as part of the National Lottery Community Fund 'A Better Start' initiative. LEAP is a local partnership which includes, amongst others, Refuge (which runs the Gaia Centre) and Lambeth Council (the Gaia Centre's main funder). A small team of Enhanced Caseworkers provide practical and emotional support for clients. Support is holistic and non-time-limited, taking place virtually or in safe venues. In 20/21 and 21/22, clients attended 61 sessions on average. Weekly wellbeing groups for clients are also held at a children's centre.

Unlike traditional risk-led services, outreach is a strong component. **The team seeks out new clients by offering general advice surgeries in children's centres, building relationships with practitioners and taking part in community activities.** The ultimate aim is for clients to have improved wellbeing and feel they are safe and moving in a positive direction, and for their children to have a better environment in which to grow and thrive. In the medium term, (expectant) parents will feel safer and have increased awareness of the dynamics of abuse and healthy relationships.

- e. **Outcomes:** Are measured using the Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) Risk Identification and Assessment and Management Model, the CORE-10 measure of psychological distress, and feedback questions.
- f. **Other info:** Clear connection to CSC compared to other programmes, also has a comparatively large outreach component that works with families before separation from perpetrator.

### 4. Children Overcoming Domestic Abuse

- a. **Population:** Mothers and their children (aged between 4 and 11 years)
- b. **Approach:** Multi-agency, referring agencies include CSC, early help, Health services, Education, Police, mental health services

- c. **Location:** Greater London (Lewisham)
- d. **Description:** Parents can self-refer, or professionals can refer on the family's behalf

Referring agencies include:

- Children's Social Care
- Early Help Services
- Health Services
- Education
- IGVA Services
- Police
- Mental Health Services

Referrals are assessed against programme eligibility criteria, then allocated to CODA team for programme enrolment. Running concurrently, CODA provides two-hour sessions for mothers and their children, weekly for 12 weeks. Each week covers a theme (e.g.; safety planning, self-esteem, sexual abuse) and follows the same structure. The programme is delivered by multi-agency trained and accredited facilitators face-to-face in a group, and 1:1 format within various community settings. They have also digitalised the programme to enable safe/appropriate delivery online.

- e. **The desired outcomes of the programme include:** Children and adult survivors to: understand what abuse is, understand they are not to blame, feel their experiences are validated, feel safe, have an enhanced mother-child relationship, have improved emotional well-being.

Adult survivors to: have improved understanding of children's experiences of domestic abuse and that the impact of trauma can affect all aspects of their development and behaviour.

Child survivors: to have improved ability to communicate their experiences, have improved problem-solving strategies, have improved ability to manage emotions.

- f. **Other info:** Voluntary nature, running in the area for 12 years.