

Pilot Evaluation Summary	
Intervention developer	Wirral Council
Delivery organisations	Wirral Council
Evaluator	Policy Evaluation and Research Unit, Manchester Metropolitan University
Principal Investigator	Prof Chris Fox
Protocol Author(s)	Dr Jessica Ozan Prof Chris Fox
Pilot Intervention Recipients	216 families and the professionals supporting them across 12 months. The programme is delivered by 8 members of the project team (i.e., 1 manager, 3 Domestic Abuse Practice Professionals, 3 Domestic Abuse Family Advocates, 1 Project Officer).
Pilot Evaluation Participants	<p>Participants include both survivors and professionals working with them; in total (n=150).</p> <ul style="list-style-type: none"> • The Theory of Change workshop will involve 10 to 15 participants (i.e., strategic thinkers and frontline workers). • The longitudinal case studies will involve 30 participants (i.e., 8 survivors, 4 partners or ex partners, 18 professionals including project team members and social workers). • The anticipated response rate to the survey (i.e. 40%) would mean that the survey will involve 80 to 90 participants.
Number of Pilot Sites	1 Wirral
Protocol Date	08.04.2021
Version	1

Contents

Summary	3
Project Background.....	3
Problem statement	3
We Can Talk About Domestic Abuse.....	4
Pilot Evaluation Aims	6
Research questions	6
Outcomes	7
Methods.....	9
Sample selection and recruitment.....	9
Data Collection	9
Theory of Change workshops	9
Longitudinal case studies.....	9
Administrative datasets.....	10
Survey	10
Secondary data.....	10
Qualitative analysis.....	11
Theory of Change	11
Longitudinal case studies.....	11
Secondary data analysis	11
Quantitative analysis	12
Administrative data sets and surveys.....	12
Cost Evaluation.....	12
Ethics.....	13
Ethical approval.....	13
Data security	14
Data Handling	15
Personnel.....	16
Risks.....	16
Timeline	17
Appendices	18

Summary

This document outlines the pilot evaluation of We Can Talk About Domestic Abuse.

The Policy Evaluation and Research Unit has been commissioned by the What Works Centre for Children's Social Care to conduct the evaluation of the We Can Talk about Domestic Abuse programme. We Can Talk About Domestic Abuse is a programme that is trying to develop new ways of working to improve the experience of social care processes for those parents and children affected by domestic abuse so that they feel believed, supported and empowered, whilst being appropriately safeguarded.

The evaluation will provide insights into the implementation of the programme, its costs, and whether an RCT would be feasible in the future. The evaluation aims to explore actors' perceptions of effectiveness and examine change over-time in outcome indicators. It will also consider the extent to which the programme as a whole or some element of it might be evaluated using more formal impact evaluation approaches.

The pilot evaluation will take place over 15 months and consists of three sets of activities:

- a) building upon and developing the programme's theory of change (ToC) through workshops involving strategic and front line staff in order to generate a logic model;
- b) empirical research to test the ToC, exploring both evidence of feasibility and evidence of promise through a small number of in-depth longitudinal case studies, a survey, and analysis of quantitative management information; and
- c) an assessment of the feasibility of implementing an experimental or quasi-experimental impact evaluation of either the programme or some element of it, through secondary data analysis.

The evaluation team will submit the final evaluation report in March 2022.

Project Background

Problem statement

Social care services in Wirral are not adequately supporting survivors of domestic abuse, who can feel abandoned, let down, disempowered, judged and/or not believed by social workers (Wirral Council, 2020). In 2019/2020, in Wirral, 2,037 women and 749 men were the survivors of a domestic abuse crime. In only 20.2 percent of cases did the survivor and perpetrator live at the same postcode, with ex-partner violence making up almost 50 percent of crimes. Yet, survivors of domestic abuse are often forced to move out of their home. In Wirral, repeat victimisation rate is 29 percent, which is comparable to the national average (31%).

Data analysis between February 2019 and January 2020 inclusive (Wirral Council, 2020) shows that 2,780 children were referred to Children's Services because of domestic abuse. During that period, there were 680 children with more than one contact and 888 requiring a statutory assessment. The analysis also shows that outcomes for children living with domestic abuse were 31-34 percent lower than their peers at Key Stage 4 (Wirral Council, 2020).

Based on a consultation with survivors, it is the Council's view that the application of child protection processes can often alienate, even re-victimise, people affected by domestic abuse (Wirral Council, 2020). The Council (Wirral Council, 2020) reports that victims and survivors of domestic abuse highlight difficulties in working effectively with social care:

- Feeling "abandoned" and "let down" by social workers, not being believed.
- Genuine fear of having children removed from their care.

- Being criticised in their parenting without social workers understanding the impact abuse has on their parenting capacity.
- Being judged for “making the wrong decisions over relationships and who they had children to” and for wanting to stay in the relationship.
- Feeling that their case “opens on social care’s terms and closes on social care’s terms” and being in a “tick box system”

The Council’s analysis of this problem has led it to identify a need to develop a practice approach that improves understanding and communication between professionals and people in need of help and protection.

We Can Talk About Domestic Abuse

The We Can Talk About Domestic Abuse programme aims to improve the experience of social care processes for those parents and children affected by domestic abuse so that they feel believed, supported and empowered, whilst being appropriately safeguarded. It seeks to improve safeguarding and child protection processes for the benefit of all involved.

The project establishes a small team of eight subject matter experts who can provide challenge and support to social workers in their daily practice (i.e., 1 manager, 3 Domestic Abuse Practice Professionals (DAPPs), 3 Domestic Abuse Family Advocates (DAFA)s, and 1 Project Officer).

Wirral Council had successfully adopted a similar approach in ‘Compass’, their child exploitation team, where team members do not hold cases but rather work to develop the knowledge, skills and experience of the Social Worker. The intervention aims to work with 216 families within a 12-month period, with priority to those at child protection level and/or repeat referrals. The programme would not exclude children at child in need level or first-time referrals where there is a case for additional expertise and support.

We Can Talk About Domestic Abuse aims to increase survivor’s self-efficacy and improve their experiences of child protection and safeguarding procedures. To achieve this, We Can Talk About Domestic Abuse has developed three streams of work (see logic model in Appendix) focusing on:

1. Co-production and active participation of survivors and their families
2. Reflective practice amongst professional supporting them
3. System change

Co-production and active participation: Activities in this stream are mostly led by the Domestic Abuse Family Advocates (DAFA). DAFAs are staff who have lived-experience of domestic abuse and social care. They will work with the parent/family by acting as an advocate and ‘interpreter’. Activities include a Voice Group for survivors of domestic abuse, established as part of the Domestic Abuse Alliance, with a Communications Strategy linked to the borough-wide Domestic Abuse Strategy. The DAFAs meet regularly with the parent to help them to better engage by understanding formal processes and navigate the children’s services system. They also ensure that the survivor is able to read, understand, and contribute to their assessment and care plans, notably through preparing for and reflecting on formal meetings. DAFAs will provide families with a better understanding of domestic abuse, with a specific focus on coercive control, and its impact on children. Families should also gain a better understanding of children services system and other services (e.g., substance abuse) that are available to them, resulting in better engagement and a better experience of child protection procedures.

Reflective practice: Activities in this stream include group reflection, reflective supervision, and peer mentoring for staff. Through reflective practice, the DAFAs will support the social worker to better understand the views/wishes/fears of the child and family and their experience

of domestic abuse. The DAPPs will work with the case-holding social worker to prepare for and reflect on direct work, helping social workers to apply critical analysis to their assessment, provide reflection and challenge to plans and progress, and undertake observations of practice as appropriate. DAPPs also facilitate joint reflective supervision, supporting the Team Manager to create thinking space and apply objectivity to casework. They will also facilitate monthly group reflection sessions for Team Managers to share learning. In all activities, DAPPs add value through their subject-matter expertise. The aim is to create a shift in attitudes and language, improving the relationships between families and social workers. Survivors receiving adequate support will develop greater self-efficacy as they feel believed by professionals, empowered rather than re-victimised, and confident in their social worker. The programme will also provide them with better experiences of safeguarding procedures.

System change: This stream of work focuses on the broader system around the survivors, including partnerships (social care, early help, education, police, health, probation, voluntary orgs, etc). Activities include learning events as well as training and development opportunities. This includes induction and training on reflective supervision and domestic abuse for the core project team and for Wirral Council employees, as well as three multi-agency learning events. Such activities will create 'domestic abuse champions' in partner organisations. This will support a better understanding of domestic abuse not only within the project team, but also beyond the programme through its engagement with social workers and other relevant agencies. DAPPs support social workers to strengthen their relationship with partners by building confidence in their understanding of the issue, preparation for and execution of partnership meetings where all have a voice and there is mutual respect, and coaching on how to manage difficult conversations where partners need to be professionally challenged. The programme also places more responsibility on perpetrators and aims to reduce the number of housing moves for survivors and their children. The stream also includes activities such as scrutiny, partnership reporting, and oversight quarterly audits of practice with DAPPs and DAFAs to share learning and improve practice. The DAPPs and DAFAs also report on a quarterly-basis to the Senior Leadership Team on programme delivery, performance, outcomes and learning. The programme will publish accessible practice guidance for professionals that will support a more consistent approach to survivors of domestic abuse, allowing for a better and more widespread safety planning involving different agencies (e.g., housing, police). The programme aims to improve management's knowledge of systems, agencies and laws and include a focus on domestic abuse in the Supporting Families Enhancing Futures model developed by the Wirral Safeguarding Children Partnership.

Through a collaborative approach, the programme anticipates improved communication, understanding and experience for all stakeholders. The long-term vision of the programme is to contribute, through its co-production and reflective practice stream of work, to the reduction in number of cases going to child protection, number of repeat referrals going to MARAC (Multi-Agency Risk Assessment Conference) and, ultimately, number of children looked after due to domestic abuse. It also aims to provide guidance that will achieve system change and ensure that reflective practice around domestic abuse becomes embedded in key professional development pathways.

Pilot Evaluation Aims

The evaluation aims to explore actors' perceptions of effectiveness and examine change over-time in outcome indicators. It will also consider the extent to which the programme as a whole or some element of it might be evaluated using more formal impact evaluation approaches.

Research questions

The pilot aims to address the following research questions:

Evidence of feasibility

1. Is the intervention delivered as intended, responsive to survivors and practitioners' needs, innovative, and well accepted by all stakeholders?

- a. **Fidelity and adaptation:** how far is the delivery of the programme consistent with its design? What are the facilitator and barriers to delivery?
- b. **Responsiveness** – how well do programme activities respond to the survivors and practitioners needs?
- c. **Acceptability:** how well is the programme received by social workers, other professionals, survivors, and their families?

Evidence of promise

2. For each activity identified in the theory of change, are the outputs anticipated produced to the extent envisaged and do outcome indicators change in the direction anticipated?

- a. What is the **level of engagement** with planned activities among practitioners and families? How does it vary among families by initial demographic factors, quantifiable need and/or other baseline service-related characteristics?
- b. Is there any evidence of **change over-time** in measurable outcomes for practitioners and survivors (bearing in mind that any estimates of change will not warrant a causal interpretation) and what **potential impacts** of the intervention do stakeholders identify?
- c. Do there appear to be any **unintended consequences or negative effects**?
- d. What are the economic **costs** of the intervention per survivor?

Readiness for trial

3. What elements of the programme might be amenable to randomisation (what experimental contrasts if any are feasible), or how might natural variation in exposure to the programme among those at which it is targeted be exploited quasi-experimentally?

- a. Which outcomes are candidates for a primary outcome?
- b. What existing and new data sources are of promise?
- c. What eligibility criteria might be appropriate?
- d. How are treatment effects to be defined?

Outcomes

The table below sets out the planned indicators which will be used to answer the proposed research questions.

Research question	Indicator	Method
<p>Evidence of feasibility</p> <p>Is the intervention delivered as intended, responsive to survivors and practitioners' needs, , and well accepted by all stakeholders?</p>	<p>Activities and outputs identified in the logic model</p> <p>Manager's experience of the programme</p> <p>Survivors self-reported experience of the intervention and the extent to which it addressed their needs</p> <p>Front line workers experience of the intervention and their ability to adapt it to the families' needs</p> <p>Number and type of activities each social worker engages in (e.g., group reflection sessions, peer mentoring sessions)</p> <p>Number of survivors, partners, and children engaged in the programme, against a target of 216 families.</p> <p>Number and type of activities each survivor engages in (e.g. peer mentoring, voice forum)</p> <p>Number and type of external services survivors start engaging with</p>	<p>Theory of Change workshops</p> <p>Telephone interviews</p> <p>Survey Case studies interviews</p> <p>Telephone interviews</p> <p>Monitoring data</p> <p>Monitoring data</p> <p>Monitoring data</p> <p>Monitoring data</p>
<p>Evidence of promise</p> <p>For each activity identified in the theory of change, are the outputs anticipated produced to the extent envisaged and</p>	<p>Reflective practice questionnaire for social workers</p> <p>Self-efficacy scale for survivors</p> <p>Survivors self-reported feeling of being believed, empowered and general levels of satisfaction with the programme</p>	<p>Administrative datasets</p> <p>Administrative datasets</p> <p>Survey and interviews</p>

<p>do outcome indicators change in the direction anticipated?</p>	<p>Survivors self-reported experience of safeguarding and child protection procedures</p> <p>Survivors self-reported understanding of domestic violence</p> <p>Practitioners and partner agencies self-reported understanding of domestic violence</p> <p>Self-reported change in practice by social workers and partner agencies</p> <p>Survivors experience of the programmes and changes in their personal circumstances</p> <p>Front line workers and managers views on potential unintended consequences or negative effects</p> <p>Budgeted costs of the intervention and costs incurred by the recipients of the programme and other agencies</p>	<p>Survey and interviews</p> <p>Survey and interviews</p> <p>Telephone interviews</p> <p>Telephone interviews</p> <p>Case study interviews</p> <p>Telephone interviews</p> <p>Telephone interviews and secondary data analysis</p>
<p>Readiness for trial What elements of the programme might be amenable to randomisation (what experimental contrasts if any are feasible), or how might natural variation in exposure to the programme among those at which it is targeted be exploited quasi-experimentally?</p>	<p>Revised logic model</p> <p>Outcomes that are candidates for a primary outcome</p> <p>Accessibility to existing and new data sources</p> <p>Clearly defined eligibility criteria, treatment effects, most appropriate statistical models, and sample size required</p>	<p>Telephone interviews and findings from case studies and survey</p> <p>Documentary analysis and literature review</p> <p>Documentary analysis and informal conversations</p> <p>Documentary analysis and literature review</p>

Methods

Sample selection and recruitment

All survivors (anticipated n=216 families) involved in the programme will be invited to take part in the survey. Wirral Council will secure the participants' consent for their data (including contact details) to be used in the evaluation. The participants will receive an information sheet and consent form, designed by the evaluators, detailing the purpose of the evaluation, what is expected from them, their rights to refuse to participate and to withdraw, and contact details of researchers in case they may have any questions.

The families selected for the longitudinal case studies will be purposively sampled with the support of the social workers and delivery staff to ensure that various profiles are involved (e.g. survivors that have previous experience of safeguarding procedures and survivors that are in contact with social services for the first time). The survivors involved in the case studies will be approached by their social worker, with an information sheet describing the evaluation and a consent form. Participants will have a week to decide whether they want to take part. The evaluation team will meet with the social workers to explain the purpose of the evaluation and ensure buy-in. This evaluation will not engage with the children of survivors.

The professionals interviewed for the case studies will be those working with these families. All participants will be provided with an information sheet and consent form that is GDPR compliant. Prior to receiving those documents, which can be lengthy, participants will be provided with a leaflet outlining key points in accessible language. The evaluation team will work with the project team and professionals at Wirral Council to overcome any language or literacy barriers. Participants will be given the opportunity to speak with the researchers prior to the interview / survey if they want to.

Data Collection

Qualitative methods (i.e., workshops, face to face interviews with survivors, telephone interviews with staff, secondary data analysis) are used to capture the experience and opinions of the recipients of the programme as well as those of the strategic and front line staff. Quantitative methods (i.e., analysis of administrative data sets and survey) will examine change over time in outcomes indicators. We will use the following methods of data collection.

Theory of Change workshops

Two workshops involving strategic and front line staff (n=10-15) will take place at the very beginning of the programme to support the articulation of a Theory of Change (i.e., the assumptions and theories underpinning the programme).

Longitudinal case studies

The evaluation will conduct 8 purposely sampled family-case-studies, starting at two points in time to capture experiences at different stages of implementation: 4 cases just after the commencement of the programme and 4 cases six months later. The case studies will involve a face to face interview with a survivor and, with their consent, a separate interview with their partner or ex-partner, with a follow up interview 6 months later. A female researcher, Dr Jessica Ozan, will conduct these interviews, face to face when possible. Some interviews may have to take place over the phone due to the current health context and national / local restrictions. At each wave we also plan telephone interviews with the social worker assigned to the primary care giver, the social worker's team manager, the DAPP professional and DAFA advocate. Interviews with professionals will be conducted by Dr, Jessica Ozan, with the

support of a Research Associate based in the Policy Evaluation and Research Unit. Across four waves this yields 24 face-to-face in-depth interviews (i.e., 16 survivors and 8 partners / ex-partners) and 36 telephone interviews. The case studies will consider the different outcomes and mechanisms identified in the Theory of Change, as well as the survivors' experience and satisfaction of the programme. The interview schedules will therefore be developed based on the revised Theory of Change developed with stakeholders and drawing on relevant theoretical frameworks (e.g., reflective practice). Interviews will, with participant consent, be recorded on a password protected voice recorder and transcribed.

Administrative datasets

The evaluation will undertake an inventory of quantitative, statistical data held by the authority concerning families eligible for this intervention. We expect that administrative data will be available that enables us to monitor the number and type of activities each survivor/social worker engages in. We also aim to access main demographic characteristics (e.g. postcode data, description of family structure, age, gender and ethnicity) held by Children's Services. We will consider whether the administrative data available is adapted to test the theory of change, whether the demographic, needs, and other service related characteristics of families can be quantified. Such records could include the number of meetings DAPPs, DAFAs, and social workers have with each survivor; the number of Voice forums the survivor has attended, and the number of referrals to other support services they have received. They could also include information regarding the number of reflective meetings, reflective supervisions, training sessions and multi-agency learning events professionals (i.e. project staff and social workers) have engaged with. If successful, this will provide the evaluation with a retrospective data set (census of $n \approx 216$ survivors) that could be adapted to test the theory of change. For instance, the demographic, needs, and other service-related characteristics of families could be used as covariates to test service usage, engagement, and satisfaction.

Survey

The survey will be delivered by Opinion Research Services via a telephone interview. The participants will have provided their consent to be contacted. It will take approximately 15 minutes to complete the survey. Questions related to the respondent's demographic characteristics, personal circumstances including housing and the circumstances of their children will be included, as will questions relating to their experience of working with their social worker and advocate, and their satisfaction with these encounters. The data collected through these surveys will permit us to examine the primary-caregivers perceptions of whether they are 'believed' by social workers, whether they feel 'empowered,' their understanding of the processes with which they have been engaged and their general levels of satisfaction. It will be carried out 3 months after their first engagement with social workers (with their consent and support from social worker). We anticipate a sample of $n \approx 80-90$ (40% response rate).

Secondary data

The impact feasibility study will primarily be desk based, drawing on the administrative data analysis and some informal discussions with project staff in order to clarify relevant issues. It will consider the extent to which the programme as a whole or some element of it might be evaluated using more formal impact evaluation approaches. Further secondary data analysis will take place to contribute to the stakeholder and boundary mapping exercise, the implementation evaluation, and the cost analysis.

A summary of pilot data to be captured is set out in the table below.

Data Collection Method	Sample Size	Collection Timeline
Theory of Change workshops	10-15 stakeholders	January and February 2021
Longitudinal case studies Face to face interviews Telephone interviews	8 survivors, 4 partners or ex-partners 36 interviews with front line workers (i.e., DAPPs, DAFAs, social workers)	March, July, September, December 2021
Administrative datasets	216 families	From March 2021 to February 2022
Secondary data	Documents	From March 2021 to February 2022
Survey	80 to 90 survivors	From March 2021 to February 2022

Qualitative analysis

Theory of Change

The workshops will take place online due to current circumstances and will be recorded with participants' permission. The workshop involves brainstorming around anticipated outcomes (i.e., outcome harvesting), which are then organised under themes and chronologically (i.e. backwards mapping) to generate pathways that include short, medium, and long-term outcomes. A final version of the logic model will be circulated to all stakeholders for validation.

Longitudinal case studies

Interviews will, with participant consent, be audio-recorded. Interviews with survivors will be fully transcribed by a professional. Interviews with staff will be transcribed by the evaluation team. Thematic analysis will take place in NVIVO, a computer software package. Initial coding will follow high-level evaluation questions with additional codes developed in a grounded, bottom-up manner, allowing for triangulation of data around emerging themes and issues. The coding structure will be developed by the evaluation team to ensure its relevance. The coding will be conducted by the main researcher on the project. Should more than one researcher be involved in coding the data, a sample of interviews will be double coded to enhance consistency in analysis and interpretation. The evaluation team will meet to discuss the findings emerging from the data, their implication, and agree on the structure of the final report.

Secondary data analysis

The evaluation team will review relevant documents generated by Wirral Council and the project team. These include, for example, the council's domestic abuse strategy, the training provided to staff, practice audits and partnership reporting generated by the project team, The documents will be reviewed with specific questions in mind and data will be organised thematically.

Quantitative analysis

Administrative data sets and surveys

Most of the analysis envisaged will comprise descriptive statistics and bivariate tabulations in SPSS or Stata. As a Reflective Practice Questionnaire and the Self-efficacy survey will be administered by Wirral Council at multiple time points throughout the pilot, it may allow us to examine change over time by undertaking pre-post statistical analysis (i.e. repeated measures t-test or similar). However, this will depend on numbers of returns to surveys. In the absence of more robust counterfactual, these analyses may reveal the existence (or absence) of correlation but causal relations cannot be assumed. If feasible (i.e., if demographics, needs, and other service-related characteristics of families can be quantified), regression models will be fitted into the data: in one, level of engagement is the dependent variable that is tested against baseline demographic characteristics. Another regression model would test the impact of engagement in different activities (independent variables of interest) on satisfaction rates.

Cost Evaluation

In the absence of a counterfactual impact evaluation a full Cost Benefit Analysis will not be attempted. Instead the focus will be on estimating economic costs of the intervention.

The primary consideration when considering cost-capture is to identify what is different as a result of the intervention. In terms of structuring the additionality element, we base the cost evaluation on a model of change derived from the implementation evaluation which identifies what is different about the new intervention compared to existing practice. For example, this will include a consideration of direct costs associated with deploying the DAFAs and DAPPs (for example, set-up, delivery, and training costs). It will also include less direct costs to local systems such as costs to different agencies of new referrals.

Costs break down, in general, into fixed costs – costs which are required to establish the intervention – and running costs, which are ongoing and vary with the scale of the intervention. Examples of the information we might require and which will be captured includes:

- Steering groups and management meetings: frequency and duration of meetings, members of staff present and grades, travel time.
- Recruitment and deployment of new staff such as the DAFAs and DAPPs.
- Ongoing support of the new team including training and supervision.
- New equipment and new or changed usage of buildings. This will include any new equipment and any changes to the use or layout of rooms or buildings.
- Changes in social work practice and new activities undertaken by other agencies in response to the programme.

Cost data will be gathered through a set of telephone interviews with managers in local agencies. Costs include the budgeted costs of the intervention as well as costs incurred by the recipients of the programme and other agencies.

Analysis of costs will involve the following stages:

1. **Define the scope of the analysis:** Key issues to decide at this stage include the perspective to take in the analysis (for example will the perspective be that of the state, the criminal justice system or the whole of society) and the alternatives to be compared (for example, participation in a programme versus non-participation)
2. **Assemble cost data:** Costs include the budgeted costs of the intervention as well as costs incurred by the recipients of the programme and other agencies. Costs will be assessed using the principle of additionality.
3. **Calculate present value and assess efficiency:** A process of discounting is used to

- calculate the Net Present Value of all costs.
4. **Describe the distribution of costs and benefits:** Describing the distribution of programme costs involves identifying who gained and lost from the intervention. For example, in a criminal justice intervention it is common to find an analysis of efficiency from the perspective of the state and from the perspective of wider society.
 5. **Conduct sensitivity analysis:** It is important to check how sensitive the results are to variations in the estimates that have been used.

Ethics

Ethical approval

The evaluation will seek ethical approval from the Art and Humanities Research Ethics and Governance Committee at Manchester Metropolitan University. To ensure that the theory of change workshops could be conducted on time, we divided the ethics application into two. The first one covered the Theory of Change workshops. Ethical approval was granted. The second application considers the rest of the evaluation and is more complex due to data protection issues. Ethical approval was granted on the 18th March.

Ethical Consideration	Mitigation
<p>Informed consent There is therefore a risk that the participants will not engage with lengthy GDPR compliant consent forms and join the study without understanding its purpose and requirements.</p>	<p>Prior to receiving the information sheet and consent form, participants will receive a leaflet outlining the evaluation's key points in an accessible language.</p>
<p>Potential harm Participants may become distressed</p>	<p>The interview questions will focus on their experience of the programme and other services used, they will not ask participants to share their personal experience of abuse. The consent form clearly indicates that their participation is voluntary and that they can withdraw at any time during the interview and up to two weeks after. The information sheet provided at the beginning of the interview includes the details of key relevant services available to them in case they need further support. The interview questions will be immediately discontinued if a participant shows signs of becoming distressed. The researcher will remain with the participant until they are feeling better and will be responsive to their wish if they express a will to resume the interview. They will make sure that the participant is aware of the different services identified in the information sheet</p>

<p>Potential harm Interviews may pose a risk to the survivor if their partner is present</p>	<p>The participants for the small number of case studies will be carefully selected by the social workers to minimise the risk of harm. The researcher will organise for the interview to take place at a time and/or place that is appropriate and ensures that partners are not present. If necessary, the interviews can take place at Wirral City Council. The partners and ex-partners will only be contacted with the survivors' explicit consent as set in the consent form.</p>
<p>Disclosure There is a risk of disclosure, albeit low as the participants are already enrolled in a domestic abuse programme through social services.</p>	<p>The researcher (Dr Jessica Ozan) conducting the fieldwork has experience working with vulnerable groups and has undergone training in identifying signs of abuse and neglect. The consent form explains the limits of confidentiality and the researcher will remind participants at the beginning of the interview that any information that causes concern for their safety or the safety of others will be shared with the relevant authorities. In case of disclosure or safeguarding concerns, the researcher will follow a clear procedure: First, they will acknowledge the information and explain to the participant that they need to inform the relevant parties. In the case of this evaluation, the researcher will contact the participant's social worker to discuss concerns. This approach aims to avoid adding a new professional / organisation in the life of the participant. If for any reason, the social worker is not an appropriate person to contact, the researcher will report concerns to the Wirral Central Advice and Duty Team that is in charge of safeguarding.</p>
<p>Potential harm Interviews may pose a level of risk for the researcher.</p>	<p>The case studies will be carefully selected by the project team in collaboration with social workers to ensure that home visits do not pose any risk of harm to the researcher. The researcher conducting the interviews will provide details of the location, date, and time of the interview to the PI or co-PI. The researcher will send a message to the designated person prior to the interview and a second message once the interview is completed.</p>
<p>Covid-19 Participants and researchers could get infected by the virus whilst taking part in fieldwork</p>	<p>Fieldwork will only take place in accordance with national, or local, guidelines or restrictions.</p>

Data security

Participants include both survivors and professionals working with them. Survivors are a vulnerable group that could potentially suffer harm (both physical and psychological) if some of the information / their identity was to be stolen or lost. There is also a risk for the

professionals involved in the evaluation if they provide negative views of the project and quotes are associated with them.

The evaluation team uses several methods to reduce the possible impact on participants. All data is pseudonymised and personal data is kept in password protected documents. The research team will not use personal computers or portable IT (e.g. phones) when analysing data, but will instead use PCs/laptops issued by their institutions that are encrypted and have screens that lock after 5 minutes.

At both MMU and Wirral Children's Services access and permissions are controlled. Data will not be transferred directly between MMU and Wirral staff. If file transfer is necessary between MMU and Wirral staff we will share documents using SharePoint/OneDrive so that files remain within controller systems. Otherwise we will use an encrypted file transfer method (e.g. DropBox). All documents will be encrypted and password protected. Passwords will be sent via a different mean to the one used for the documents.

MMU will share personal data with ORS (Opinion Research Services), which is based in Swansea. ORS is sub-contracted by MMU to conduct computer assisted telephone interviews with survivors of domestic abuse to capture their views on the programme. ORS will be provided with the contact details of the 216 families in Wirral that the programme will be working with. This will be supported by the local authority who will not only provide the relevant information but also secure consent from carers. The institution will not share any personal data collected during the evaluation with any third parties. MMU and ORS will be bound by a data sharing agreement.

Participants will provide informed consent for the evaluation team to access their case records (e.g., notes from DAPPs and DAFAs, referrals to support services) to provide important contextual information for the case studies. When giving us access to their records, participants may be sharing a large amount of data, some of which may be sensitive and not directly relevant to the evaluation. The evaluation team will conduct a cleansing exercise, where the information that is not directly relevant to the evaluation will be immediately deleted.

Where possible, the data will be anonymised prior to being shared with the evaluation team. When this is not possible, the evaluation team will anonymise the datasets by replacing identifiers with codes. The list of codes will be stored in a separate document. All documents containing personal data will be password protected. Research participants' names or other identifying information will never be used as a document reference or file name. Field notes will be stored on a secure server with access restricted to only those members of staff in the project team that are entitled to view data under the terms of the Data Processing Agreement.

No names or identifiable information will be used in reports. Where quotes are used in reports they will be only attributed to broad types of participant e.g., 'survivor', 'manager' or 'front-line worker' to provide the reader with sufficient context but not sufficient to identify individuals.

Data Handling

All data will be handled in accordance with GDPR regulations, the UK Data Protection Act 2018, and any regulations made pursuant to it. With the data subject's consent, the evaluation will access and process special categories of personal data. These include the participants' name and phone numbers, respondent's demographic characteristics (i.e., sex, gender, age, and ethnicity of all family members), personal circumstances including housing and the circumstances of their children (i.e., living with them, their partner, other family members or in care). These will provide important contextual information to understand what works, for whom, under which circumstances.

Interview transcripts will be uploaded on NVivo. Administrative data and survey responses will be uploaded on SPSS or Stata. All data handling will follow GDPR requirements.

Field notes will be anonymised at source and identifiers will be replaced with codes. Field notes will be written up and electronic files created. Research participants' names or other identifying information (organisation, specialism etc) will never be used as a document reference or file name. Data will be password protected. Field notes will be stored on a secure server with access restricted to only those members of staff in the project team that are entitled to view data under the terms of the Data Processing Agreement.

MMU is responsible for the analysis. The research team will not use personal computers or portable IT (e.g. phones) when analysing data, but will instead use PCs/laptops issued by their institutions that are encrypted and have screens that lock after 5 minutes. All data gathered for this project will only be shared between and viewed by the project team of Fox, Morris, Ozan, and Gellen. Besides this research team, access will be granted to authorised representatives from the University to permit study-related monitoring, audits and inspections.

The grant agreement specifies that any data that is used in producing any impact analysis may be transferred to the WWCS data archive on their request. This may include personal data, which while pseudonymised, should contain necessary IDs so as to link with other data sets, as well as all variables used in the analysis. This archive is hosted and stored by the Office of National Statistics ("ONS") 'Secure Research Service' on the WWCS behalf. WWCS are the data controller and access to any data stored within the archive is therefore controlled by the ONS and WWCS only. This does not apply to the qualitative data gathered through interviews or workshops. All identifiable personal data will be deleted once the project is completed. Pseudo-anonymised data will be kept for 3 years after the completion of the evaluation.

Personnel

Our team is led by **Professor Chris Fox** who will act as project director. **Dr Jessica Ozan** will act as project manager and will lead the development of the programme theory of change and the empirical work. The impact evaluation feasibility element of the work will be led by **Professor Stephen Morris**. They will be supported by **Sandor Gellen**. The survey of primary caregivers will be undertaken by **Opinion Research Services (ORS)**.

Risks

Risk	Mitigation
Covid19 affects fieldwork Likelihood: High Impact: Low	As we are all getting used to remote working, workshops can easily be moved to an online setting. The survey is conducted via telephone interviews. The face-to-face interviews for the longitudinal case studies will have to comply with national or local restrictions (i.e. lockdown or tiering system). They may need to be conducted remotely. In this case, we will try to facilitate video conferences rather than telephone interviews, but will be responsive to the participants' preference.

<p>Survey response rate is low Likelihood: High Impact: Medium</p>	<p>The evaluation team will meet with social workers to present the evaluation and increase buy-in.</p> <p>Information sheet clearly explains the purpose of the survey.</p> <p>The survey is delivered via telephone interviews rather than online, by ORS who has extensive experience of undertaking telephone interviews with victims of crime.</p>
<p>Data necessary for the evaluation is not available Likelihood: Medium Impact: Medium</p>	<p>Data sharing agreements will be established.</p> <p>The evaluation team will meet with the data manager to discuss evaluation needs and ensure survivors give their consent for their data to be shared.</p> <p>The evaluation will undertake an inventory of quantitative, statistical data held by the authority concerning families eligible for this intervention. It will consider whether the administrative data available is adapted to test the theory of change, whether the demographic, needs, and other service related characteristics of families can be quantified.</p>

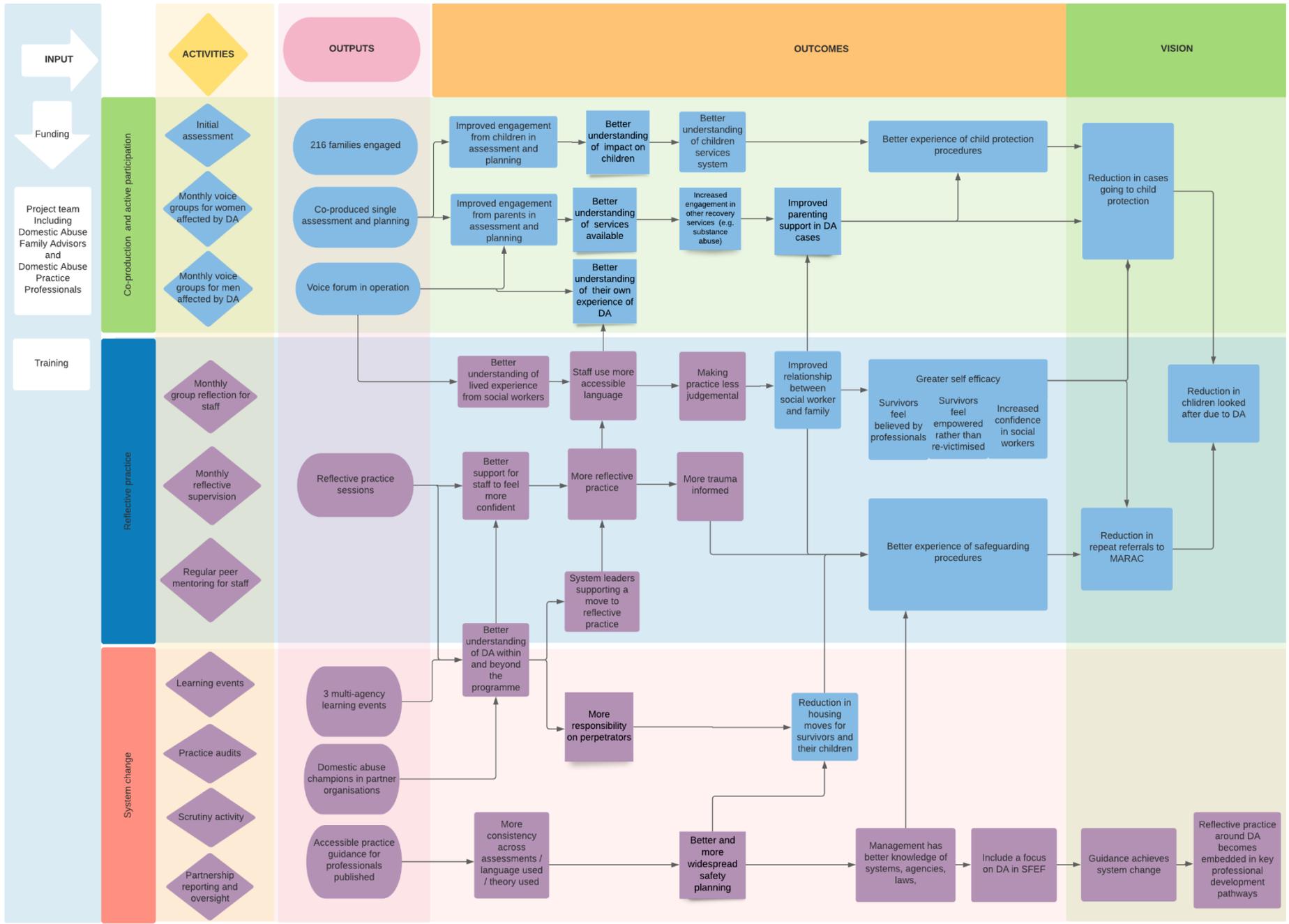
Timeline

Phase	Timing	Lead
Refine evaluation design	February 2021	MMU
Theory of Change	January and February 2020, updated July 2020 and February 2021	MMU
Case studies wave 1	March and September 2021	MMU
Case studies wave 2	July and December 2021	MMU
Survey	From March 2021 onwards	MMU
Administrative data	From January 2021 onwards	MMU

Interim reporting	July 2021	MMU
Economic evaluation Impact feasibility study	From March onwards	MMU
Impact feasibility study	From April onwards	MMU
Pilot report	March 2022	MMU

Appendices

1. Logic model
2. Leaflet for Theory of Change workshop
3. Information sheet for Theory of Change workshop
4. Consent form for Theory of Change workshop
5. Consent form for case studies



Theory of Change Workshop

What? Why?

What is it?

Every programme is underpinned by a theory of how it is supposed to bring about change. This theory can be implicit or explicit. A theory of change workshop aims to articulate and iron out the assumptions behind a programme. 'We Can Talk About Domestic Abuse' already has a logic model, which shows the activities and expected results. We will dig deeper into that and consider how this all links together.

Why am I invited?

You have been invited because of your role as a strategic thinker or front line staff in the programme. We are interested in hearing about your understanding of the programme. Your opinions are valuable. The workshops will gather a small number of participants (n=10-15 in total). A workshop with survivors of domestic abuse that have been involved in the development of the programme will take place separately.

What will we do?

You will be asked to take part in two workshops. The workshops will take place virtually and last 2.5 hours including a break. They will be facilitated by a researcher, Dr Jessica Ozan, who will propose activities that will help you think about what the 'We Can Talk About Domestic Abuse' programme is trying to achieve (outcomes) and how it intends to achieve it. During the first workshop, we will start with the logic model that has been produced for the programme and spend some time clarifying what steps are required for different outcomes to be achieved. During the second workshop, we will identify the conditions you believe have to unfold for the programme's long-term goals to be met. We will talk about what may help the process and what may prevent success. With your permission, the online workshops will be recorded and solely used as notes to support the articulation of the Theory of Change.

Why are we doing this?

This workshop is part of a larger evaluation project being undertaken by researchers at Manchester Metropolitan University. The overall evaluation will assess the effect of the programme (Is it working? Yes/no), the process of implementing the programme and the context within which implementation has taken place. The workshop will help us focus the evaluation, refine our evaluation questions and shape later evaluation activities.

Other information

Duration of the workshop: 2.5 hours, including a 30 minute break.

Preparation needed: None, just come along.

Next steps: Let Elizabeth know if you are interested. You will receive a consent form and information sheet that provide more detail.

Participant Information Sheet

'We Can Talk About Domestic Abuse' Evaluation

1. Invitation to research

We would like to invite you to take part in the evaluation of the 'We Can Talk About Domestic Abuse' programme. My name is Jessica Ozan and I am a Research Associate at Manchester Metropolitan University.

Let's Talk About Domestic Abuse is a programme that is trying to develop new ways of working to improve the experience of social care processes for those parents and children affected by domestic abuse so that they feel believed, supported and empowered, whilst being appropriately safeguarded. Our study will capture the staff and survivors experience of the programme and examine how it may bring change over time. We are also looking at the best way to measure this change in the future.

At this stage, we would like to conduct Theory of Change workshops. Every programme is underpinned by a theory of how it is supposed to bring about change. This theory can be explicit, or implicit. A theory of change workshop aims to articulate and iron out the assumptions behind a programme.

The research is funded by the What Works for Children's Social Care centre and is being conducted by staff at Manchester Metropolitan University.

2. Why have I been invited?

You have been invited because of your role as a strategic thinker or front line staff in the programme. We are interested in hearing about your understanding of the programme. Your opinions are valuable. The workshops will gather a small number of participants (n=10-15 in total). A workshop with survivors of domestic abuse that have been involved in the development of the programme will take place separately.

3. Do I have to take part?

It is up to you to decide. We will describe the study and go through the information sheet, which we will give to you. We will then ask you to sign a consent form to show you agreed to take part. You are free to withdraw at any time, without giving a reason.

4. What will I be asked to do?

You will be asked to take part in two workshops. The workshops will take place virtually and last 2.5 hours including a break. They will be facilitated by a researcher who will propose activities that will help you think about what the 'We Can Talk About Domestic Abuse'

programme is trying to achieve (outcomes) and how it intends to achieve it. During the first workshop, we will start with the Theory of Change that has been produced for the programme and spend some time clarifying what steps are required for different outcomes to be achieved. During the second workshop, we will identify the conditions you believe have to unfold for the programme's long-term goals to be met. We will talk about what may help the process and what may prevent success. With your permission, the online workshops will be recorded and solely used as notes to support the articulation of the Theory of Change.

5. Are there any risks if I participate?

There are no anticipated risks to your participation.

6. Are there any advantages if I participate?

There are no direct benefits in your participation. Your insights will help us refine our evaluation questions and tools.

7. What will happen with the data I provide?

When you agree to participate in this research, we will collect from you personally-identifiable information.

The Manchester Metropolitan University ('the University') is the Data Controller in respect of this research and any personal data that you provide as a research participant.

The University is registered with the Information Commissioner's Office (ICO), and manages personal data in accordance with the General Data Protection Regulation (GDPR) and the University's Data Protection Policy.

We collect personal data as part of this research (such as name, telephone numbers or age). As a public authority acting in the public interest we rely upon the 'public task' lawful basis. When we collect special category data (such as medical information or ethnicity) we rely upon the research and archiving purposes in the public interest lawful basis.

Your rights to access, change or move your information are limited, as we need to manage your information in specific ways in order for the research to be reliable and accurate. If you withdraw from the study, we will keep the information about you that we have already obtained.

We will not share your personal data collected in this form with any third parties.

If your data is shared this will be under the terms of a Research Collaboration Agreement which defines use, and agrees confidentiality and information security provisions. It is the University's policy to only publish anonymised data unless you have given your explicit written consent to be identified in the research. **The University never sells personal data to third parties.**

We will only retain your personal data for as long as is necessary to achieve the research purpose. The recording of the workshops will be deleted once the Theory of Change is produced. No names will appear in the report.

For further information about use of your personal data and your data protection rights please see the University's Data Protection Pages (<https://www2.mmu.ac.uk/data-protection/>).

8. What will happen to the results of the research study?

The results of the Theory of Change workshops will form part of the evaluation report. Prior to this, the Theory of Change will be circulated to participants for validation.

9. Who has reviewed this research project?

The research has been reviewed by Manchester Metropolitan University Research Ethics and Governance Committee.

10. Who do I contact if I have concerns about this study or I wish to complain?

If you have questions about the evaluation, please contact Jessica Ozan by email j.ozan@mmu.ac.uk or by phone 161 247 3013.

If you have any concerns or complaints about the evaluation, please contact the Chair of Faculty Research Ethics and Governance Committee, Arts & Humanities, Prof Susan Baines by email s.baines@mmu.ac.uk or by phone 0161 247 2511

If you have any concerns regarding the personal data collected from you, our Data Protection Officer can be contacted using the legal@mmu.ac.uk e-mail address, by calling 0161 247 3331 or in writing to: Data Protection Officer, Legal Services, All Saints Building, Manchester Metropolitan University, Manchester, M15 6BH. You also have a right to lodge a complaint in respect of the processing of your personal data with the Information Commissioner's Office as the supervisory authority. Please see: <https://ico.org.uk/global/contact-us/>

THANK YOU FOR CONSIDERING PARTICIPATING IN THIS PROJECT

CONSENT FORM

Wirral Let's Talk About Domestic Abuse Theory of Change

Participant Identification Number:

Please tick your chosen answer		YES	NO
1.	I confirm that I have read the participant information sheet version 2 , date 06.01.21 for the above study.	<input type="checkbox"/>	<input type="checkbox"/>
2	I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>	<input type="checkbox"/>
3	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.	<input type="checkbox"/>	<input type="checkbox"/>
4	I agree to participate in the project to the extent of the activities described to me in the above participant information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
5	I agree to my participation being video recorded for analysis. No video clips will be published without my express consent (additional media release form).	<input type="checkbox"/>	<input type="checkbox"/>
6	I give permission for the researchers named in the participant information sheet to contact me in the future about this research.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant

Date

Signature

Name of person
taking consent

Date

Signature

CONSENT FORM [still under review]

We Can Talk About Domestic Abuse Evaluation

Case studies

Participant Identification Number:

		Please tick your chosen answer	
		YES	NO
1.	I confirm that I have read the participant information sheet version 1 , date 21.01.21 for the above study.	<input type="checkbox"/>	<input type="checkbox"/>
2	I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	<input type="checkbox"/>	<input type="checkbox"/>
3	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.	<input type="checkbox"/>	<input type="checkbox"/>
4	I understand that the research team will not tell anyone else what I have said, unless I say something that suggests someone may be hurt or in danger.		
5	I agree to participate in the project to the extent of the activities described to me in the above participant information sheet.	<input type="checkbox"/>	<input type="checkbox"/>
6	I agree to my participation being audio recorded for analysis. No audio clips will be published without my express consent (additional media release form).	<input type="checkbox"/>	<input type="checkbox"/>
7	I give permission to the research team to invite my partner / ex partner to take part in an interview.		
8	I give permission for the researchers named in the participant information sheet to contact me in the future about this research.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant Date Signature

Name of person taking consent Date Signature