

Ending the Cycle of Abuse



An evaluation of Elmore's
Family Solutions Plus
Domestic Abuse Service
for Victims/Survivors
and Perpetrators

Report commissioned
and service delivered by:



Service commissioned by and
delivered in partnership with:



Elmore's Family Solutions Plus (FSP) Domestic Abuse Service Evaluation

Financial Years Covered: 2021/22 and 2022/23
Service: Family Solutions Plus (FSP) Domestic Abuse

January 2023

Foreword

Every child should have an equal chance in life. Every parent or guardian should have the chance to feel empowered and effective. However, some children and their families face greater challenges and barriers to achieving their potential than others, and that is why Elmore provides support to domestic abuse victims/survivors and perpetrators.

Elmore's role in the Family Solutions Plus model is to support these individuals, be more preventative, and address the parental needs that lead to abuse and neglect. Elmore's domestic abuse caseworkers listen, engage, and attempt to understand. They build trust with families and the social workers and other professionals that we work alongside. Ours is a collaborative approach, and it works.

This evaluation shows requests for intervention, assessments and clients supported rising in the year. Empowerment and Change Outcome Stars, used to aid recovery, are also evidencing our impact:

- Our workers help to improve perpetrator attitudes, communication skills, and relationships with family members. Changing the attitudes of perpetrators, particularly towards women, is a vehicle for lasting change, and this is the category for which the highest percentage improvement was observed (a 93% improvement, meaning the score almost doubled).
- Our workers help to improve the lives of victims/survivors with support around legal issues, money, accommodation, and work; improving support networks, safety, health and well-being, and relationships with children. The largest percentage increase (24%) is seen with the empowerment and self-esteem of victims/survivors.

This evaluation brings a quantitative analysis of our impact, supported by case studies and stories told by clients with the Most Significant Change methodology. This combination of methods brings to life the reality and challenge of Elmore's domestic abuse service. As this evaluation shows, there is no one type of domestic abuse.

Accompanying the evaluation is a new podcast series which features the voices of some of the women who have created and led this service. This includes Elmore's perpetrator caseworkers Kerry and Irina; their team manager Tilly, a supporter and partner of Elmore's Laura Clements at Oxfordshire County Council; and Liz who co-designed the programme and Sadia who first managed the service. It has been an honour to work alongside these women, hear their insights, and see their leadership. Please stream or download the podcast series '[Ending the Cycle of Abuse](#)' now—it is a fantastic listen.

This evaluation brings to life the positive impact which Elmore's workers are making to adults and children, walking alongside both to help end the cycle of domestic abuse affecting their lives. Everyday Elmore's domestic abuse workers make a positive difference in the lives of victims/survivors and perpetrators, and I am very proud of the service and the caseworkers responsible for this change.

Tom Hayes

Chief Executive



Elmore’s Research and Evaluations

Evaluating Elmore’s Tenancy Sustainment Service (2022)

Elmore’s tenancy sustainment service supports vulnerable people to develop the tools to remain in their own council homes. The evaluation uses data for the financial years 2016/2017 - 2021/2022 to understand the profile of clients in this service, providing insights into the prevalence of domestic abuse, sexual violence, and modern slavery (cuckooing). It also utilises a cost-effectiveness analysis to identify that Elmore’s service has saved the public purpose more than £535K in the period covered by this evaluation, although the cost saving for particularly complex clients can be far higher.



Evaluating the impact of Elmore’s Waiting List Engagement Role (2022)

Elmore developed a waiting list engagement role to offer support during the pandemic and better understand the needs of potential clients. This evaluation reflects on the impact of the role.



Evaluating Elmore’s Complex Needs and Mental Health Floating Support Services (2022)

Elmore’s complex needs and mental health floating support services enable people to stabilise their lives and provide practical and emotional support to manage their mental health. This evaluation uses data for the financial years 2016/2017 to 2020/2021 to understand how a person requiring support becomes a client and the outcomes of support. It utilises a cost-effectiveness analysis to identify that Elmore’s services have saved the public purse £1.9m over five years.



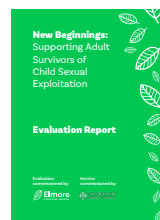
Researching the extent and nature of Modern Slavery in Oxford (2022)

This ground-breaking research has used a case-based methodology to identify that there may have been between 319 and 442 ‘possible’ or ‘very likely’ cases of modern slavery in Oxford City from 2016 to 2020. This is considerably higher than the number of cases recorded by Thames Valley Police and is leading to the development of an action plan by the Oxfordshire Anti-Slavery Network, which Elmore co-chairs. A podcast series about this ground-breaking research, including conversations with the UK’s Independent Anti-Slavery Commissioner, can be listened to [here](#).



Evaluating Elmore’s New Beginnings for Adult Survivors of Child Sexual Exploitation (CSE) Service (2021)

Elmore has supported adult survivors of child sexual exploitation (CSE) since 2016, following Operation Bullfinch which uncovered 300 people who had potentially been victims of CSE in Oxfordshire from 1999 to 2014. An independent evaluation and a 360-degree reflection on the service’s operation and impact (including during the COVID-19 pandemic) was concluded in 2021. A podcast about the New Beginnings evaluation can be listened to [here](#).



Elmore's Podcasts

Podcasts are hugely popular and a great way to open up discussions

Elmore is looking for new ways to stay in touch with our supporters and keep our partners in the know about our latest news. Listen to the podcasts about the issues facing our clients and the services that we deliver. Our podcasts feature experts from inside Elmore and our networks, and below we provide a selection of podcast series that address domestic abuse and ending violence against women and girls.

Listen to conversations about Elmore's domestic abuse perpetrator interventions and Ending the Cycle of Abuse

'Ending the Cycle of Abuse' is a new podcast from Elmore that accompanies this evaluation. The four episodes in the podcast series aim to get inside the minds of those who choose to be abusive. The podcast draws on Elmore's service for perpetrators as part of Family Solutions Plus, the model commissioned by Oxfordshire County Council.

The only voices you'll hear belong to the women who created the interventions or managed the teams delivering them or directly delivered the interventions themselves. This is a deliberate choice to ensure the experiences of women underpin conversations about how to prevent mainly male abusers from harming mainly female partners.

The series is hosted by Liz Jones, who developed the programme and helped to establish the service, and Sadia Hussain, who managed the team providing interventions for perpetrators and victims/survivors.

Episode 1: Society—does it make abusers, and can it change abusers?

This episode explores society's role in conditioning abusers and whether people who abuse can change.

Episode 2: Abusers—how do we change them and what does it take?

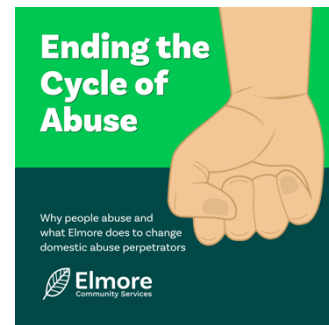
Featuring Elmore perpetrator caseworkers Kerry and Irina and team manager Tilly, this episode explores the enablers of change for abusers and the interventions that can lead to change.

Episode 3: Perpetrator Programmes—how do they benefit partners and children?

Featuring Oxfordshire County Council's Laura Clements, this episode explores why we need perpetrator programmes, what they can and can't achieve, and their benefits to partners and children.

Episode 4: Myths and Stereotypes—what are they and how do we change them?

This episode investigates the misconceptions and stereotypes that influence how society perceives abusers and victims/survivors.



Listen to conversations about Flipping the Narrative on violence and abuse towards women and girls

Sarah Everard's death provides a teachable moment for men to be actively involved in new conversations to end misogyny. With the podcast's encouragement to 'pass it on' to other men, Flipping The Narrative shows men that they can help each other to sit up, start conversations, and support each other and women.

Flipping The Narrative is the new podcast from Elmore Community Services, hosted by Luke Jerdy and Liz Jones, accompanied by a new spoken word performance by Luke who is also known for his portrayal of Jesse Donovan in Channel 4's Hollyoaks from 2016 to 2020. Liz has worked in the Violence against Women and Girls field for 16 years and has facilitated and developed programmes for men who choose to be abusive and violent towards partners.

Episode 1: What it means to be a man

In 'What it Means to be a Man', we talk to Josh and Conroy about their experiences of what masculinity meant to them growing up and how gender roles are embedded within our society. We question the effect expectations are having on young men today and how society is getting better at challenging these stereotypes. We dig into how trauma early in life affects men's views on their own masculinity and what can be done to change this.

Episode 2: Growing up as an angry young man

Actor George Bukhari joins us for this deeply personal episode about how the death of his Dad when he was 8 gave him anger issues which were later diagnosed as trauma induced anger by a therapist. We discuss the implications of growing up being angry has on romantic relationships, friendships and ultimately how it makes you feel about yourself. We also talk about how anger is generally accepted by society as a 'masculine' trait and what we can do to change that perception

Episode 3: Sexual harassment in the unlikeliest of places

In this episode, we are joined by barrister Grace Gwynne. We first became aware of Grace after seeing her TED Talk, Fighting For a Place in the Old Boys Club - law is one of the oldest professions in the world but still to this day its incredibly dominated by men. In court rooms - the place where justice is done - sexual harassment is happening. Not by the people being convicted - but by the people who are prosecuting and defending.

Episode 4: Should misogyny come with jail time?

In this episode former Police Superintendent Rod Diaz is our guest on this episode to talk about his experience of misogyny within the Metropolitan Police Force from the 80s up to the present day, and the changes he's seen in that time. As has been highlighted recently with tragic high profile cases such as that of Sarah Everard, Rod feels there is still a long way to go in eliminating this misogynistic culture from our police force and we discuss what needs to happen to really make a difference.



Episode 5: Are you watching the right kind of porn?

In this episode we're joined by Abi Wycherley, a Violence Against Women and Girls Coordinator, and Dan Leigh who works to rehabilitate sexual offenders at Circle South East, to talk about the impact of porn on young men and how watching pornography can have a lasting impact on their future relationships. We talk about the need for proper Sexual Education in schools, ethical porn that focuses more on highlighting the intimate side of sex, and why revenge porn is on the rise and what can be done about it.

Episode 6: Breaking the Cycle

Delroy Taylor joins us for this incredibly personal episode to share his story of growing up with an abusive step father and how that led to him having issues with alcohol as an adult. Del tells us how he's managed to start to come to terms with what happened to him as a child and how giving up alcohol played a massive part in that. We discuss why there needs to be more support for children going through similar issues and what that could look like going forward.

Episode 7: Men making a stand

In this episode, we are joined by Dr Stephen Burrell, an Assistant Professor in the Sociology Department at Durham University, the Deputy Director, Durham Centre for Research into Violence and Abuse, and trustee for the charity White Ribbon, a leading charity that is ending men's violence against women by engaging with men and boys to make a stand against violence.

Episode 8: What it means to be a father

In this episode we're joined by father of five Jay Worthy for this episode to discuss what it means to be a father. Jay has a mix of boys and girls - or "both flavours" as he calls it - and we talk about his approach to fatherhood and the concerns he has for both his boys and his girls as they grow up in our society.

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1 Introduction

1.1 Elmore Community Services

Elmore is a Thames Valley provider of mental health, complex needs, domestic abuse (perpetrators and victims/survivors), high intensity need, and personality disorder services. Founded in 1989 with the mission of supporting citizens deemed “difficult to place” because they were living on the margins of society, Elmore uses a creative, flexible approach to innovate solutions.

Clients will have multiple support needs which may involve mental ill health, personality disorder, rough sleeping, tenancy insecurity, homelessness, substance, and alcohol misuse, eating disorders, self-harm, offending, physical disability, learning difficulties, modern slavery, domestic abuse, sexual violence, sex working, or experience of abuse, victimisation, and neglect.

Elmore’s strength lies in its expert, cohesive staff. Empathic, knowledgeable individuals are recruited and embedded within open and supportive teams. Client support will be underpinned by strong values and great importance is placed on the recruitment of people with congruent values and practice.

The team exchanges knowledge frequently and easily. Elmore has a culture which prioritises the needs of the clients and staff over individual egos, and the team preserves the culture that no question is too small or naïve to be put to the group. Relevant help swiftly follows.

Clients have chaotic lives and often can distrust statutory agencies. Elmore has an essential role in this to build trust, create and maintain engagement, and ultimately support people to meet their needs. Elmore’s ethos of non-judgemental, unconditional positive regard enables clients to trust and engage with help and advice.

1.2 Family Solutions Plus

Family Solutions Plus (FSP) is a collaborative partnership model to safeguarding being trialled by Oxfordshire County Council in partnership with Elmore and other local third-sector providers following a successful trial in Hertfordshire. Oxfordshire is one of a number of councils to adopt the model across the country because the number of children cared for by local authorities, locally and nationally, is growing. In Oxfordshire, the number had risen from 413 in 2013 to 776 at the end of March 2021.

By investing in the Family Safeguarding model in July 2019, Oxfordshire sought to safely reduce the number of children that the local authority cares for, thereby positively impacting on spending levels by reducing children’s social care costs via placements and reduced demand for casework. Although the service’s introduction on 2 November 2020 was impacted by the pandemic, children and families may well have suffered more, and the service put under greater stress, without its introduction.

There are 16 multi-disciplinary Family Solutions Plus Teams, based in localities throughout the county, co-located with 8 Early Help Teams. Team and service structures were entirely remodelled, and Adult-Facing Practitioners (AFP) introduced in all teams. These multi-disciplinary teams work with families to address parental vulnerabilities and support children to remain with families. They work in the community alongside early help teams, enabling support that can be stepped up or down, giving families the best chance of sustaining long-term changes.

The model seeks to develop a consistent relationship between a worker and a family, working together through assessment and intervention, using a motivational approach. Elmore and other third-sector providers contribute mental health, substance misuse, and domestic abuse workers to teams with

children's social workers, working to a family plan. Elmore leads the domestic abuse (victims/survivors and perpetrators) service and is a partner in the mental health partnership, based across the 17 teams.

1.3 Domestic Abuse

The Thames Valley Domestic Abuse Coordinators' Network have developed the following definition in reflection of the statutory definition for domestic abuse as defined by the Domestic Abuse Act, 2021:

“Domestic abuse is any single incident, course of conduct or pattern of abusive behaviour between individuals aged 16 or over who are personally connected to each other as a result of being, or having been, intimate partners or family members, regardless of gender or sexuality. Children who see, hear, or experience the effects of the abuse and are related to either of the parties are also considered victims of domestic abuse.”

Behaviour is abusive if it consists of any of the following:

- physical or sexual abuse; violent or threatening behaviour
- harmful practices including 'honour' killings, forced marriage, and female genital mutilation
- controlling or coercive behaviour
- economic abuse (any behaviour that has a substantial adverse effect on someone's ability to acquire, use or maintain money or other property, or obtain goods or services) *or*
- psychological, emotional, or other abuse

1.4 Elmore's FSP Domestic Abuse Service

Elmore's domestic abuse workers support parents/guardians with children in need or child protection cases, who have been victims/survivors and/or perpetrators of domestic abuse. Elmore provides a safe space for victims/survivors and perpetrators. Elmore will work alongside people to recognise, acknowledge, and change harmful and controlling behaviours.

Elmore works to help identify individual strengths and build on them, learn about the positive changes that they want to make, and support them to create lasting positive change for themselves and their families. Motivational interviewing is at the heart of the model. A single 'workbook' approach is used to assess parents' capacity for change.

For victims/survivors Elmore provides a needs-led 1-2-1 service underpinned by the Empowerment Star. Elmore will work alongside non-abusive parents to assist in setting goals for themselves and their children, as well as learning to recognise the harmful behaviours of their partners. Using a modular approach, caseworkers empower and upskill individuals to keep their family safe, increase their self-worth, and achieve their independence. As a brief intervention service, this support will be provided for several months, as required within the timeframes of the needs of the child(ren).

In addition, Elmore aims to challenge and address attitudes and beliefs that support and underpin abusive behaviours. Working alongside perpetrators, Elmore will identify and support non-abusive, respectful behaviours to increase the safety of the family. To achieve this, caseworkers deliver a 16-week group programme underpinned by group work and peer-to-peer learning, named the Programme for Creating Change. This programme covers 8 modules, each consisting of 2 sessions. These include gender roles and responsibilities, communication, and support, being a good father, conflict resolution and non-violent behaviour.

Elmore's team provides cohesive support for both victims/survivors and perpetrator simultaneously, however, support can be provided in an informed and safe manner for either parent/carer given the

imbedded approach of the FSP service. Support for high-risk victims/survivors is always provided in partnership with local IDVA services and in line with MARAC protocols.

From 1 April 2023, Elmore's FSP Domestic Abuse service will decline, measured in terms of caseworker headcount and the numbers of clients supported, because funding provided by the commissioner will reduce by a third compared with previous years.

2 Requests for intervention, assessments, and interventions

All data provided by this report is for the period from January 2022 to September 2022.

2.1 Requests for intervention

Since January 2022, the service has received 267 requests for intervention. Further analysis shows:

- 166 requests for intervention by the victims/survivors interventions
- 101 requests for intervention by the perpetrator interventions
- 18 requests for intervention by the victims/survivors intervention, per month, on average. Requests have risen on average (from 16 to 21 per month) on a trend analysis of the monthly numbers of requests for intervention
- 11 requests for intervention by the perpetrator intervention, per month, on average. Requests stay level on a trend analysis of the monthly numbers of requests for intervention
- A mean total of 29 requests for interventions each month. Elmore will regularly see more requests for intervention for victims/survivors than perpetrators. Elmore regularly reflects on the benefits of referring both parent/carers for intervention with social workers; however, this is not always possible.
- The monthly number of requests have been largely stable, with the only dips in January and June 2022. It was assumed that the low number of referrals in January may have been because of the waiting list for support for clients, but this was resolved soon and confidence in support from the service quickly recovered. Elmore has also seen a changeover in some staff members in June which may explain this drop as social workers were still building relationships with their new colleagues.

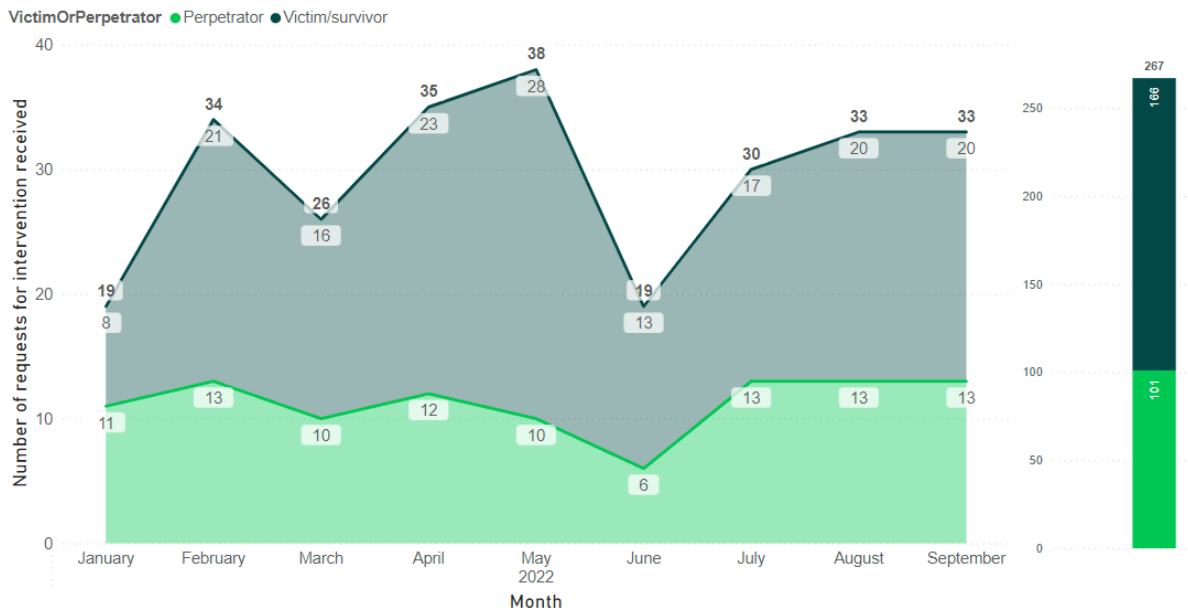


Figure 1 Number of requests for intervention received, light green are requests to the perpetrator intervention and dark green to the victims/survivors intervention. Total requests are shown in the column on the right.

2.2 Assessments

Since January 2022, the service has completed 188 assessments:

- 114 assessments for the victims/survivors interventions
- 74 assessments for the perpetrator interventions. Assessments have risen on average (from 6 to 10 per month) on a trend analysis of the monthly number of assessments, demonstrating the increased recognition of the impact of the perpetrator interventions on individuals.
- 13 assessments for the victims/survivors intervention, per month, on average. Assessments have risen on average (12 to 13 per month) on a trend analysis of the monthly number of assessments.
- 8 assessments by the perpetrator interventions have been completed, per month, on average.
- A mean total of 21 assessments have been completed across the service each month.
- The monthly number of assessments have been variable often as a result of staffing changes. In May, several new starters completed their induction, enabling them to complete a larger number of assessments that month and increase caseloads. The implementation of a new Single Point of Access has provided a more streamlined response to requests for intervention, which has led to the steady rise in assessments being completed from June onwards.

The number of requests for intervention has outstripped the number of assessments. Some requests for interventions were considered unsuitable pre-assessment or the person referred disengaged pre-assessment. Some of these referrals are still pending assessment with the team.

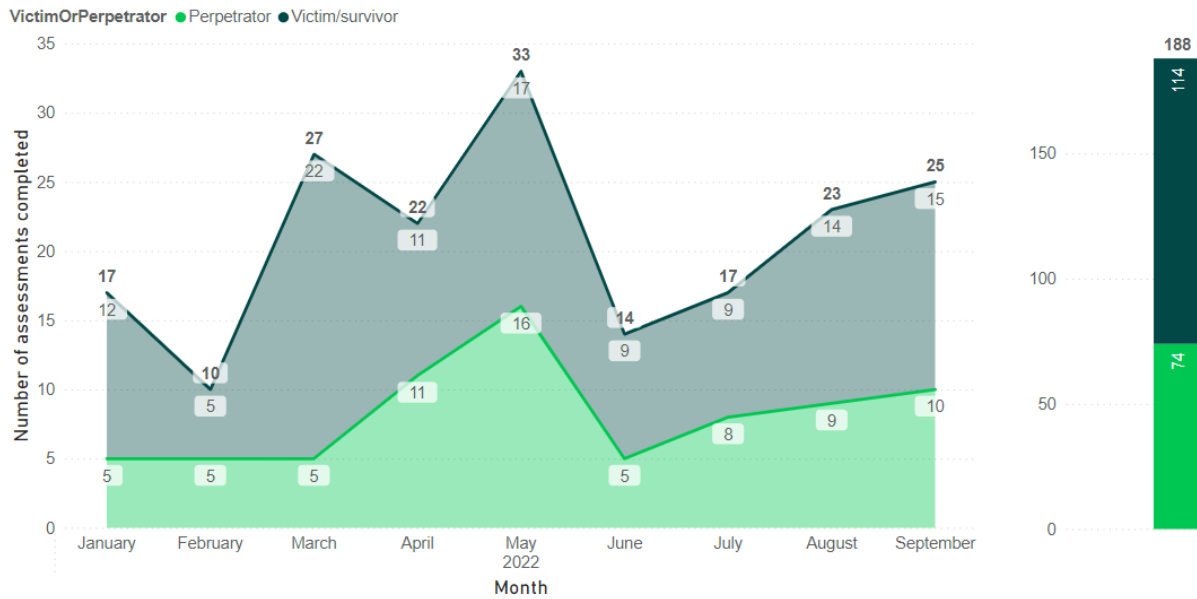


Figure 2 Number of assessments, light green are assessments by the perpetrators intervention and dark green by the victims/survivors intervention. Total assessments are shown in the column on the right.

Since January 2022, the mean time between the receipt of a request for intervention and completion of assessment is:

- about 22 days for the victims/survivors intervention
- about 15 days for the perpetrator intervention

The service will not always be able to support someone they assess. Figure 3 identifies the number of cases, per month, when somebody assessed does not become a client and explains why.

Just over 3 requests a month, on average, did not lead to support following assessment because the individual refused to engage. Just over 2 requests a month, on average, did not lead to support as the assessment deemed them to be unsuitable for support.

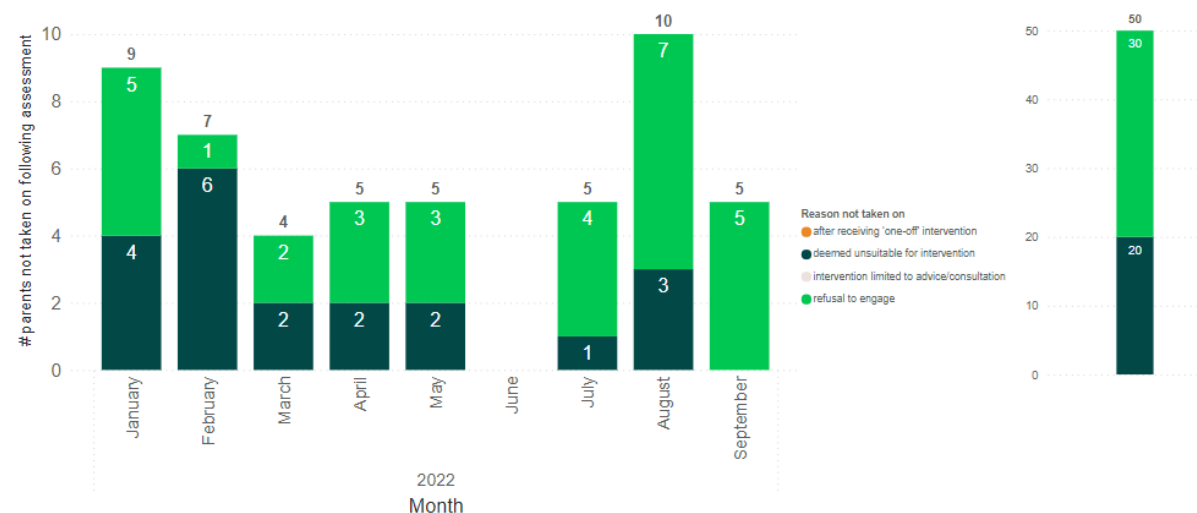


Figure 3 Number of requests closed post-assessment by reason for not taking the request on as a client. Total requests not taken on post-assessment are shown in the column on the right.

A total of 50 people had their cases closed following assessment since January 2022. Figure 4 breaks down the reasons by the victims/survivors and perpetrator interventions.

Perpetrators are more likely to refuse to engage with the service than victims/survivors and, therefore, not to be taken on post-assessment (75% of all reasons for not being taken on versus 53%).

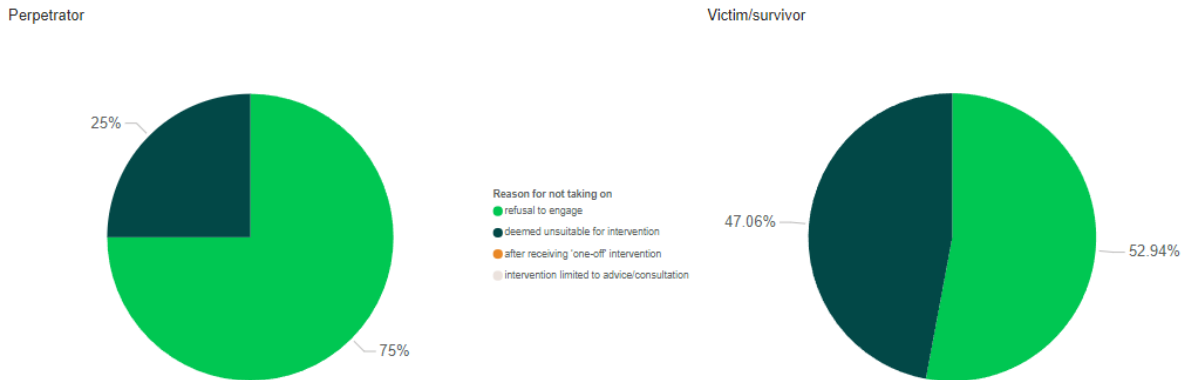


Figure 4 Percentage of requests for intervention not being taken on, broken down by reason. The left chart is requests for intervention by the perpetrator intervention, and the right to the victims/survivors intervention.

2.3 Clients taken on and receiving intervention

Since January 2022, Elmore has received 267 requests for intervention (101 for perpetrator and 166 for victims/survivors interventions), of which it has completed 188 assessments (74 for perpetrator and 114 for victims/survivors interventions).

Since January 2022, the number of requests for intervention taken on by the service is 147.

Since January 2022, the service has taken on:

- 83 victims/survivors - 9 victims/survivors per month on average. The number accepted by the intervention has risen, on average, from about 8 to 10 per month on a trend analysis.
- 64 perpetrators - 7 perpetrators per month on average. The number accepted by the intervention has stayed level at 7 per month on a trend analysis.
- A mean total of 16 clients per month. The monthly number of people accepted by the service has shown variability and this clearly correlates highly with when assessments are completed.

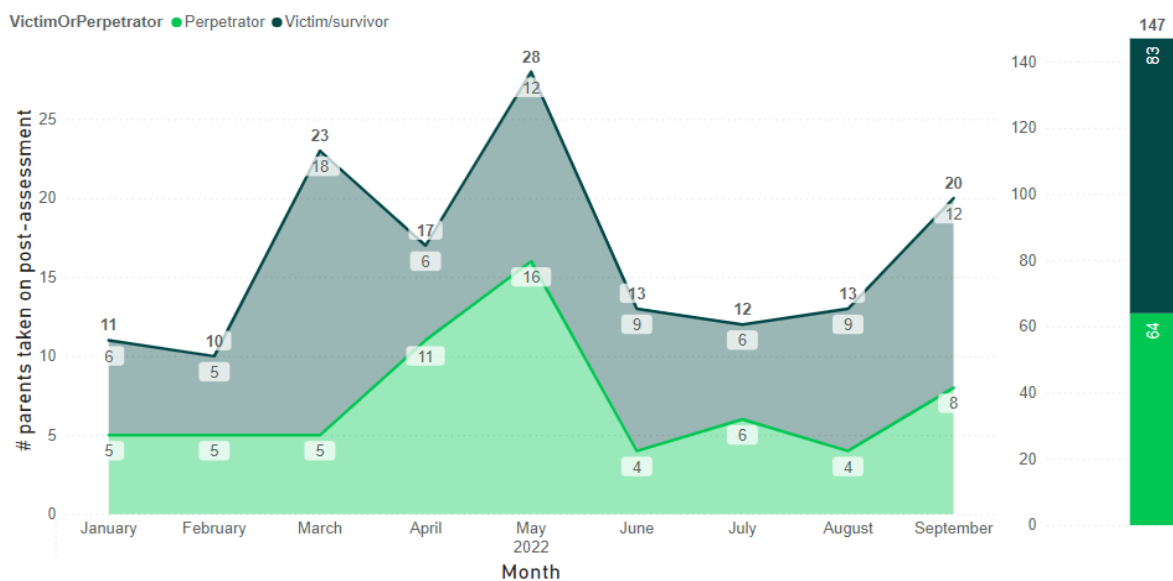


Figure 5 Number of requests for interventions taken on, light green are requests taken on by the perpetrators intervention, dark green is taken on by the victims/survivors intervention. Total requests taken on are shown in the column on the right.

If a request for intervention is deemed successful at the assessment stage, the individual is added to the caseload of their allocated worker. There have been some delays to an immediate start of an intervention because of issues such as arranging follow up appointments with parents. There has also been a high number of requests for intervention in the western part of the county, resulting in a delay to the victims/survivors caseworker in the area beginning work with new cases. In August 2022 Elmore resolved this by reallocating clients in the west to caseworkers in other areas to reduce waiting times and the waiting list.

Other delays have been due to clients struggling to find appropriate childcare during school holidays and so being unable to meet with their caseworker. Recently, procedural changes have been introduced, such as allocating victims/survivors to caseworkers in other areas; use of a single point of access with a live caseload number for each worker, so that when a client is closed to the service the caseworker receives another client from the waiting list. This helps to reduce the time between assessment and intervention and reduce the number of clients awaiting intervention per months.

It is important for Elmore to prevent delays to ensure positive engagement with clients and the safety of all family members. Figure 6 demonstrates that the measures taken to reduce the number of clients awaiting intervention have been very successful in recent months. The number of victims/survivors waiting reduced to 8 and the number of perpetrators has fallen to zero in the last month.

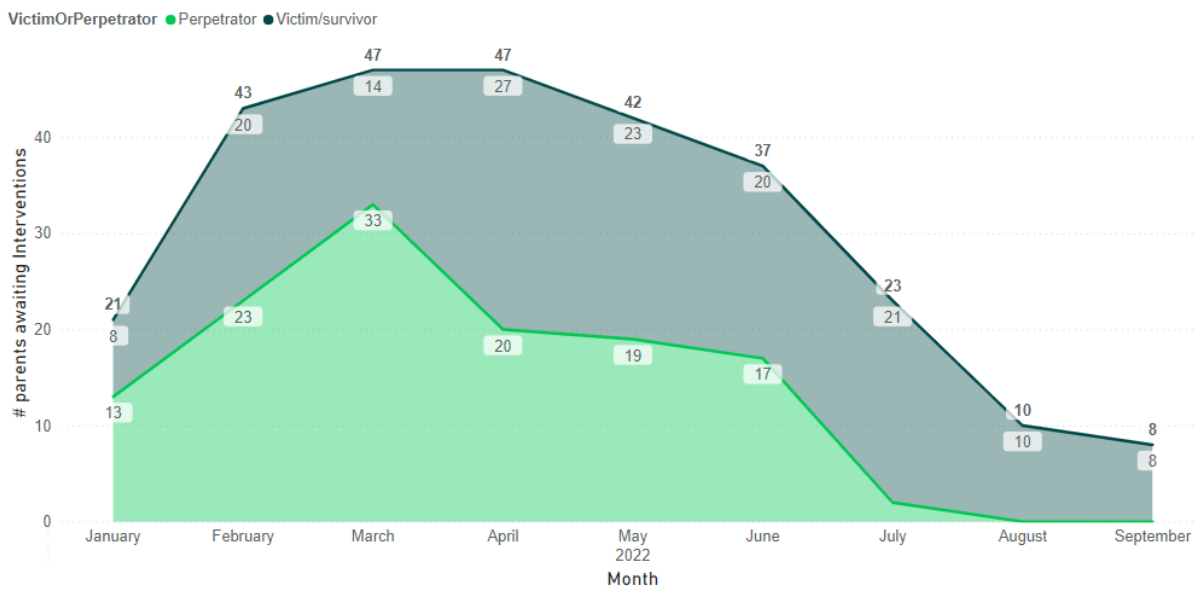


Figure 6 Number of clients taken on, awaiting intervention, by month. Light green are clients waiting for intervention by the perpetrators intervention, dark green are clients waiting for intervention by the victims/survivors intervention.

Since January 2022 Elmore had a live caseload of 68 victims/survivors and 62 perpetrators at any one time, on average. Marginally more victims/survivors were supported each month, on average, than perpetrators (52% v 48%). The live monthly caseload is the sum of clients awaiting intervention and clients receiving intervention at any point in that month. Clients are removed from the live caseload once cases are closed, meaning that they do not show up in data for the month following the one their case was closed in. Figure 7 shows the live caseload, each month, since January 2022.

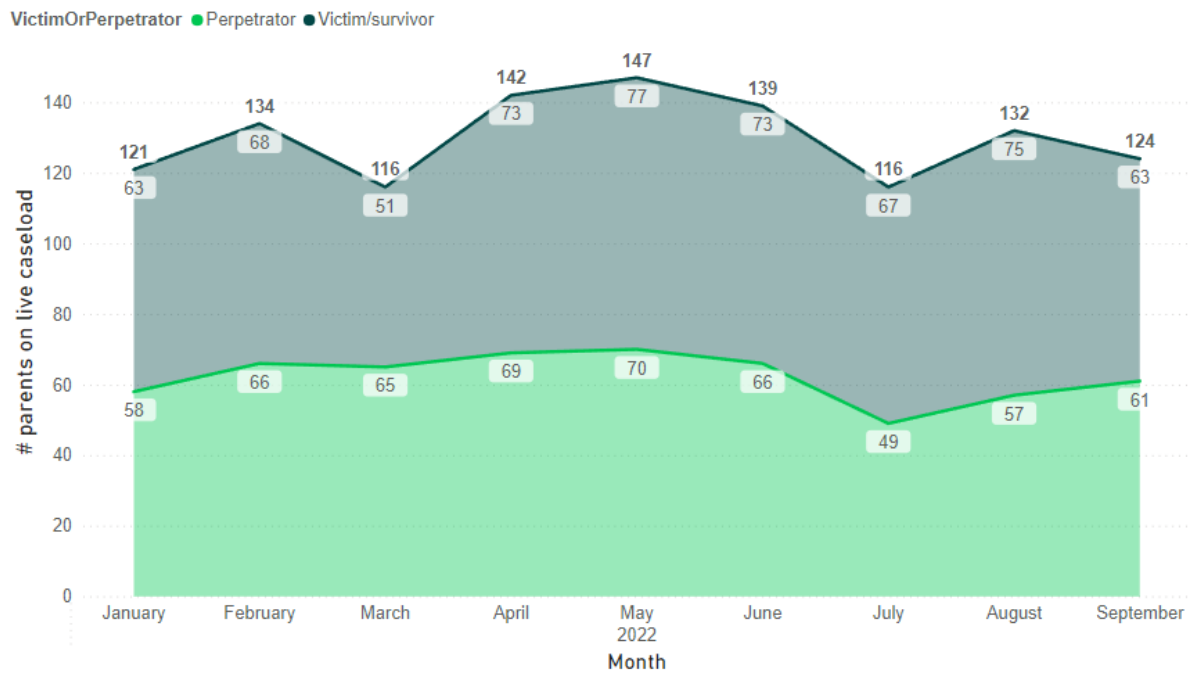


Figure 7 Number of clients on live caseload, light green are clients on the perpetrators intervention caseload and dark green are clients on the victims/survivors intervention caseload.

On average, victims/survivors wait 33 days and perpetrators 31 days to begin receiving an intervention following the request for intervention being received by the team. This duration includes the time from request for intervention to assessment and from assessment to the start of intervention. The time between assessment and the start of intervention is 11 days for victims/survivors and 16 days for perpetrators, on average.

2.4 Cases Closed

The interventions provide support to victims/survivors for 12 weeks and to perpetrators for 16 weeks.

Since January 2022, the service has closed 178 cases:

- 89 victims/survivors had their cases closed and nearly 10 victims/survivors had their cases closed per month, on average
- 89 perpetrators had their cases closed and nearly 10 perpetrators had their cases closed per month, on average
- A mean total of 20 closures each month

The monthly number of closures peak and trough because, whilst some cases get closed due to successful completion of the programme, some get closed due to an inability to engage with the client. It is common for a bloc of cases to be closed at a similar time due to a review of long-standing cases. Elmore regularly reviews cases via monthly clinical supervisions and, often at supervision, it is decided to close a service user to the service if engagement has not happened despite encouragements. There is less variation with the perpetrator cases as the group programme runs for a fixed number of weeks, whereas support provided for victims/survivors is more flexible, so case closures are less regular.

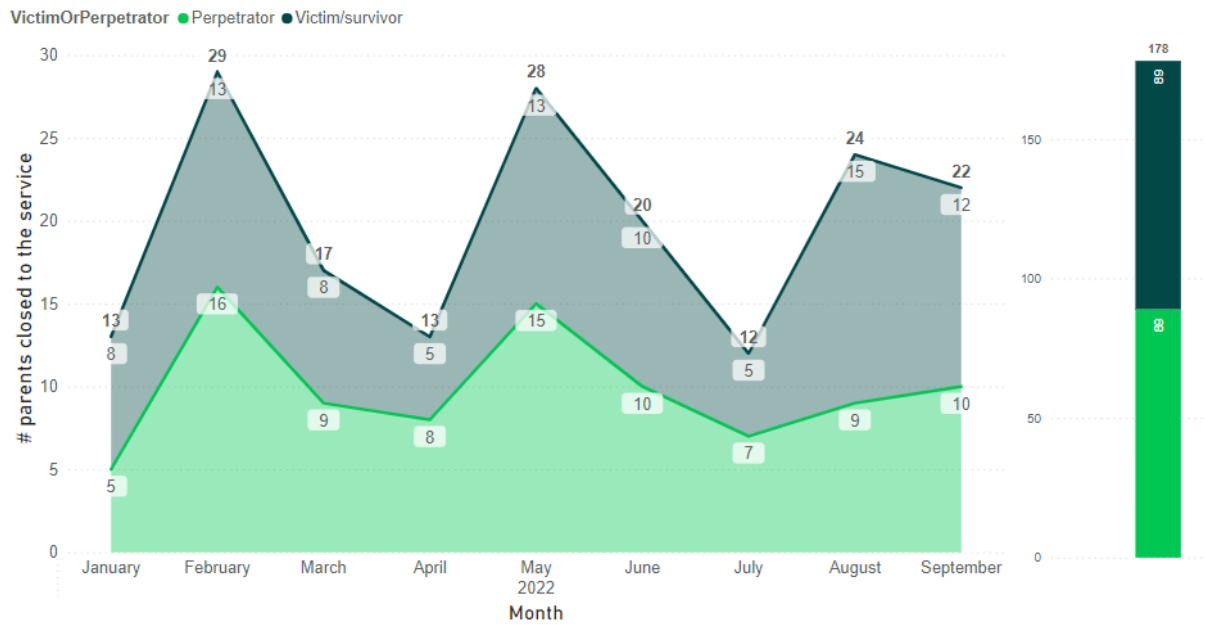


Figure 8 Number of cases closed, light green are cases closed by the perpetrator intervention, dark green are cases closed by the victim/survivor intervention. Total cases closed are shown in the column on the right.

The reason for closing the vast majority of cases is either successful completion of service (for 77 people) or disengagement (for 65 people). For the six cases closed because a client had to be removed from the service, 4 involved perpetrators, and 2 involved victims/survivors.

Both the victims/survivors were removed because it was discovered that one was the perpetrator in the relationship, and it was deemed inappropriate to continue the victims/survivors interventions with that individual.

Common reasons for perpetrators to be removed include a refusal to abide by group rules through non-attendance, disrespect to facilitators or other group member, and disguised compliance. Cases closed for other reasons are excluded because those reasons tend to sit outside the control of the service, for example clients moving to a different Local Authority, or their cases being closed by children’s social care.

The team review non-engaging clients on a weekly basis together, and all have benefited from trauma training to ensure that they are reviewing non engagement from a trauma-informed approach. All perpetrators sign a contract of participation setting out clear expectations about this. Elmore has been developing a service engagement agreement for victims/survivors.

Figure 9 shows the percentage of cases closed per month for each closure reason. On average, when external reasons are excluded, 53% of cases were closed due to successful completion of the intervention, 44% due to lack of engagement and 3% were removed from the programme.

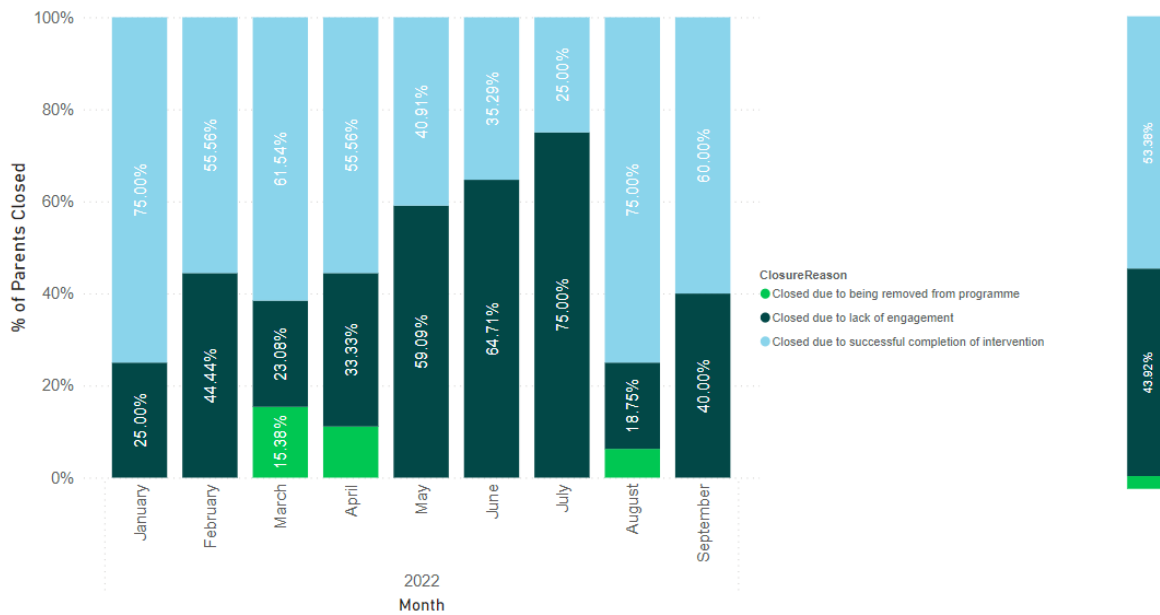


Figure 9 Percentage of cases closed by month, broken down by closure reason. The mean values since January 2022 are shown on the right.

Figure 10 breaks down the reasons why cases were closed following intervention by victims/survivors and perpetrators workers. A higher proportion of victims/survivors had cases closed due to successful completion (58% of reasons for case closure v 49%). Perpetrators were more likely to be removed from the service than victims/survivors (5% v 0%) and to have cases closed for lack of engagement (46% of reasons v 42%).

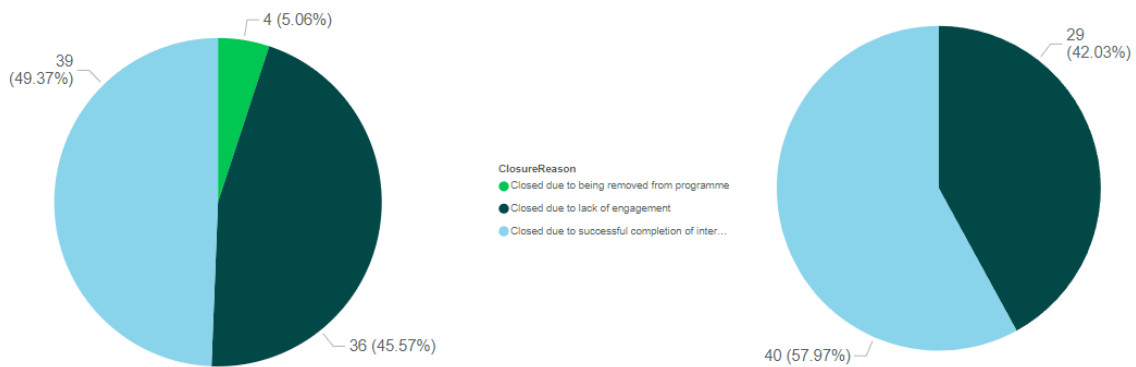


Figure 10 Percentage of case closures for each closure reason. Left is perpetrators and right are victims/survivors.

It can be difficult to engage perpetrators because they lack insight and will often not take responsibility for behaviours. This means that those perpetrators are unable to engage in meaningful work at the time. Other reasons include difficulties with work commitments, meaning perpetrators are unable to attend group. Shift work is especially difficult to plan around because of inconsistency and uncertainty about when shifts may be available. Elmore will seek to work around such timing issues with offers of 1-1 intervention. Sometimes the perpetrator will still be unable to commit to the program, though.

2.5 Meetings and supervisions

The number of family meetings conducted by the victims/survivors and perpetrator interventions teams are represented in Figure 11:

- 525 family meetings by the victims/survivors intervention team
- 607 family meetings by the perpetrator intervention team
- 58 family meetings per month, on average, by the victim/survivors team (amounting to 46% of all family meetings)
- 67 family meetings per month, on average, by the perpetrators intervention (amounting to 54% of all family meetings)

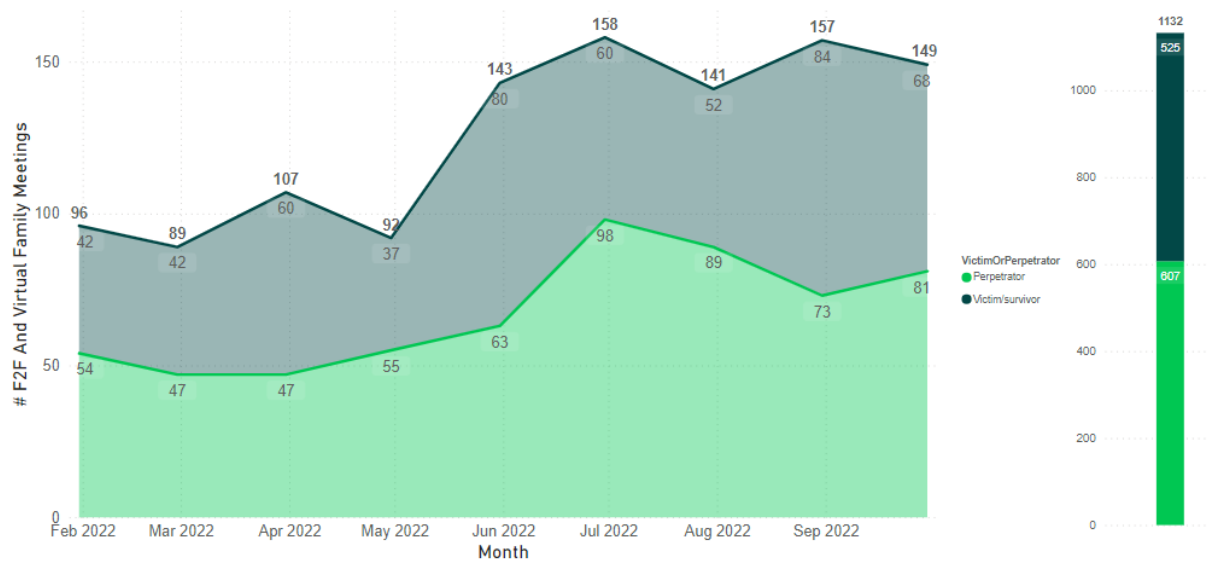


Figure 11 Number of face-to-face and virtual family meetings, light green are meetings by the perpetrators intervention and dark green are meetings by the victims/survivors intervention. Total meetings are shown in the column on the right.

In addition to family meetings with clients, caseworkers support clients in meetings with professionals and in group supervisions alongside Oxfordshire County Council colleagues (a forum for case review under the FSP model). Figure 12 shows the number of social worker and family meetings and group supervisions since January 2022.

Meetings with and on behalf of clients have risen through 2022 as Elmore’s workers have become fully embedded into social care teams. The ability to work face-to-face in hubs post-Covid-19 lockdowns has supported this greatly. Group supervision meetings have gradually decreased across this time, though. The forum is essential for the multidisciplinary team to review cases collectively, and Elmore continues to raise any issues with County Council colleagues to ensure that their team receives enough notification of meetings to attend. Last minute cancellations/changes to meeting times are a barrier to attendance. Another issue is Elmore caseworkers are consistently receiving invitations to group supervisions for the clients they are working with. Elmore has been tackling this issue by caseworkers liaising with the team coordinators who arrange group supervisions to get invited to the supervisions

Per month, Elmore workers have been engaged in 178 social worker meetings, 126 family meetings, and 44 group supervisions, on average. For the months since January 2022, Elmore workers have been in 1599 social worker meetings, 1132 family meetings, and 392 group supervisions, which shows the extent of how closely the team is working alongside council colleagues. Effective communication and working closely together have been key to ensuring successful outcomes for clients.

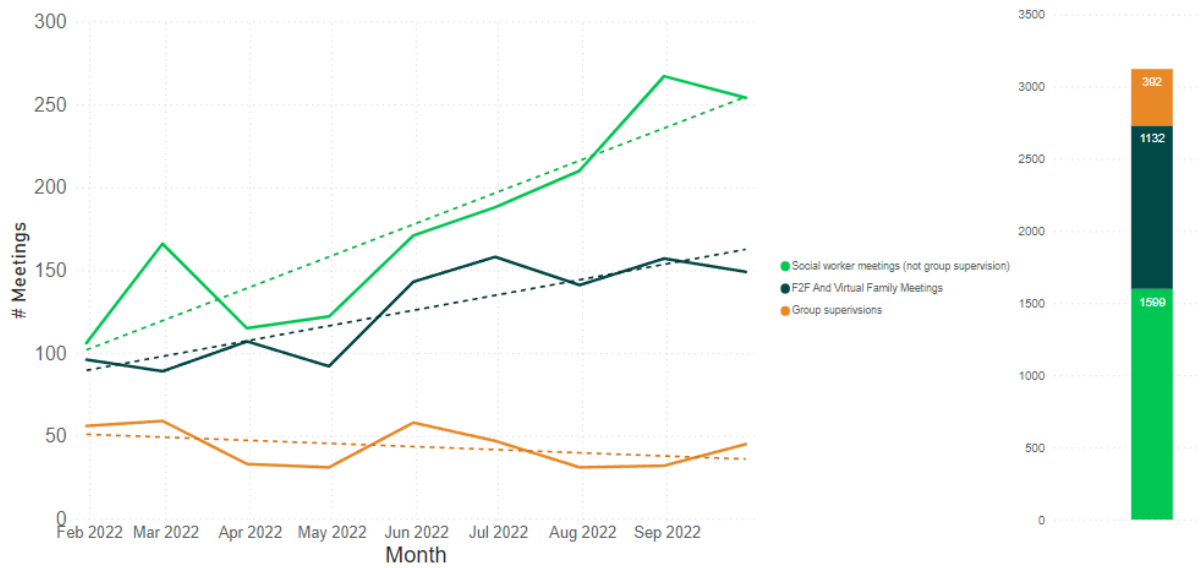


Figure 12 Number of social worker and family meetings and group supervisions. Light green are meetings by the perpetrators intervention and dark green are by the victims/survivors intervention. Total meetings are shown in the column on the right.

Elmore plays an important role signposting clients to other services as well as providing interventions directly to them. Victims/survivors caseworkers signposted for additional support 12 times per month, and perpetrator caseworkers signposted just over 1 time per month, on average. In total, since January 2022, Elmore has signposted 122 issues to other organisations: 112 by victims/survivors caseworkers (91%), 12 by perpetrator caseworkers (9%) (Figure 13).

The high levels of signposting for victims/survivors reflects the complexities of the casework the team are supporting for these individuals. Onward referrals have included everything from information on target hardening, immigration legal advice, access to food banks, debt advice, housing, and therapy services. Elmore has regularly handed over cases to Adult-Facing Practitioner counterparts for mental health and substance misuse for further support and have made referrals following brief intervention for specialist services such as Elmore’s Complex Needs team, Turning Point, and ODAS.

Signposting is far lower for perpetrator clients, mainly as interventions address attitudes behaviours indicative of abusive behaviours. However, there is a lack of available support for perpetrator needs and new commissioning opportunities are likely to impact on this positively moving forwards.

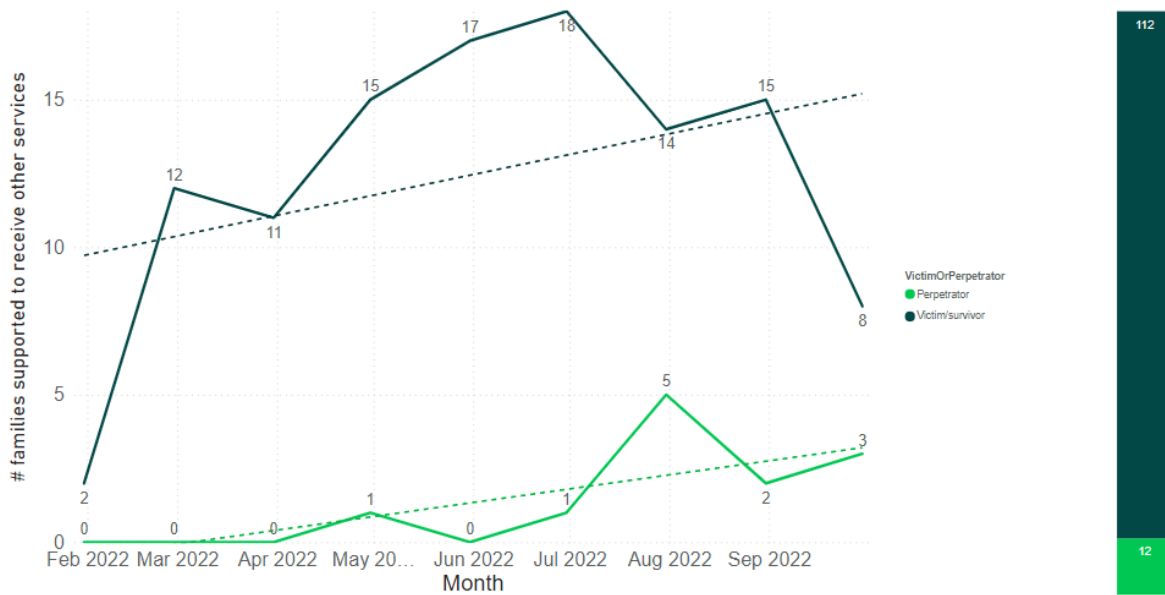


Figure 13 Number of signposting cases, light green are signposting cases by the perpetrator caseworkers and dark green are by the victims/survivors caseworkers. Total signposting cases are shown in the column on the right.

2.6 Summary of requests for interventions and client numbers

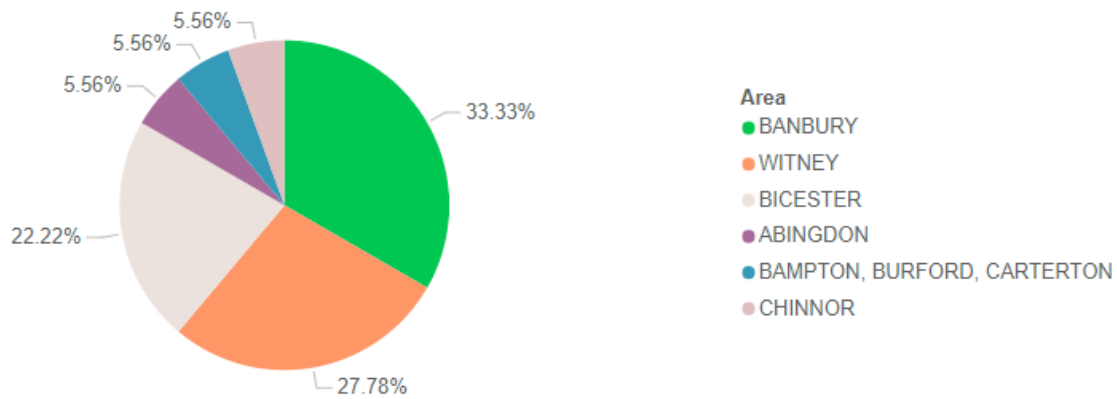
Elmore is seeing increases in requests for intervention, assessment, and interventions delivered per month. The employment of a large number of new staff in March 2022 assisted with assessing more requests and taking successfully assessed clients onto caseload. Meetings with and on behalf of clients have all risen through 2022.

3 Client Demographics and Diversity Profile

3.1 Location

Most perpetrators live in Banbury, Witney, then Bicester whereas most victims/survivors live in Banbury, then Wantage (Figure 14). Understanding the evolving locations of clients, allows the FSP DA team to allocated workers to the appropriate areas.

FSP DA Perpetrator intervention



FSP DA Victim Intervention

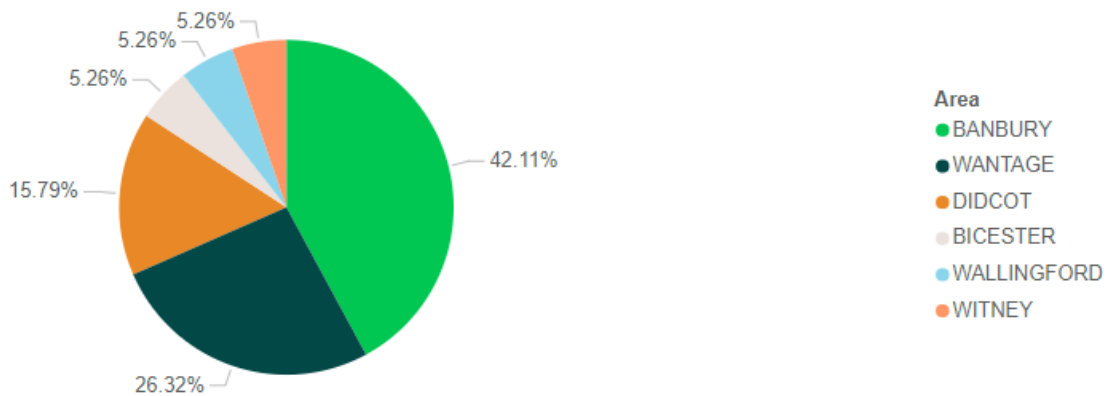


Figure 14 Percentage of clients by location for victims/survivors intervention (bottom) and perpetrator intervention (top).

3.2 Gender

98% of victims/survivors are women and 93% of perpetrators are men (Figure 15). Although anyone can be a victim of domestic abuse, women are more likely to be victims/survivors of abuse (Safelives.org.uk, Who are victims of domestic abuse). 64% of high- and medium-risk domestic abuse victims have children. Pregnancy, separation, mental health issues, and drug and alcohol abuse are characteristics of victims/survivors that also increase risk of abuse and receipt of support by Children’s Social Care colleagues. This explains the gender breakdown below.

Elmore has adapted the program to use gender-neutral language because of the workers’ awareness of, and interventions to, female perpetrators. Elmore has adapted parts of the perpetrator program to target working with female perpetrators. An example of this is where Elmore added video recourses for engagements involving a female perpetrator. Previously all resources featured male perpetrators.

When working with male victims, Elmore has expanded resources to include intervention materials specific to working with male victims. Elmore’s support workers recently completed specific training on working with male victims of abuse in October 2022.

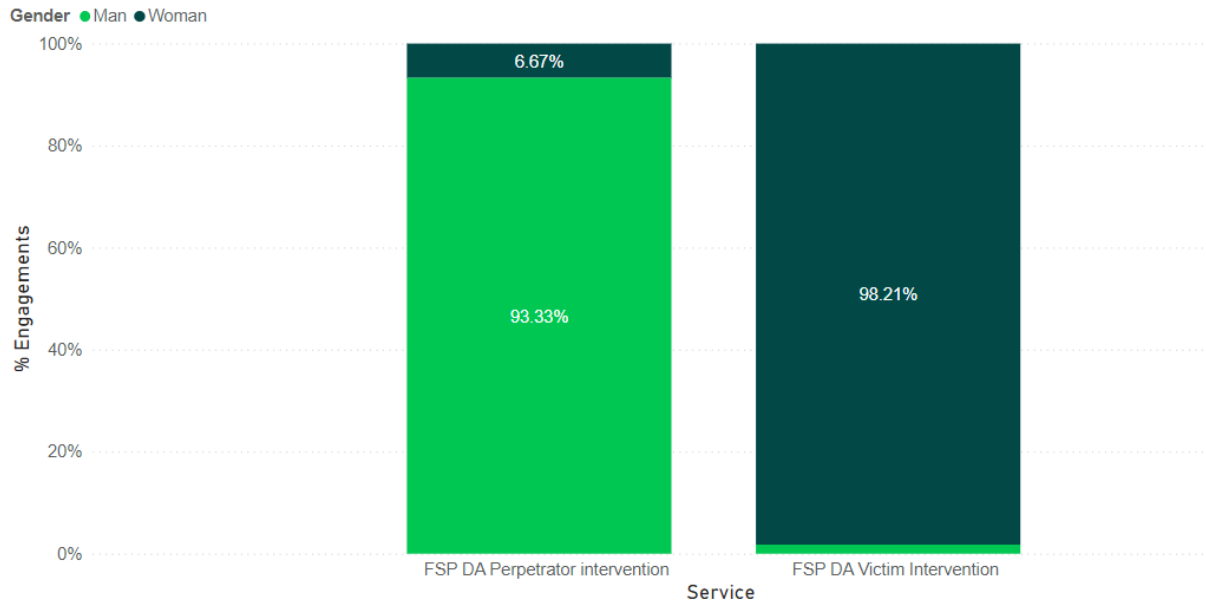


Figure 15 Percentage of clients by gender for the perpetrator intervention (left) and the victims/survivors intervention (right).

3.3 Age

The largest proportion of victims/survivors and perpetrators are aged 30-39, then 40-49. Perpetrators tend to be older than victims/survivors; for example, there are twice as many victims/survivors aged 22-29 than perpetrators (18% v 9%). Perpetrators are more likely to be aged 40-49 age than victims/survivors (37.5% v 30%). The mean age for victims/survivors is 36 years, which is in line with national datasets (Safelives.org.uk, Insights Idva dataset, 2020-21)¹, and 39 years for perpetrators.

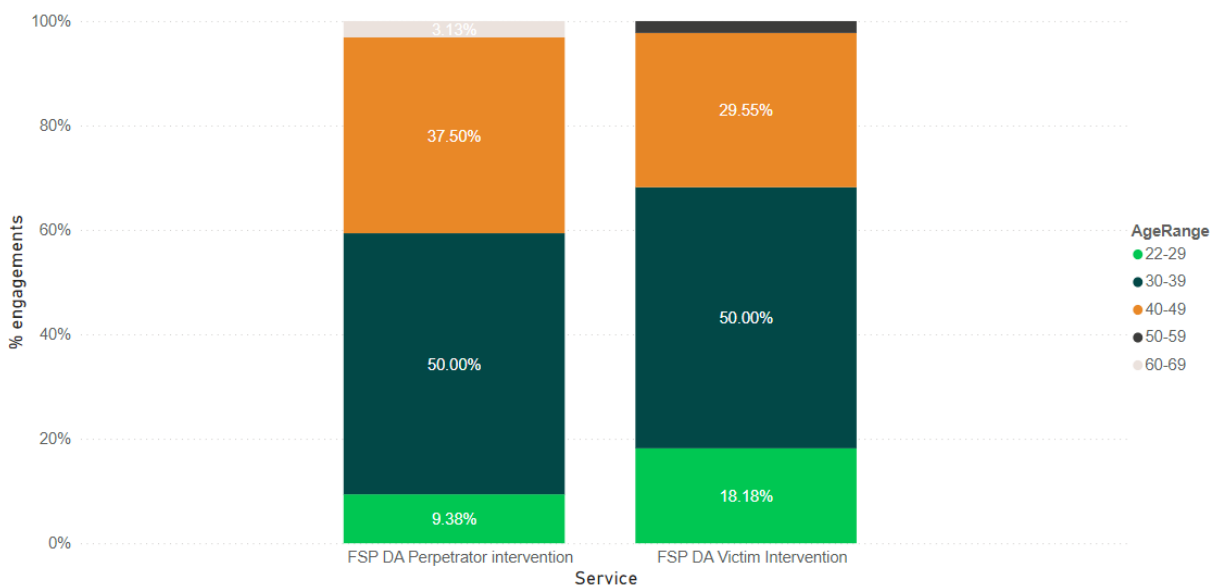


Figure 16 Percentage of clients in each age range, broken down by the victims/survivors and perpetrator interventions.

¹ The National Insights IDVA dataset (2020-21) highlights the average age of high-risk clients to be 35 years.

3.4 Ethnicity

Interventions are mostly provided to white British clients (79% of victims/survivors, which is in line with national datasets (Safelives.org.uk, Insights Idva dataset, 2020-21)², and 71% of perpetrators). This report cannot draw firm conclusions about clients and any other ethnicities.

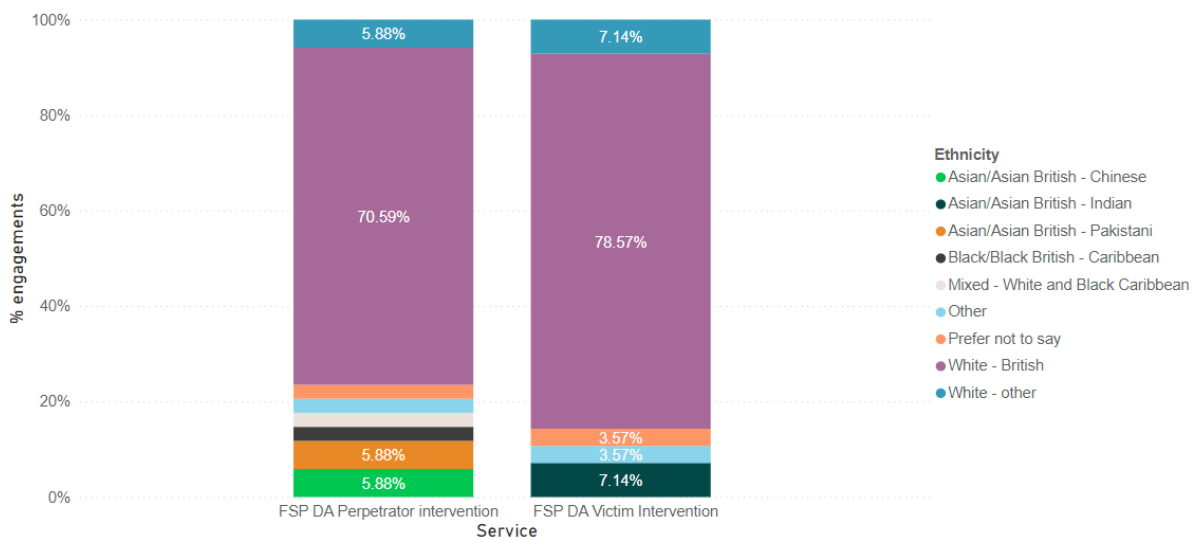


Figure 17 Percentage of clients in each ethnic group, broken down by the victims/survivors and perpetrator interventions.

4 Impact: Outcome Stars

Elmore uses Outcome Stars to assess progress and support recovery. The perpetrators intervention uses the Change Star, whereas the victims/survivors intervention uses the Empowerment Star.

4.1 Change Star

The Change Star is designed for individuals who use violent, controlling, or other abusive behaviour with their partners and are taking part in a programme to change this. The Star focuses on attitudes, behaviour, and accountability, and measures an individual’s journey from the start to the end of an intervention, with the overall aim to keep their partners and children safe. Mirroring the Family Solutions Plus framework of motivational interviewing, the Star measures an individual’s journey of change, from not being aware that there is anything wrong, to acknowledging unacceptable behaviours, to taking responsibility for their harmful actions and using new skills and understanding to overcome these. The Star has a five-point scale covering six areas: taking responsibility, thinking and attitudes, safe actions and reactions, communication, being a good father, and wellbeing.

4.2 Empowerment Star

The Outcomes Star is for individuals who have experienced domestic abuse and charts the journey for individuals creating a life where they are safe, independent, and empowered to make choices that are right for them and their children. The Star charts progress on a ten-point scale, starting at the point where an individual is not ready for help, moving up to an individual believing that things can be

² The National Insights IDVA dataset (2020-21) highlights that 80% of high-risk clients are White British and 6% White (other)

different and that abuse does not need to be put up with, and finally to achieving independence and choice over their life. The Star reflects nine areas covering safety, accommodation, support networks, legal issues, health and wellbeing, money, children, work and learning, and empowerment and self-esteem.

4.3 Analysis Method

A representative sample of the Outcome Star results has been analysed to assess the impact of the interventions. Most clients have a score for each category that is arrived at collaboratively between the client and their allocated worker. In a minority of cases, Star scores were not collaborative, but were separated into practitioner and service user scores. For these records, an average of the two scores was calculated. For this analysis, clients who had two or more Stars recorded were included and their first Star score has been compared with their last/most recent Star score. The last score is not necessarily the final score, as some clients will continue with the service and be assessed again.

4.4 First and last Star scores comparison

4.4.1 Change Star

Figure 18 shows the mean first and last Star scores for clients who have two or more Change Stars. These results are shown on a radar plot, so that the mean score in each category can be visualised. The Star grows in all directions because of the intervention provided by the perpetrator service. The total mean last Star scores increased to 169% of the first Star scores. The largest percentage increase (93% improvement, hence the score almost doubled) is seen in the “Thinking and attitudes” category.



Figure 18 Radar plot showing mean Change Star scores for all engagements with two or more Change Star records. The inner chart is first Star scores, the outer is last Star scores. The legend shows the mean date of first Stars (blue line) and mean date of last Stars (orange line).

100% of perpetrators showed an improvement in Change Star scores between first and last Stars. The minimum percentage increase was 19%, the maximum was a 329% increase on the first Star score.

There is a moderate to strong positive correlation between the difference in Change Star scores (last minus first) v the time between the Star measurements. Hence, the longer the support received from the service between the Star assessments, the higher the improvement in scores.

It is reassuring to see such a marked improvement, across all areas for perpetrators. This demonstrates that the service improves perpetrator attitudes, communication skills, relationships with family members and therefore increases the safety in the home. Changing the attitudes of perpetrators, particularly towards women, is a powerful vehicle for lasting change, and this is the category for which the highest percentage improvement was observed. The demonstrated improvement in perpetrators will also positively impact victims/survivors and all family members, notably children.

4.4.2 Empowerment Star

Figure 19 shows the mean first and last Star scores for clients who have two or more Empowerment Stars. These results are shown on a radar plot, so that the mean score in each category can be visualised. The Star grows in all directions because of the intervention provided by the victims/survivors service. The total mean last Star scores increased to 116% of the first Star scores. This is a lower percentage increase when compared to the perpetrators as the victims/survivors tended to start off scoring more highly at the start of intervention, hence such a dramatic percentage increase would not be possible. The largest percentage increase (24%) is in the empowerment and self-esteem category.

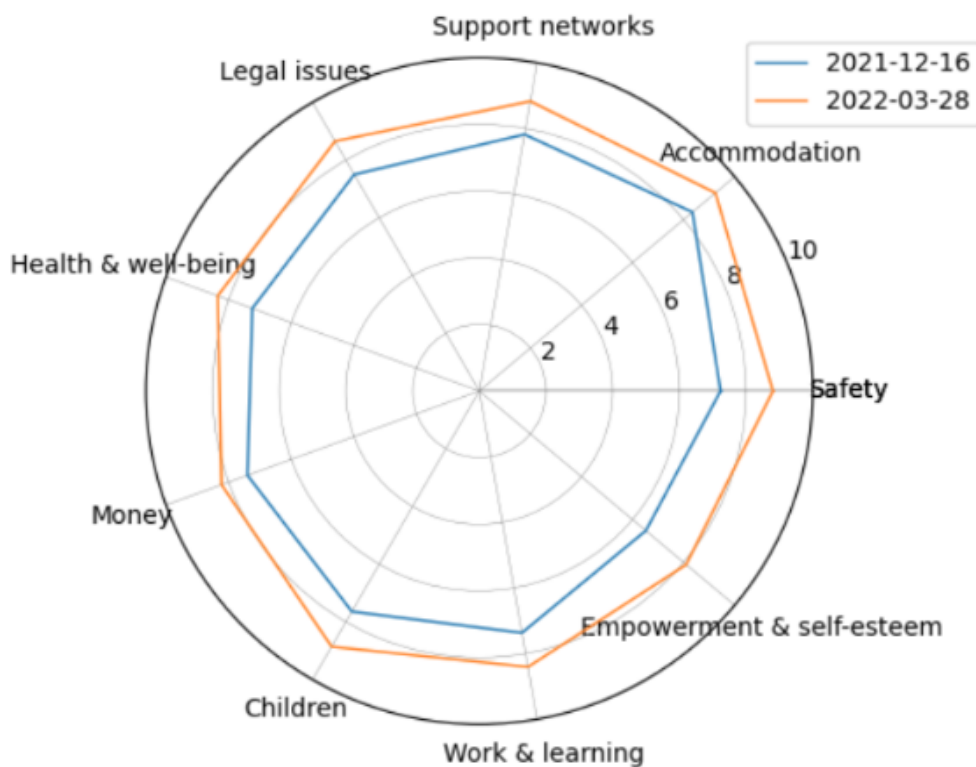


Figure 19 Radar plot showing mean Empowerment Star scores for all engagements with two or more Empowerment Star records. The inner star is first Star scores, the outer is last Star scores. The legend shows the mean date of first Stars (blue line) and mean date of last Stars (orange line).

93% of victims/survivors had an increase in Empowerment Star scores between first and last/most recent Stars. The minimum percentage increase was -3%, whilst the maximum was a 73% increase on the first Star score.

There is a moderate to strong positive correlation between the difference in Empowerment Star scores (last minus first) v the time between the Star measurements. Hence, the longer the support received from the service between the Star assessments, the higher the improvement in scores.

There is an improvement in the Empowerment Star score for victims/survivors across all categories. This demonstrates that the FSP DA service improves the situations for victims/survivors, supporting them with legal issues, money, accommodation, and work challenges; and improving support networks, safety, health and well-being, relationships with children and, most significantly, improving empowerment and self-esteem. Being a victim/survivor of domestic abuse negatively impacts many areas of life. Elmore's intervention has demonstrated the ability to aid recovery.

5 Case studies and client stories

Elmore has been developing new ways to understand and evaluate the change that it makes. Data has an important role to play, and Elmore has created new and better ways to collect, store, and analyse numbers. Elmore has also sought to get a truer picture of impact by collecting and sharing case studies, written by caseworkers, and stories, told in the words of clients using a Storytelling methodology in which caseworkers have been trained.

This Storytelling methodology (using the Most Significant Change technique) gives clients the chance to be storytellers, decide on the most significant changes, and explain them in their words. By focusing on lived experiences on a longitudinal basis, the technique shines a light on changes which feel fuzzy, intangible, or unexpected.

In this section, case studies and stories have been selected to highlight the mix of approaches and show the diversity of client needs and caseworker support, including instances of situational couple violence and a client with disability. The case studies and stories have been very slightly changed and anonymised to protect the identity of clients.

5.1 A case study involving situational couple violence: Janine

Janine came to Elmore as a perpetrator but then after extensive work, Elmore was able to clearly see that she and her husband were abusive to each other and, in response, provide appropriate support.

Janine and her husband moved to the UK several years ago and have a toddler together. The family was alerted to social care following an allegation that Janine had physically assaulted her husband and his family while holding their child in her arms. Janine was removed from her family home and was placed, together with her child, in a hotel. A request for intervention was made from Elmore's domestic abuse team to support Janine as a perpetrator of domestic abuse.

In Janine's assessment with her caseworker, she was polite and collaborative, but said that she had not abused her partner or child. Nevertheless, Janine expressed the desire to have further support and one-to-one sessions were arranged with her. At first, she was hesitant to open up, but Elmore's caseworker was persistent and used a person-centred approach and skills learned from training such as motivational interviewing and trauma-informed care to build trust with her.

Janine felt able to disclose pertinent information regarding her case. She had been experiencing emotional abuse in her marriage, her husband had suffered childhood abuse, and, because of her culture, she felt that she was “no one” and a “thing that gave birth”.

Janine said that the reported domestic abuse followed a visit from in-laws from overseas. Concerned for her child’s safety she had tried to remove the child and herself from the situation, but the family had made pursuit. In trying to escape, Janine physically shoved and yelled at anyone who came into her way while holding the child. Her phone and keys had been removed, so that she could not seek help or leave the home. This context had not been relayed to the police. Her husband had also been directly in touch with friends and family of Janine to say that she had lost her mind.

Following this disclosure, the perpetrator caseworker pulled together Elmore’s DA team and the social worker to review the case. The Elmore skill in identifying these behaviours and working to support both parents simultaneously meant that the caseworkers could feedback information to social worker colleagues and identify a plan of support that met both parent’s needs. Although Janine did appear to be the victim/survivor, there were traits in her behaviour that were controlling and abusive towards her husband. It was identified that this was a case of situational couple violence which changed the focus of the support on offer. An intervention was designed specifically for Janine’s needs in order for her to learn about becoming a non-violent co-parent.

Elmore’s perpetrator programme has modules covering healthy relationships and addressing abusive behaviours, and it was the module about communication and support which influenced Janine to be more understanding of her coercive behaviour. Janine acknowledged that she can be aggressive and passive-aggressive in her communication style with her husband, which serves as an impediment to successful co-parenting. Elmore highlighted examples of her behaviours where she had used her child to punish the husband, for instance, dictating when he could see his child and for how long. Elmore discussed the impact of such behaviours on her husband and child, and how Janine could approach situations differently. This support helped Janine to reflect on other areas of their relationship, and she recognized that she would prevent her husband from communicating with friends and family

It became clear to Janine, because of her work with Elmore, that she was using her child to cause her husband to feel guilt with the intention of changing his behaviour. This included Janine breaking the court order when it came to parental visits by her husband. The impact of this was discussed so that the issue could be resolved. The caseworker spent time breaking down Janine’s communication style with her, and although she pushed back, she could comprehend that her style of communication was controlling and aggressive.

Given Janine’s additional experiences as a victim/survivor, Elmore personalized support to spend several sessions focusing on learning how to be assertive when communicating with others. The caseworker applied the theory into practice and Janine learnt how to restructure her language, so that her needs and ideas would be conveyed in a non-demanding way. She was happy to see the fruitful results of her work when it came to communicating with her partner and professionals involved in her case. Janine’s caseworker observed Janine applying these new skills by using “I-statements” in meetings with professionals and in written communication with her husband.

Janine fed back following her intervention: *“I am surrounded by very good people since the incident. My achievement should be as good as you all are.”* The family was stepped down from a Child Protection to a Child in Need plan and both parents live separately and positively co-parent.

Janine fed back: *“In my personal relationship, I can communicate with my partner easier. I learnt my values and strength”*. She also fed back that her caseworker was *“so kind and patient with my case and tried to do [their] best to teach me step by step”*.

5.2 A case study: Tamara and Anton

Tamara and Anton had a tumultuous relationship and were raising three children. Children’s Social Care were involved after concerns were raised over Anton’s heavy drinking, suicidal thoughts, and domestic abuse towards Tamara. The family were put on a child protection plan with the aim to protect them from witnessing further violence and abuse. The family dynamic was complex.

The Elmore Adult-Facing Practitioner (AFP) team worked with the family and social care to assess each parent separately and use tools to understand the risk and support needed for both. Tamara was identified as a victim/survivor, and given concerns for her safety, support was immediately provided to safeguard her through the completion of a safety plan together. This identified her support network and how to keep herself safe. Tamara regularly contacted her victim/survivor caseworker, and this easy access to support and clear plan meant that situations could be deescalated quickly, and Tamara was kept safe. Tamara felt overwhelmed by her situation, but the AFP and social worker supported her with regular visits and contact, to meet her needs together.

Anton was being supported by Elmore’s perpetrator caseworker. At assessment, he had disclosed several examples of controlling and abusive behaviours towards Tamara but lacked insight into how his actions were controlling and dangerous. The AFP used motivational interviewing techniques to elicit more open and reflective responses from Anton when he became defensive about these actions and was able to support him to recognise and accept responsibility for the impact his actions were having on Tamara. Anton attended the Programme for Creating Change peer support group as he wanted to understand what abuse was and learn how to prevent it happening in the future. During his engagement he became a support to other group members, passing on wisdom he had gained during the intervention.

Although Anton was making progress attending group, Tamara made the decision that she wanted to end their relationship. Tamara was supported by her Elmore AFP to work up a safety plan around the separation, which included ensuring that her new property was safe and secure for her own protection. Anton was supported by his AFP throughout this process, to ensure that he was respectful and accepting of Tamara’s decision. Alongside this, the social worker agreed a statement of expectations for co-parenting, to ensure that their children were also supported throughout.

At the end of her support Tamara fed back that *‘everything has turned around for me. With the support of my AFP, I have prioritised my wellbeing in order to give my children a safe and secure environment and they are much happier as a result. My extended family have told me how much of an impact this has had on my wellbeing. This intervention has provided me with time to focus on myself and therefore increased my self-esteem. I’ve been developing skills at work and taking on new opportunities. I’m at ease at home, I can lock the front door and enjoy peace of mind. I feel free’*.

Anton said that being part of the perpetrator programme made him realise that he was not alone and has given him purpose in life which he previously did not have. As the intervention progressed, Anton’s engagement increased, and he demonstrated knowledge about where he needs to change and learn. He said that working alongside other attendees greatly helped him to increase his confidence and understanding about his purpose and behaviours within a relationship. He was able to reflect on his experiences and how they had affected his opinions on women and expressed remorse at his abusive

behaviours. He was supported to seek support for his mental health which further improved his wellbeing. As a result, Anton has become more respectful towards Tamara, and this has had a positive impact on their co-parenting arrangements.

The family's support was stepped down to a child in need plan given the progress that had been made.

5.3 A story using the Most Significant Change approach: Alan's Story—Breaking the Circle

The beginning of this year [2022] I gave up work to become a full-time carer for my partner. Our relationship was okay, we had our moments, but then lockdown started up again. I was depressed. Being together all the time exaggerated everything. When me and my partner would have a disagreement in front of the children, nine times out of ten it got out of hand and we'd end up shouting and arguing. That's not healthy. Nobody ever wants their children to witness that. One day it came to a head. That's when I got arrested and social services became involved.

My relationship had broken down. I realised that the kids had been through some mental abuse. Social Services told me about the Creating Changes course with Elmore. They thought it would be good for me to go. And at first, I was thinking: why? what have I done? Obviously, I recognise that I'd been angry and slightly verbally violent towards them with my ex, but I'm thinking it's just normal behaviour. And they said no, you're going to learn a lot from it. I go on this course and the first couple of sessions I was very anxious, very nervous. Thinking, oh no, what have I gotten into, I'm nothing like these guys. And then the other guys, I heard them speak and I sort of sat back and listened. I heard them talk about their own experiences and I thought, actually I can kind of relate to this. And then by listening to what the course leader was saying, I learnt that these behaviour patterns I had weren't healthy at all, particularly for the children. The relationship breaking down as well, the way me and my partner used to argue and the way that we used to handle things, that wasn't healthy.

Realising what I had done just hit me. Suddenly I was reflecting on loads of arguments we've had, particularly situations when we were shouting in front of the children. The kids are seeing us throwing threats around and things like that. Suddenly I was like, oh crap, that's not right. There's a lot of personal things I realised that were not helping the relationship either. When we broke up, I was arrested and there was an allegation of sexual abuse. To me, abuse is physically forcing someone to do something. But then when I sat there and thought about it, and I've never forced her to do anything, but when they go in depth about emotional abuse and things like that, it opened my eyes and made me think, oh, hang on...sometimes when I've wanted to be intimate and she's not been in the mood, I've then made her feel guilty. Which I now realise is a form of emotional abuse, making her feel bad for not giving me what I wanted.

When I first started the course me and my partner weren't talking and I didn't think we were ever going to get back together. But we started to communicate again for the children's sake, probably a third of the way through the course. We sat down and had a heart to heart about what went wrong in our relationship. I'd told her what I'd learnt, to start with, and the changes I'm trying to make. We started getting on. And after a few weeks, we decided we was going to try and sort things out.

I used to always be out working, doing long hours, long shifts. Like I said, I was depressed as well, when the relationship first broke down. I didn't really have time for the kids. But now I've dropped my hours down to part time so I have more involvement with them outside of school. And it's better, it's working well. They're happier, I'm happier. It's really good. I started dieting, and I was going to the gym, trying to keep my mind focused. And that then reflects positively on the newfound relationship I've got with my partner and the children. Because when I do see them, I'm not miserable, I'm not depressed

anymore. It's things like that, its remembering that if you're not happy then others around you are going to reflect on that, and then they're not gonna be happy either. Now I've worked on myself I can be a better partner and a better father.

My dad was a firm believer in if I misbehave, it was physical punishment. I was doing exactly what my dad used to do, I just didn't realise that I was doing it. It's this vicious circle that I want to break. I don't want my kids to do that to their kids when they're older. My boy, for example, if he's in a relationship, I don't want him to treat his girlfriend the way I used to treat his mum. As long as I can have a healthy relationship with my partner, as long as I can be a good role model for my kids and they grow up and break that circle - then I couldn't ask for anything more.

Now, my daughter, she's ten. And at one point, she was very reluctant to speak to me about her personal problems, she had no confidence in talking to me. But now I've learned how to come down to her level and speak to her properly. She's become more confident and she's opened up, which is really nice. I've never experienced that before. And that's making me want to do it more, you know, I want to learn more, I want to be able to be that father to her and to understand what she's going through.

Two weeks before I was due to finish the course, another couple of guys joined. One guy was like, I shouldn't be here, I ain't got time for this crap. And I said to him, I know where you're coming from. I said, just go in with an open mind, because if you can learn from it and change just one thing, it's worth it.

5.4 A case study involving a disabled client: Danielle

Danielle separated from her ex-partner and the father of their child a year before working with Elmore. He wanted to resume his relationship with Danielle, his mother was applying pressure for a reunion, too. Danielle did not want to resume a relationship and worried about her ex-partner's reaction when she 'moves on'.

With reports of domestic abuse going back a year and concerns around the ex-partner and his family harassing her, Danielle felt "scared and unsafe". Drug dealers had also been coming to her house for payment as her ex-partner doesn't have money to pay them.

Danielle had been diagnosed with anxiety and it has been suggested that she may have further learning difficulties and symptoms of a split personality. Danielle did not wish to be assessed for these as she was afraid to be labelled and stigmatized, though.

A request for intervention was made to support Danielle as a victim/survivor of abuse. To emphasize Elmore's joint working, Danielle's first assessment included her victim/survivor caseworker and her social worker.

Danielle said that she felt let down by professionals as "no one could understand her". In order to build trust, her Elmore Adult-Facing Practitioner (AFP) reassured that she would be listened to and that they would support her in a way that suited her needs.

Due to her learning difficulty, it was agreed that Danielle would have longer sessions to allow more time to express herself and for the AFP to explain issues in more depth to make sure that she had a good understanding.

Danielle and the AFP completed a safety plan to identify support and a clear plan for managing risks that she may face. Elmore identified a 'safe word' for use if she was in danger and unable to contact the police. Elmore reviewed the plan every two sessions to ensure it was up to date and focused on

her needs. (To assess safety the AFP had completed a DASH risk assessment which identified her as high risk, but, following review of the information, Danielle was not referred to MARAC because the issues were mainly historic.)

Elmore referred Danielle to the National Centre of Domestic Violence (NCDV) for support and legal aid for a non-molestation order. As Danielle struggled with the paperwork for this, her caseworker supported her to successfully apply, explained the process, collated a statement together, and sent this off in support of the application. The family's social worker supported her ex-partner to fully understand what a non-molestation order meant and grasp the limitations on contact.

Together Danielle and the AFP explored types of abuse, manipulation tactics, and the power and control wheel. Danielle showed insight into these and exhibited her knowledge of manipulation tactics by drawing on examples of her ex-partner. Danielle received support tailored to her needs and, in particular, support focused on safety planning and the understanding of abusive behaviours.

During her period of support Danielle contacted her AFP because her ex-partner had presented to her door, and she was concerned for her safety. The AFP could hear a loud male voice and banging at the door. Danielle was trying to talk quietly so she wouldn't notify her ex-partner of her request for support. The AFP contacted the police and Danielle contacted the social worker to ask them to talk to her ex-partner as they were able to calm him down usually. The social worker was effective on this occasion and her ex-partner walked away. The police turned up and planned to arrest her ex-partner for breaching the non-molestation order. The AFP contacted Danielle to provide additional support the next day and they reviewed what had happened. Danielle was praised for responding to her ex-partner turning up and keeping herself safe by contacting for help.

Danielle has managed to move on from her ex-partner, is now in a new relationship, and no longer is afraid of him. The safety plan is still followed, Danielle ensures that she and her children are safe.

Danielle appears to be more confident asking questions and openly asking for help. The support that she has received has had a positive impact on her—after she was supported with a safety plan and a non-molestation order, she started to feel safer in her own home and community, which allowed her to start going out again and return to her routines and hobbies. She is open to assessments for her mental health after her AFP explored the benefits of this with her. Danielle is seeking professional advice and, in particular, support from her social worker and appears more trusting and hopeful.

Danielle fed back that she had *"felt supported and listened to"* because of Elmore's support. She was very thankful for the non-molestation order because it made her feel safe again.

6 Summary

The number of requests for intervention, assessments and clients taken to the FSP DA service have all been increasing during this year, showing that demand and ability to meet that demand have both been growing. The victims/survivors intervention supports mainly women, and the perpetrator service supports mainly men, however male victims/survivors and female perpetrators have all been supported by the team. Victims/survivors are, on average, 3 years younger than perpetrators being supported by the FSP Domestic Abuse service and both sets of clients are mainly white British.

6.1 Impact

Empowerment and Change Outcome Stars have been used to aid recovery and assess impact. Analysis of the available Star data has demonstrated the following:

6.1.1 Change Star

- There is a marked improvement across all areas for perpetrators.
- The total mean last Star scores increased to 169% of the first Star scores.
- 100% of perpetrators showed improvement in Change Star scores between first and last Stars.
- The minimum percentage increase was 19% whilst the maximum was a 329% increase on the first Star score.
- Elmore's FSP DA workers help to improve perpetrator attitudes, communication skills, and relationships with family members.
- Changing the attitudes of perpetrators, particularly towards women, is a vehicle for lasting change, and this is the category for which the highest percentage improvement was observed (93% improvement, meaning the score almost doubled).
- Perpetrators' progress will positively impact on the experiences and wellbeing of domestic abuse victims/survivors and family members, notably children.
- There is a moderate-to-strong positive correlation between the difference in Change Star scores (last minus first) v the time between the Star measurements. Hence, the longer the support received from Elmore's FSP DA service between the Star assessments, the higher the improvement in scores.

6.1.2 Empowerment Star

- There is a marked improvement in the Empowerment Star score for victims/survivors across all categories.
- The total mean last Star scores increased to 116% of the first Star scores. Although this is a lower percentage increase compared to the 169% increase for perpetrators, there was always going to be a smaller percentage increase as victims/survivors tended to start off scoring more highly at the start of the intervention than perpetrators.
- 93% of victims/survivors showed an increase in Empowerment Star scores between first and last/most recent Stars.
- The minimum percentage increase was -3% whilst the maximum was a 73% increase on the first Star score.
- The largest percentage increase (24%) is seen in the empowerment and self-esteem category.
- Elmore's FSP DA workers help to improve the lives of victims/survivors, supporting with legal issues, money, accommodation, and work issues; improving support networks, safety, health and well-being, relationships with children—they also help victims/survivors significantly with improvements in empowerment and self-esteem.
- There is a moderate to strong positive correlation between the difference in Empowerment Star scores (last minus first) v the time between the Star measurements. Hence, the longer the support received from Elmore's FSP DA service between the Star assessments, the higher the improvement in scores.

7 Recommendations

7.1 Improve ongoing monitoring of service data and intelligence

- With the completion of this report, Elmore can adopt data systems to bring this service in line with those used by other Elmore services. This involves adoption of the Salesforce database set up by Inform (Homeless Link) to meet the needs of the service. This will improve data

accuracy, accessibility, and interoperability with other Elmore services and enable automatic updating of reports within Salesforce and Power BI to achieve bespoke functionality.

- Capture additional data in relation to Gender, Age, Disability, Ethnicity, Sexual Orientation, Religion/Belief, and Location.
- Capture additional data in relation to the children
- Establish other data fields to better understand trends and themes in the Elmore client profile; client need(s), difficulties, and diagnoses; the impact of interventions; and the pathway from requests for intervention through assessment and client support to case closure.
- Visualise and analyse data to glean as much intelligence as possible from it in relation to the effective running of the service (for example, tracking meetings per client and by worker)

7.2 Improving the network's knowledge about effective service delivery

- The completion of this report is intended to contribute to the network's considerable base of knowledge about domestic abuse service delivery, and further reports will be published (by using the new service data systems and intelligence generated from them).
- Elmore will expand the podcast series launched in November 2022 called '[Ending the Cycle of Abuse](#)', which shares information about the underpinning of the perpetrators intervention, the impact and delivery of it, and where it may be innovated.
- A domestic abuse practice conference will be convened by Elmore in 2023 in partnership, and efforts to establish an agenda and maximise knowledge exchange will be undertaken.
- Elmore will expand the use of storytelling with the Most Significant Change methodology with all clients and these groups specifically:
 - male victims/survivors
 - female perpetrators
 - LGBTQIA+ victims/survivors and abusers
 - disabled people
 - individuals involved experiencing economic abuse

7.3 Help to increase the provision of domestic abuse services

- Elmore will pursue commissioning opportunities to provide complementary and joined up services and support to individuals and families by leveraging its role in key partnerships:
 - housing/homelessness as a founding member of Oxfordshire Homelessness Alliance and provider of a commissioned tenancy sustainment service in Oxford
 - mental health as a founding member of the Oxfordshire Mental Health Partnership, lead third-sector provider of the Community Mental Health Framework (CMHF) PD support across Oxfordshire and Buckinghamshire, and a partner in Oxfordshire's FSP Mental Health service
 - older people as a co-provider of Rise and Shine, which supports people aged 65+, and
 - children and young people

7.4 Help to prevent domestic abuse from happening by challenging the attitudes and behaviours which foster it

- Produce and promote preventative measures through new multimedia. Elmore has produced a podcast series '[Flipping the Narrative](#)' which motivates men to sit up, start conversations, and support each other and women by challenging attitudes and behaviours which can result in domestic abuse and violence.

- Creating domestic abuse media and communications for the public and professionals to raise awareness of domestic abuse and perpetrator behaviours, reduce the stigma of reporting for victims/survivors, and increase the profile of available support.
- Continue to develop the workforce training programme of Elmore domestic abuse workers to work with all forms of domestic abuse and marginalised communities. In 2022 training that has been undertaken by Elmore support workers includes supporting male victims of domestic abuse, using a trauma-informed approach, adult healthy relationships, and the impact of DA on the child, amongst others. Elmore also regularly seeks training with local partners to share and develop skills and partnerships and have benefitted from training in specialist IDVA and DMO interventions, drugs and alcohol support, and benefits guidance.
- To continue to hold regular service intervention days for Elmore’s perpetrator and victims/survivors intervention teams to review resources, support pathways, and ensure that Elmore’s services are being delivered to meet the needs of clients most effectively.

7.5 Co-produce service improvements with victims/survivors and perpetrators

- Embed the co-production of the service with victims/survivors to help Elmore make decisions about service delivery, partnerships, and responding to domestic abuse in the county.
- Establish an appropriate and safe method of service user involvement by perpetrators in the development of the service and help the network to establish an Oxfordshire forum similar to the Lived Experience Advisory Group (LEAG) to hear the voices and views of perpetrators.
- Embed Elmore service user voices in the future commissioning and provision of other services by working with the Lived Experience Advisory Group (LEAG).

8 References

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