



Final Summary Evaluation Report



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Executive summary

This report summarises the key findings from the evaluation of the transnational Action for Change project, which has been funded by the European Commission.

Action for Change has sought to test effective models of support for individuals who have experienced domestic violence and who have had, or are at risk of having, children removed into protective care. Four pilots, implemented across Hungary, Italy, Romania and the United Kingdom were designed to address the needs of this client group. The support aimed to end the violence participants had experienced and increase the stability in their lives. Consequently, the support intended to keep any further children from being taken into care, enable participants to have further children, and (where possible) for children to be returned to their care if they were previously removed. The report includes an overview of existing evidence on child removals and domestic violence in each of the partner countries, and findings related to effective models of support – building from the perspective of managers, practitioners and service users.

1.1 Key findings

Background and context

Across all the partner states, both child protection and domestic violence were underpinned by a strong legislative and administrative system. However, there is little that places any obligation to support parents and families reduce violence within the home or improve household circumstances.

The development and status of the support services varied both among partner countries and by the type of support being considered. Support geared towards children appeared more developed, and often featured the intensive outreach and interdisciplinary support to meet the needs of the cared-for child. When considering the needs of both the child and the mother, support is often fragmented, with little cross over and interaction between child protection services, services to support women who have experienced intimate partner violence and those to support parents and families at risk of having a child removed into the care system.

Descriptions of support emphasise the need for personalisation, and diversity within the package offered. Within parameters, support available to survivors range from psychological counselling, legal advice, health and wellbeing as well as practical support such as finding housing and getting into employment, and the provision of refuge and temporary accommodation.

Need for support

The apparent need for a fresh approach to supporting parents, and mothers specifically, was to redress the lack of understanding of the “dynamic of domestic abuse in child protection.” The pilots develop a collective strategy to address a systematic weakness in supporting women.

Participant needs were categorised into three areas:

- **Protection** - support involved helping participants in crisis situations to understand and overcome this. This included advice and guidance in relation to domestic violence and child removal as well as support with wider issues including housing and drug and alcohol recovery support;
- **Prevention** - to reduce the risk of parents having their children removed or (where possible) increasing the likelihood of children being returned to their parent's care, and;
- **Progression** – to provide participants the ability to make progress in their lives and for such changes to be sustainable in the future, once the support ceased.

Engagement

Numerous engagement routes were used including establishing strong relationships with local organisations or individuals who encountered parents who could benefit from the project. Receiving a referral or being able to discuss the pilots with a trusted individual provided a degree of validation to the pilots. Referral routes could also amplify distrust, as participants reported scepticism about the support when referred by someone that they associated with having their child removed.

In many cases, the lack of upfront information that participants received about the pilots led to confusion about what the support would involve, whilst the option to go away and consider participating was appreciated by participants.

Delivery model

Each country had the flexibility to develop a localised offer, which led to significant variation across the four pilot models. Participation in all pilots was voluntary and participants could disengage from the support where it did not meet their needs. Other similarities across all delivery models included:

- Support that was user-centric and flexible to participant needs
- Delivering intensive support usually through an outreach-based model
- Providing holistic support (commonly including therapeutic and social interventions) which aimed to create sustainable change for participants
- A professional caseworker-led model (often experienced social workers, lawyers or therapists and psychologists).

To establish a user voice, pilots established a Women's Shadow Board (WSB) formed of women who had previously experienced domestic violence and child removal. This element of the project proved invaluable; WSB members added their

voice to various aspects of the pilot delivery and evaluation design. They also elevated and promoted the profile of the pilots and challenged preconceptions about mothers who had had children removed.

Additional strengths of the Action for Change delivery models identified across all the partners were that they were value neutral in their approach, provided individualised and holistic support, and had an element of familiarity in terms of the staff delivering support.

The pilots were successful in that they: achieved the overall operational milestones they sought to achieve with regards to engagement and support; achieved positive outcomes for the parents they helped; and raised the profile of the issue of domestic violence generally, and within the context of child protection, particularly among officials of the state, and local services.

1.2 Recommendations

Numerous lessons have been learned through this evaluation, which have been translated into the recommendations for future intervention. These are listed below.

- More evidence is collected and analysed on the relationship between domestic violence and child protection across all the partner countries.
- There is consistent and more detailed monitoring of child protection trends, with a specific focus on domestic violence and its impact.
- Consideration should be given to running extended pilots to establish the longer-term outcomes that can be achieved for participants, including possibly extending and evaluating the existing pilots.
- Support should be client-led and voluntary, as both aspects were critical to the success of the pilots.
- It is recognised that group support was an important element of the pilots, but this support should be sensitive to the preparedness of the individual.
- Referral pathways are developed to improve the handover between the referral and delivery partner, and increase participant trust in the support.
- Future or ongoing support is holistic and intensive.
- The delivery environment for the support should be considered, especially within outreach models.
- Staff working on such projects are experienced professionals who have a non-judgemental, value neutral approach.

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1. Introduction

This report summarises key findings from evaluations conducted by researchers spread over four different jurisdictions within the European Union, seeking to collate evidence relating to the delivery and experience of the Action for Change pilots. The pilots seek to identify and address the support needs of a parent (primarily mothers) who have experienced domestic violence and who have had, or are at risk of having, children removed into protective care. The pilots are designed to test models of support to help individuals end the violence they have experienced and improve their prospects including their ability to reparent and be less vulnerable to having a child removed.

The pilots, as well as the evaluation, were funded by the European Commission. This summary draws together key findings from the research conducted by *Action for Change* partners representing Hungary, Italy, Romania, and the United Kingdom, with a view to providing an overview of the existing evidence, context to current service delivery, and findings related to the experience of the service, from both the user and practitioner perspective.

1.1. Action for Change Overview

'Action for Change' is a Daphne-funded project that is sponsored by the European Commission. It is a two-year project that commenced in January 2015 and aims to improve outcomes for survivors of domestic abuse who have had their children taken in to care. The programme is spread over four different countries in Europe, these being Italy, Romania, Hungary and the United Kingdom.

The programme seeks to advance knowledge and understanding of service models that effectively address the needs of women who have had or are at risk of having their children removed from their care because of domestic abuse and/or associated factors, such as substance misuse and mental health. Indeed, a common feature among all the models being piloted through the programme is the interlinking of support services to address the often multiple and complex needs of (predominantly) women exposed to domestic violence. Through delivery of multifaceted support which directly addresses the underlying needs and risk factors associated with having a child removed into the care, the pilots aim to break often entrenched behaviour that drive the removal of a child into protective care. It is believed that failing to assertively break such behaviours, perpetuates and possibly even amplifies the cycle of risk-associated behaviour, significantly increasing the likelihood of having a subsequent child placed into care. As well as the tragic consequences for both the parent and children, there are major economic and social consequences for both local communities and nation states.

To ensure lessons learnt from the pilots are underpinned by a strong evidence base, a key element of the Action for Change project is that it is robustly evaluated at both the local and transnational level. The evaluation seeks to demonstrate the

effectiveness of the delivery models being tested through Action for Change project and highlight key learning gathered throughout the duration of the project.

1.2. Evaluation research questions

The evaluation for the Action for Change project seeks to address the following research questions:

1. What are the risk factors that may trigger children being taken into care in household where inter-parental domestic violence has occurred?
2. How would the circumstances of a parent who has experienced domestic violence need to change to facilitate the return of a child or prevent a further child being taken into care?
3. What support is available to parents who have experienced domestic violence to help make the changes necessary to facilitate the return of a child/prevent a further child being taken into care (to explore form, function, effectiveness/ outcome)?
4. How does support delivered through the Action for Change pilot add value to the existing delivery models?
5. To what extent does the support offered by Action for Change help to reduce risk factors associated with having a child placed into care?

This summary presents findings from evaluation research conducted across all of the pilots. The evaluation was a mixed-methods study, involving desk based research, longitudinal depth interviews with participants, depth interviews with front line delivery staff, and secondary analysis of any management information being collated as part of the project. Additionally, evaluators operating within each of the partner states, had the discretion to carry out scoping interviews with senior stakeholders to establish the policy intent behind the project, and the expectations from it.

2.Evaluation methodology

This evaluation has comprised five distinct elements:

- A desk research and a literature review;
- scoping interviews;
- longitudinal participant research;
- frontline provider interviews and;
- analysis of management information

Combined, the research elements address the evaluation questions noted above (see figure 1, below).

Figure 1 Overarching evaluation framework

RESEARCH ELEMENT	RESEARCH QUESTION				
	1	2	3	4	5
1.Desk research/Literature review	●	●	●		
2. Scoping interviews	●	●	●	●	
3. Longitudinal participant research				●	●
4. Front line provider interviews			●	●	●
5. Analysis of management information					●

The literature review and scoping interviews provided the necessary background and context to the evaluation, and informed the development of measures of success to be explored in the participant research, provider interviews and analysis on management information. These elements of the research intended to inform research questions 1, 2 and 3.

The frontline provider interviews also informed what support is available to parents (question 3) and, alongside the longitudinal participant research, addressed questions 4 and 5 about the effectiveness of support.

Lastly, analysis of management information supported evidence on the extent to which the support reduced the risk factors associated with having a child placed into care (question 5).

2.1. Desk based research and literature review

For the literature review, a common Literature Review Protocol, as outlined in the Action for Change Evaluation Framework (see Annex A), was followed. “Grey” literature and academic sources were analysed alongside official statistics on both the cost (in human and financial terms) and the number of domestic violence and child removal cases. Domestic violence and Child Protection policy documents were also reviewed and examples of provision for those affected by such issues were sought out.

2.2. Longitudinal depth interviews

Participant research has largely been in the form of longitudinal depth interviews with Acton for Change participants being followed up on up to three occasions. Interviews were semi-structured and designed to explore and progressively develop an understanding of the research participants’ journey through the support provided by the pilot. Specifically, the interviews explored:

1. Participants’ pathways into and through multi-agency support, including feedback on the support received at each point of the participant’s journey;
2. Understand the underlying and changing participant needs upon entry into and progress through support;
3. Outline how support was delivered and how it is adapted to changes in participant needs and circumstances;
4. Track the progress made by the those supported through the pilots;
5. Understand if and how support can build future resilience and preparedness to engage with support.

Evaluation teams had the discretion to implement the fieldwork in a way that is appropriate for their local context and to conduct the fieldwork in their desired mode, being sometimes constrained by the geographical distance between the location of the pilot participants and that of the evaluation teams (e.g. face to face, over the phone, using Skype, etc.). However, across all partners, participants were captured near the beginning of the programme and either far into their support journey or towards the end of their involvement in the pilots.

Longitudinal interviews were conducted on a rolling basis, whereby participants were followed up at loosely defined points during their journey.

2.3. Stakeholder and provider depth interviews

Qualitative depth interviews were conducted with stakeholders involved in the pilots as well as frontline staff providing or managing support to participants were carried out towards the end of operational delivery of the support.

The stakeholder interviews sought to explore the policy drivers and underlying need for the pilots. These interviews were conducted early in the evaluation to inform subsequent stages of the research.

Interviews with frontline staff sought to provide an overview of the participants that engaged with the programme and their support needs; detail the support offered throughout pilot and the service delivery model; draw on provider's experience of delivering support to understand how the pilot contrasts to existing provision and explore the effectiveness of model; outline outcomes achieved for participants as well as perceived benefits for funders and other stakeholders; and highlight strengths of the service, lessons learnt with regards to delivery and views as to how model could be refined.

2.4. Analysis of management information

Management information was collected on an ongoing basis by delivery partners, as well as information around socio-demographics (such as age, gender, ethnicity, etc.) and household characteristics. However, as only a modest number of people were supported through the Action for Change project, the statistical relevance of this data is limited, and may also make data disclosive.

2.5. Outputs

Each country has created a national evaluation report summarising the findings in Hungary, Italy, Romania and the United Kingdom. This report summarises findings from the country specific reports and highlights key learning.

3. The landscape

This section draws together findings from the desk based reviews carried out across the partner states. It begins by broadly describing the nature of evidence identified throughout the review. It then provides headline figures on the prevalence of child protection interventions and domestic violence and identifies risk factors associated with having a child removed and placed into protective care, and effective ways of reducing these. Finally, the chapter describes existing support structures for both women and children.

3.1. Existing evidence base

Domestic violence and child protection are clearly of interest to public bodies across the partner nations. However, the rhetoric around these profound issues is not reflected by the evidence base that has developed in recent decades (see for example Hamel, Langhinrichsen-Rohling and Hines 2012). The most readily available source of data relating to the experience of domestic and intimate partner violence is often derived from data drawn from the criminal justice system (e.g. detection, arrest and conviction figures). Such statistics often fail to capture true exposure to such violence. Indeed, comparing reported figures with estimates based upon survey research (discussed below) show a gaping difference between levels of violence perpetrated and those that are brought to the attention of policing and justice agencies.

Likewise, data sources related to child protection largely focus on reporting procedural interventions by social or court services (such as the number of children taken into care, the number of child protection orders issued, etc.), providing little insight into the true level of need among families and households to support them to ensure they provide a safe and nurturing home to bring up children.

As well as underplaying the true extent of prevalence, data from administrative sources published as governmental statistics lack depth and richness required to truly understand complex nature of the support needs or drivers for intervention.

Overall, the evidence landscape relating to the interrelationship between intimate partner violence and child protection is weak with few high quality empirical studies being identified through this exercise. Significant evidence gaps remain in both Hungary and Romania.

3.2. Overview of the need for child protection services

Statistics regarding the number of children placed into care were by in large obtained from Government bodies, and appeared readily available.

Figures provided for Italy suggest that in 2011 more than 30,000 children were placed into care outside of their family (equating to around 1 child per 1000) of which a near equal proportion were in foster or residential care (National Centre of Documentation and Analysis on Childhood and Adolescence). More recent data

suggest that 457,453 children are in some way currently engaged in the social care framework. Reasons for being engaged into the social care framework include material and/or emotional negligence, witnessed violence (whereby a child is present during the violence, and therefore becomes a secondary victim) psychological maltreatment, problematic care, physical maltreatment, and sexual abuse. More than half of the abused children are a victim of serious negligence, while one out of five is a witness of domestic violence (National Observatory on Childhood and Adolescence, Terre des Hommes and CISMAI 2015).

Nineteen percent of children who have experienced abuse are removed from the family and placed in a community while 14% are placed with a foster family. The remaining children are supported through different care pathways, which do not include removal from their family: 10% are supported in day semi-residential communities; 18% are supported within the family of origin through home assistance; 28% receive economic support within the family of origin; 38% receive other forms of support; and, 8% are not provided any assistance (National Observatory on Childhood and Adolescence, Terre des Hommes and CISMAI 2015).

In Romania, there were 12,542 cases of child abuse, neglect or exploitation in the year to 31 December 2014. Of these, 11,721 took place in the family home. Though the cause for children to be included in this count included work and criminal exploitation, the clear majority of children (97%) had experienced some form of abuse or neglect. Of the 11,721, around 28% of the children were removed into protective care (National Authority for the Protection of the Rights of the Child and Adoption). This compares to 61% of children in the UK who were placed into care during the year up to 31 March 2015 (House of Commons Library, Children in Care in England: Statistics).

Data provided for Hungary suggest that between 1999 – 2002, the number of children placed into care increased from 19,887 to 20,644 representing an increase of around 4% during that period. Children are often placed into foster care; it is believed that there has been a steady growth in the number of foster carers since 1995, a trend that is likely to continue.

The implication of the volume of children involved in various care systems presents a sizable resource burden on states accounting for more than half the budget for family and children services in both Italy and the UK (respectively, 59% and 55%). There are also likely to be numerous other downstream costs which are not so easily captured, such as costs associated as long term health and wellbeing and impacts on education and employment prospects.

Within the UK, a total of 69,540 children were in care in England as of 31 March 2015. Standardising to the population of under 18's this roughly equates to 6 children per 1000 (House of Commons Library, Children in Care in England: Statistics). However, like what was reported in Italy, there is significant geographical variation in

this standardised rate across the UK. Standardising to the population, around 48 children out of every 1000 in Italy were included on the framework of social care, but had not necessarily been removed from the parent(s) (National Observatory on Childhood and Adolescence, Terre des Hommes and CISMAI 2015).

Importantly, evidence suggests that once a family has had a child removed into the care system, it increases the likelihood of having subsequent care proceedings (see for example Broadhurst et al. 2015, Masson, Pearce and Bader 2008).

3.3. Prevalence of Interpersonal or Domestic Violence

The most comprehensive pan-European study of violence against women estimates that one in three women aged 15 or over has experienced some form of physical or sexual violence at some point since turning 15 (European Union Agency for Fundamental Rights 2014). The same survey reported that 4% of women reported experiencing some form of physical or sexual violence perpetrated by a current or former partner in the twelve months preceding the survey, equating to an estimated 7.5 million women across Europe annually.

The Violence Against Women survey found similar levels of experience being reported across all of the Action for Change participant countries with 6% of respondents drawn Hungary, Italy and Romania and 5% of UK respondents reporting the experience of Intimate Partner Abuse over the twelve month period, though there was a greater variation in reporting looking at experience since the age of 15 with Italy report the lowest rate (19%), followed by Hungary (21%), Romania (24%) and the UK with the highest reporting rate (29%). This latter rate for the UK is similar to the rate reported by the Crime Survey of England and Wales. While the true level of intimate partner violence prevalence does vary among states, it is difficult to accurately identify the extent to which this variation is attributable to cultural and national normative behaviour which influences the response to survey questions.

While the Violence Against Women survey and other crime surveys, are useful sources of information with regards to the experience of intimate partner violence, it has been argued that they are still methodologically flawed (Kimmel 2002). Moreover, when crime surveys are compared to family conflict surveys, findings are often inconsistent, with the latter reporting noticeably higher rates of violence within the home (Desmarais *et al* 2012, also see Straus and Gelles 1986). Weaknesses in data around the experience of domestic abuse is openly acknowledged; for example, the Hungarian Social Crime Prevention Strategy (2012, p67) stated:

“We have no real knowledge of the rate of domestic violence in Hungary. We are aware that it is not a rare or isolated event in Hungarian society. Abuse of children, women, the elderly and the vulnerable is part of the lifestyle in many families”¹

¹ This statement has been translated

Kimmel (2002) has highlighted that the conflicting and varied survey results has created ambiguity in the evidence base which has allowed policy makers and officials to selectively present research findings that support their narrative as opposed to informing it.

Within Italy, survey research carried out by European Union Agency for Fundamental Rights (2014) found that 65.2% of respondents who had experienced domestic violence, reported that such violence had been witnessed by children (around a quarter of respondents who experienced domestic violence, reported violence was also directed towards children). This finding is important when considering the amendment to the Children Act 1989 in the UK “to make clear that harm includes any impairment of the child’s health or development as a result of witnessing the ill-treatment of another person” (Department for Education and Skills 2006).

3.4. Risk Factors

Across all the partner states, both child protection and domestic violence were underpinned by a strong legislative and administrative system. However, despite the volume of legislative material, there is little that places any obligation to support parents and families reduce violence within the home or improve household circumstances.

Research has also identified a tension between child protection procedures, and the reporting of violence within the home. There appears to be a perception among some that drawing attention to the experience of interpersonal violence within a home may highlight exposure to risks and set in motion or augment child protection interventions. Indeed, at the pan-European level, around 2% of women who had experienced physical violence and 4% who had experienced sexual violence perpetrated by a current or former partner did not report it to anyone for fear of having their children removed (European Union Agency for Fundamental Rights 2014). This certainly suggests that the perceived threat of having child protection processes initiated may act as a barrier to the violence being reported.

Further, the desk based research has suggested that the current configuration of support often puts the onus upon the victim of violence to extricate herself and her children from the exposure to violence in the first instance. In practice this may mean leaving their home and possibly community. Some evidence from the sector suggests there have been instances where women are advised by social workers to immediately move out of their current residence with their children or risk having care proceedings issued. It is not possible to validate this claim.

However, the direction fails to recognise that such an abrupt upheaval may strip the women and their children of existing support structures, and provides a clear example where the imperative to focus on the interest of children supersedes the need of the domestic violence survivor, which may be better served by maintaining and fortifying existing support networks within the home.

Approaches to assessing risk factors when considering whether to remove a child into care appeared to differ across the partner countries. However, all were resolutely child focussed. Where described, risk was assessed using multiple indicators related at the individual, parental and household level and involved input from numerous key professionals (including health workers, psychologists, educators, criminal justice bodies, and lawyers).

Despite this intensive assessment of risk with regards to children, identifying and assessing the exposure to risk of intimate partner violence appears to be a perfunctory action. Indeed, despite the rhetoric around the need to tackle intimate partner violence, there remains ambiguity with regards to what domestic abuse is, as well as the role of the wider network of professionals and key workers in identifying, and responding to instances where domestic abuse is apparent.

Risk assessment is considered an ongoing process when working with a family, with several 'rehabilitative' markers identified such as the rejection of violence, intrinsic maternal characteristics, confidence in parenting and, importantly resilience.

4.5 Support services

For example, in Romania, while the provision of support is legislatively underpinned, with procedural guidance on what should be expected in response to a victim of abuse coming to the attention of support service it is suggested that such services are underdeveloped and extant social workers continue to be insufficiently resourced and skilled.

Across all of the partner countries, support geared towards children appeared the most developed, and often featured the intensive outreach and interdisciplinary support to meet the often complex needs of the cared-for child.

When considering the needs of both the child and the mother, support is often fragmented, with little cross over and interaction between child protection services, services to support women who have experienced intimate partner violence and those to support parents and families at risk of having a child removed into the care system.

However, recent years have seen the development of more early intervention programmes, and programmes that seek to work with families to address underlying root causes and risks that may lead to having a child placed into care. It also appears that for all but the UK, support programmes explicitly seek to return a child placed into protective care, to the supported mother. At its most base, such programmes would seek the return of a child to the maternal home where there is sufficient evidence to prove that the danger towards the child has passed.

Invariably, non-profit and charity sector organisations, as well as social and family services often provided the core of support to families and households which have

experienced domestic violence. Immediate advice and assistance can often be obtained from national helplines.

When asked how respondents to the Violence Against Women survey who had reported experiencing violence had overcome it, the clear majority reported relying on support from friends and family (35%) or their own personal strength and decisiveness (32%). Only 6% reported receiving any professional support (such as counselling and victim support). Asked about the type of support they would be after following the most serious incidence of physical partner violence since the age of 15, 39% stated 'someone to talk to/moral support' and 15% with 'protection from further victimisation/violence' and 14% 'practical advice'. With regards to respondents who had experienced sexual violence the rates were 54%, 25% and 21% respectively.

Descriptions of support emphasise the need for personalisation, and diversity within the package offered. Within parameters, support available to survivors range from psychological counselling, legal advice, health and wellbeing and as well as practical support such as finding housing and getting into employment, as well as the provision of refuge and temporary accommodation. As such input from professionals drawn across numerous sectors (including health, education, justice and social welfare) is often required to address the full range of support needs experienced by someone who has experienced domestic violence.

5. Key findings

This section draws on data and findings presented in the report drafted by partner states about the need for, implementation and achievements of the Action for Change pilots. It first provides an understanding of the key policy drivers, for the pilots. It then presents the pilot participants' needs followed by a description of the Action for Change pilots. It should be noted, for a detailed description of the individual pilots, readers should refer to the county reports. The chapter finishes with a discussion about how the service could be improved.

5.1. Policy drivers

The apparent need for a fresh approach to supporting parents, and mothers specifically, was to redress the lack of understanding of the “dynamic of domestic abuse in child protection.” The pilots presented an opportunity to develop a collective strategy to address a “systematic weakness in how we support women who’ve been through an incredible trauma by having children removed”.

Ultimately, the objective was to develop a service for women who had experienced abuse and who were at risk of having a child removed who would have previously received little in the way of support

“We don’t necessarily identify that domestic abuse as an influencing factor on their parenting. We take their children away for a good reason, and there will be, obviously, very good grounds for doing that, but then we drop them [the parent(s)]” (Stakeholder)

Consequently, for some the impact of having a child removed developed into a cyclical pattern whereby underlying issues which led to the removal of the first child are left unresolved. These individuals were therefore more vulnerable to a subsequent child being removed:

“[It’s] a very destructive pattern. Destructive for the children, because it’s traumatic to be removed. Hugely tragic and traumatic for the parents who find it terribly emotionally distressing... Very costly for the [public purse]; by the time you get to court it costs thousands of pounds” (Stakeholder)

Across the pilots, three dominant aims were apparent for the pilots:

1. To break the cycle of isolation women often found themselves in which could have devastating repercussions
2. An ‘*ethical case*’ to support the parent to change and improve their circumstances
3. To deliver better outcomes for the parent, their family and the wider community through more effective early and intensive intervention

The pilots were given flexibility around their implementation, with interventions being specifically developed in line with the local needs and processes.

5.2. Participant needs

The research explored both the need for and the consequential support provided. Across the four pilots, there was a consistent theme that emerged with regards to the needs of the participant. These needs clustered around three key themes: protection, prevention and progression.

Protection

A key element of the support in each country involved helping participants who were in crisis situations to understand and overcome this. This included advice and guidance in relation to domestic violence and child removal as well as support with wider themes including housing and drug and alcohol recovery support.

Participants often reported being isolated, often unable to draw on support from their wider family, friends, or mainstream support services. As well as the social isolation, they were often economically and financially isolated. While shelters and domestic violence support organisation could sometimes provide a solution to immediate crisis following the experience of abuse, they did not protect against the social isolation that perpetuated the disadvantage the women faced. For some, Action for Change presented an opportunity to get the social and economic support necessary to break from the disadvantage they had previously experienced. Over time participants describe the case or social worker on the Action for Change project as their main source of support once they engaged in absence of any other social network. Understandably, participants reported a key reason behind their decision to take part in the project was their desire for support, especially where their child had been removed by the authorities.

All the pilots could support women and mothers who were often at the early stages of their post-violence recovery and especially isolated. It was apparent that Action for Change provided a 'safe space' for women to interact with the service and receive advice and guidance. This judgement-free space was key to participant's decision to attend.

Participants had often experienced traumatic and violent situations, and in many cases taking part in the project had given them an opportunity to address their past and make progress towards overcoming it for the first time. Frontline staff recognised that the project was unique in its aims and target group, as for example in Italy there were no other projects that focused on parenting for women who had experienced domestic abuse.

When Nicoleta met the social worker from Action for Change she was living in a shelter for victims of domestic violence. Nicoleta's past is marked by violence. She has experienced all forms of abuse: physical, verbal, social, emotional, sexual and economical. She divorced her partner seven years ago, but they continued to live under the same roof.

She chose to be part of the project because she felt alone and in danger.

"My greatest fear is that my daughter will be taken away from me because of how things are at home. I need somebody to tell me what to do to not lose my child."

By engaging in the program and working with a social worker, Nicoleta managed reduce the risk of her daughter being taken into foster care. She also managed to access a support service for her daughter, which helps with school and homework.

Another outcome was that she managed to clarify her current situation and relationship with her partner, reducing some of the tension between them. Furthermore, she is working to develop her relationship with her daughter and is considering using birth control as she does not want to currently have another child.

"I am more calm and confident now. I trust myself more."

For all the pilots, the strength of the Action for Change model was not to only look at the welfare and wellbeing of the child, but to the impact of their removal on the whole family and to understand the full consequences of having a child removed. In doing so, the pilot has enabled an understanding of the role of intimate partner violence on child removals and how recovering from an abusive relationship can break the repeat cycle of care removals. As part of this, having a domestic violence abuse specialists working in the team was central to support offer:

"They strengthen me in my belief that it's not right to get abuse, that violence should not be endured" (Participant)

Where participants had interacted with other services prior to joining Action for Change they had often not had the opportunity to discuss domestic violence or their concerns about their children being removed. Participants who had previously received support explained that this was often short-term (often in the form of offering financial aid or shelter), and did not address the root cause of why such help was needed.

It was suggested by one participant that support focussed on a specific issue (in this instance substance misuse) did not have any traction as her experience of domestic violence and having a child removed was not reflected in the support or the others within the support group. For her, Action for Change is different as these issues are expressly acknowledged:

"There is nothing in the system that does anything like this" (Participant)

Interviewees' experiences of other services, both statutory and voluntary, were often negative. Differences were particularly recognised when comparing Action for

Change staff with those from other services, who interviewees felt did not understand them, were unfriendly and whom they did not trust. In describing previous support that they may have received, participants also felt they had an unequal relationship and were often infantilised within the relationship; a relationship described as being synonymous to that between a teacher and a pupil. In contrast, staff delivering the Action for Change project were trusted because they were non-judgemental and seen to understand the participants. Consequently, participants felt more willing to open-up and discuss difficult topics and more motivated to act on the advice that they received.

Prevention

Participant's custody of their children varied across and within each country. Italy was unique in that almost all the participants were living with their children – and had either shared custody with social services or a judicial decision had not yet been made. In contrast, in the United Kingdom, all participants had either one or two children who had been removed.

In Hungary, the ten women had a total of seven children removed involuntarily and in Romania, out of all the pilot participants' 21 children, five children had been placed in foster care.

Nonetheless, preventing the removal of further children, increasing the likelihood of children being returned to their parent's care and improving participants' parenting skills were underlying objectives of the pilots in each country. Understandably, these objectives were of high priority to the parents themselves.

In Hungary, participants were explicitly told that the support would help them get their children back, and this was therefore the most significant reason behind their decision to attend. Likewise, in the United Kingdom participants expressed a desire to increase the likelihood of their child returning to their care where this was possible. In Romania, participants explained that a reason for engaging was fear of losing their children. Across all pilots, a reason influencing parents' decision to attend was the possibility to improve the relationship with their children and be a parent again.

"Being a parent is the most difficult job in the world, and under this particular condition [violence] it's even more difficult, so this project can help to better understand this role"
(Participant)

"I suppose it is different as what I'm looking for now is how do I go forward, in the sense of my child to come back home..." (Participant).

In circumstances where it was achievable, interviewees explained that they received advice and guidance about the process of having their children returned or contact arrangements improved. Staff either had a legal background and knowledge of the judicial system or knowledge and experience of the social care system and so could

clarify information being presented by professionals and support participants to interact with social services and legal actors (such as judges) effectively.

Across the interviews undertaken, increased self-awareness as a parent was often reported, which:

- improved their relationship with their children;
- helped parents to better recognise their child's needs, and;
- allowed them to focus on their role as mothers, rather than feel guilty or responsible for the situation.

The delivery model of peer support and a self-help group was recognised as an important facilitator of these outcomes because the women could discuss their concerns in a non-judgemental environment and receive advice from people who had experienced similar issues.

Meeting new people and having the opportunity to interact with others was an explicit reason for participants attending the Romanian pilot, though this was echoed across all of the pilots. It was telling the numerous interviewees across the pilots had formed friendships with other service users. The group setting also gave participants the opportunity to view their situation from other perspectives and they reported feeling less alone, as they had met other people going through similar experiences.

Following contact with the service, interviewees were often confident that the service could help them to improve their relationship with their children and (where relevant) their husband or partner. This was because they had received information on how to look after themselves and their children, which had helped them to develop skills and gain a new perspective on their situation. As mentioned, taking part in group counselling sessions had enabled participants to learn from and be inspired by others experiences.

Linked to this, participation also encouraged participants to reconsider what constituted a 'healthy relationship', and, importantly there were instances of participants leaving their violent partner once they engaged. For instance, in the United Kingdom cases of domestic violence dropped significantly from 50 at first entry to five when this information was last recorded².

Understandably, there was also a link between improved wellbeing and confidence for the participants and improved relationships with their children. For example, a participant in Hungary felt that they would be able to better care for their daughter after the support had given them strength. Likewise, participants in Romania

² Numbers supported were higher in the United Kingdom as a service called Support for Change was in operation from February 2014. Action for Change merged with this service in June 2015, and the EU component specifically focussed on women and domestic violence.

reported increased self-confidence as they could better relate to their children. Such sentiments were not isolated and appeared across all the pilots.

Progress

Another significant aim of the Action for Change project was to give participants the ability to make progress in their lives and for such changes to be sustainable in the future, once the support ceased.

One method of enabling this was by getting participants involved with other relevant services that would be able to support them once their Action for Change involvement ended. For example, a male participant in the United Kingdom had started to attend sessions at Mind, a national mental health service, to help him with his trouble sleeping and to access their befriending service. Similarly, in Romania women were taught how to identify resources that they could use in a crisis. This knowledge of resources and support services, resulted in participants reporting being more confident in dealing with obstacles in the future.

Further, as involvement in Action for Change had changed some interviewees' perceptions of support services more generally there was an increased willingness to interact with services and ask for help in the future if this was required. The group support also led to increased confidence in participants' ability to interact with others and communicate their feelings.

As well as the social isolation, many participants had experienced, some were also economically isolated. For example, of the fourteen women interviewed who participated in the Italian pilot, thirteen were unemployed at the time of engagement with the project. This, they stated, presented a major obstacle in their abilities to progress and become autonomous in absence of any wider social security net. Employment was also regarded as a key route for these women to overcome their violent pasts. By the end of the pilot project, six of these interviewees had found some form of employment, which in some cases led to them being able move out of the anti-violence centres into their own accommodation.

Similarly, in Romania participants often reported being in work or entering further education opportunities and training courses during the support or shortly thereafter. For pilot staff, this was a tangible outcome that indicated that support had made progress and could lead an independent life. Likewise, participants in each of the pilots viewed employment and training as an important step in their aim to become independent.

In the United Kingdom 35 participants were classified as not in employment, education or training (NEET) when they entered the service. Yet at the last review this was only the case for ten participants. Participants from across the pilots reported receiving support in securing employment or training directly from pilot staff.

Housing support was also a key area of support required to help participant move forward. This was clearly demonstrated in Hungary, where four children were placed back in the care of their mothers after their housing situation had been improved following help from Action for Change caseworkers to find and secure suitable accommodation for them and their children. Similarly, participants in Romania claimed that housing support provided through Action for Change enabled them to leave the shelters where they had received temporary accommodation and in some cases, reintegrate back into the community that they previously lived.

An issue that became apparent throughout the research was the extent to which participants acknowledged the role that they had in the removal of their child/children. Over time, some participants began to claim responsibility for their actions and view themselves as actors rather than simply victims in their situation. Taking responsibility also meant that participants became more willing to engage with support and be receptive to advice.

5.3. Engagement and Referrals

The target group for each country were women who either had their children removed from their care, with domestic violence as a significant contributory factor, or who were at risk of their children/further children being taken into care.

The overall numbers supported across the partners were as followed:

- In Hungary 10 women engaged with the support
- In Italy 16 women engaged with the support across two locations
- In Romania 31 women engaged with the support.
- In the United Kingdom 55 birth parents engaged with the support, unlike the other partners this also included a small number of males.³

The pilots employed a range of engagement approaches to inform individuals about the support that was available and encourage them to take part. Common engagement routes included:

- Establishing strong relationships with local organisations or individuals, such as domestic violence shelters and social workers, who were often likely to come into contact with parents who could benefit from support to signpost to the Action for Change pilots
- Pilot leads also often worked through a wider network of organisations that supported individuals, albeit in a siloed way. For example, a significant referral pathway within the Hungarian model was via a specialist legal firm, helping

³ Numbers supported were higher in the United Kingdom as a service called Support for Change was in operation from February 2014. Action for Change merged with this service in June 2015, and the EU component specifically focussed on women and domestic violence.

women with their legal issues. To ensure that referral pathways remained open and were effective, pilots were proactive in maintaining constructive dialogue with these wider agencies.

- There was also evidence of engagement through self-referral of individuals and families requiring support, though this was often following signposting from wider networks, often social workers. However, such self-referrals were often underpinned by wider engagement activity carried out by the pilots with their wider network partners.
- Finally, some pilot participants were already engaged with either the service itself or had a previous or existing relationship with one of the partners delivering the pilots. Where appropriate, these participants were informed about, and invited onto the Action for Change programme.

The engagement channel was viewed as highly relevant. Many of the participants had often been distrustful of support services as a result of either being associated with a statutory organisation, such as a Local Authority or government-funded social service department or being viewed as unlikely to be able to help, or to be too superficial to be effective. Receiving a referral or being able to discuss the Action for Change pilots with a trusted individual, for example a shelter coordinator, provided a degree of validation to the pilots. It appears that the trust an individual had in a referrer was (to some extent) transferred to the Action for Change pilots. This was amplified where the referral was made by someone who either currently or previously received support through the programme, highlighting the importance that existing service users and peer support could have on the delivery of the pilots.

Referral routes could also augment distrust. For example, within the London pilot, participants who recalled being referred by a social worker who they associated with having a child removed reported being sceptical about Action for Change pilots when they were first approached, though this scepticism was usually reduced once the participant met an Action for Change caseworker and got a more detailed understanding of the support. Among the staff delivering the London-based pilot, the colocation of the Action for Change pilot within the Local Authority was key to help social workers with the authority's Children and Family Services team to develop an understanding of the Action for Change pilot, and how to '*pitch*' the service to someone that could benefit from it.

However, engagement could be challenging. Across the pilots, participants often reported not having much of an understanding of what the pilots could offer them, and that this only became clear once they had committed to and met a member of staff from Action for Change. It should be remembered that the pilot participants involved in this research were those who had engaged with the support and had received support through the programme. Though successful engagement was high, much of this was a result of persistence and preparation of the teams delivering the pilots.

Daniel has a young child who has been removed from his care. He has autism which means he often struggles with unfamiliar people and circumstances. It was difficult for Daniel to understand and come to terms with his child being removed and his experiences made him distrustful of social workers and other practitioners.

Daniel's Action for Change case worker was known to him through support she had been providing him. As a familiar face, she was assigned to work with him as there was already a professional relationship there, with a degree of trust. Daniel did initially question the advice given to him by his caseworker, however, through regular and sensitive support he has come to trust the caseworker and support she provides him.

"It was a chance to talk...it took me a while to open up, but she accepted this and was patient"

With his caseworker's encouragement, Daniel has taken up several hobbies and is more comfortable to meet new people. He has since attended numerous support groups, which he enjoys and helps him put his situation into perspective. Because of the support, he reports improvements in his relationship with his child's carer and continues to enjoy spending time with his child. Importantly, Daniel feels like through the support of his caseworker he is learning to be a better parent.

"She kind of broke things down for me...and made me understand what needs to be done"

As well as developing the engagement routes, pilots also undertook promotional activity to encourage the take-up of support. Indeed, providing clear information to individuals about what the support could offer was viewed as useful. By way of example, some participants recalled receiving a leaflet with information about the project and contact details with links to relevant websites which they were then able to take away and draw on to come to a decision about whether to take up support. The possibility to take time to consider whether to take-up the support without any compulsion from other organisations or the pilots themselves was considered very important to the individuals. Indeed, for the staff delivering the pilots the lack of compulsion on participants was viewed as essential to the overall success of the pilots.

Other engagement and promotional events were arranged throughout the running of the pilots to advocate for women who have experienced violence and promote the Action for Change pilots, often to coincide with significant calendar dates including Elimination of Violence Against Women and Girls, International Women's Day, and

Children's Day. Activities included attendance at conferences to raise awareness of the Action for Change pilots, the creation of artistic exhibition (including photographic, filmed and spoken word), and concerts.

Ultimately, getting people 'through the door' was a key milestone for the individual participant and the pilot. There was a consensus amongst participants that they felt more positive about the project after their first meeting with their case-worker because they found out more about the support and the potential benefits of involvement. For those delivering the pilots, having this first meeting started the development of a trusting relationship with participants and helped them understand the Action for Change project by demystifying it.

5.4. Delivery Model

As a result of the flexibility to develop a localised offer, there was a great deal of variation across the four pilot models (for more detail, see Annexes B through E for country specific overviews of the pilots). However, while the specifics of the interventions varied, there were several similarities across all delivery models in each country. This included being:

- Resolutely user-centric and flexible to their needs
- Delivering intensive support usually through an outreach-based model
- Providing holistic support (commonly including therapeutic and social interventions) which aimed to create sustainable change for participants
- A professional Caseworker-led model (often experienced social workers, lawyers or therapists and psychologists).

Distinctions in the pilot models became more pronounced in the delivery channels used by pilots. In Italy, for example, the pilot operated within two anti-violence centres and shelters for women victims of domestic violence and their children in two cities of the region of Umbria, with a social worker who had expertise in domestic violence and child protection being responsible for delivery across both, and being accompanied by a child development psychologist in one of the centres. Similarly, the pilot in Romania was run by social workers at shelters in the cities of Targoviste and Bucharest. For some sessions where legal advice was needed, lawyers helped to deliver the support.

The geographical reach of the service was narrower in the United Kingdom, where Action for Change operated within a multi-disciplinary local authority team in West London that worked with local families known to social services. The project was run in partnership with Advance, a local charity that supports women and children affected by domestic and sexual violence.

In Hungary, the project was managed and delivered by G-LED, a newly established research and training organisation that aims to empower people to tackle social

injustice. Two case-workers, two psychologists, a trainer and a lawyer were sub-contracted to support participants during the pilot. Support was delivered mostly in the city of Budapest, but the women supported were from all over Hungary. However, all the women had resided in Budapest at some point during the pilot period.

In Italy, the support was solely delivered in group-sessions in the centres. Whereas in the United Kingdom, Hungary and Romania there was a mixture of one to one support and group sessions.

5.5. User led

All of the pilots were user led, with participation entirely voluntary without compulsion. This was viewed by Action for Change staff as essential to the delivery model, as the provision was designed to be user, as opposed to service, led. This naturally led to challenges, including encouraging women and parents to engage with the support, which was resolved through a *persistent* engagement strategy.

As a user led service, participants could also disengage from the support should it not meet their needs. There was some evidence in the pilots that this meant that pilot providers tried to ensure support was always accessible, and relevant to the individual participant's needs.

Having a user voice at the core of the delivery model was essential to the service. Therefore, from the outset, all the pilots agreed to establish a Women's Shadow Board (WSB). Each WSB involved at least two women who had previously experienced domestic violence who were involved in the project delivery and evaluation as part of a paid work experience placement. As well as covering the costs associated with attendance, being paid for their time also reflected the input the women had on the programme and made that contribution feel valued by the women themselves.

Activities that the Women's Shadow Board participated in included attending Local Steering Group meetings and developing project resources. As the lead research partner was based in the United Kingdom, participants on the UK WSB also commented on the research materials used in the evaluation. In addition to this, all shadow board members attended the transnational project meeting in Budapest in June 2015, the transnational project meeting in their country and the final project conference in November 2016. The women had the opportunity to gain photography skills after taking part in a workshop with experts at the Budapest meeting.

As a user-centric model, the WSB provided invaluable throughout the Action for Change project. They could add their voice to various aspects of the pilot delivery and evaluation design, elevate and promote the profile of the Action for Change pilots, and challenge preconceptions about mothers who had had children removed.

As well as helping participants to gain work-related skills and experience, the WSB also aimed to improve the women's confidence and ability to discuss their experiences and their peer's experiences with professionals and members of the public. Consequently, some members reported finding their voice and feeling empowered. The transnational element gave them the opportunity to learn about their peer's experiences of domestic violence in other EU countries.

Further, their involvement helped to shape how knowledge and awareness of services available to parents who have had their children removed could be increased and made more acceptable for parents going through an experience similar to that which members of the WSB had already gone through.

In some cases, women disengaged from the WSB and this was often as they had a lot going on their lives and they not feel ready or able to participate. One WSB coordinator commented that it was important to be mindful of different needs and interests by creating a range of dynamic learning styles to facilitate this and encourage engagement. It was also reported that it was sometimes difficult to meet deadlines as the WSB members led chaotic lives.

Both staff and members felt that both the creative activities and therapeutic support worked well. It was clear that members were supportive of one another and felt real value in being part of the WSB.

5.6. Strengths of the Action for Change delivery model

Value neutral

The pilots were all unified in their value neutral approach. Participants perceived Action for Change staff as being understanding of their situation and not critical of their actions of past. Though the empathy shown was appreciated, participants fixated on the non-judgmental approach the pilots took – for some this was something they had not encountered before and which set the Action for Change pilots apart and even contrasted to previous services that participants had interacted with:

"I felt a person with dignity again, not an alien. It is useful for socialization, to understand that you are not an alien, you are person who deserves to be heard, appreciated, loved and understood" (Participant)

Further, there was a strong emphasis on peer support and participatory activities. As well as therapeutic gains, participating in group support had led participants to realise that they were not alone in their experiences and that did not need to be defined by their past.

Underpinning the support provided by Action for Change was an understanding that developing a relationship of trust within a value neutral 'safe space' was essential. The pilots used this relationship to engage with other support services which participants may have in the past have been reluctant to engage with. As with the

trust transfer that occurred between referral partners to Action for Change, once on the programme, participants reported an increased willingness to receive support from these wider services due to the trust that they had in the Action for Change caseworker who referred them.

Individualised support

A significant step-change from previous support, which was considered a strength of the delivery model, was the degree of the flexibility it offered allowing the support to be personalised to the parent. Participants on the project often had complex needs, and led busy lives with competing priorities. They appreciated the caseworkers organising and arranging support at times and locations that were convenient to them as opposed to those set by the caseworker's availability.

Two pilots could operate a peripatetic outreach model whereby caseworkers could meet participants at their homes, in the community, or at the caseworkers' offices, while the others operated a hub and spoke model of outreach delivered in shelters/refuges. This ensured the pilot services were highly accessible by removing common physical and time barriers:

"Transportation was expensive, but they helped me with the tickets, and my work schedule made it difficult as well. They came closer or we used the internet" (Participant)

In addition, participants were reassured by the pilot models which allowed the support to adapt to changes in circumstances or experience of crises to become more intensive or frequent as and when required. Participants reported being able to contact their caseworker when they were worried about something or had any questions, and consequently they felt less isolated.

"Someone is always reachable; I never feel abandoned" (Participant)

Versatile interventions

One of core objectives of the pilots was to test approaches to supporting pilot participants and develop a Best Practice Toolkit for use by practitioners. Running four pilots operating in different social and political contexts provided a fertile opportunity to learn about, apply and share different approaches and methods. Indeed, each trial tested and applied a range of approaches and interventions to be employed at various stages of an individual's support journey. Many of the approaches and interventions used are evidence based and field tested. Common approaches included:

- Integrative psychotherapy Cognitive Behavioural Therapy and Rational Emotive Behavioural
- Therapy Video Interaction Guidance
- Safe Lives (Dash) risk assessment
- Motivational Interviewing

- Solutions-Focused Therapy
- Group work

The more effective interventions used by the pilots were collated into the Best Practice Toolkit (which can be found in Annex F), providing a single, practitioner focussed recourse. The toolkit provides a versatile resource which practitioners and managers could draw on depending on the needs of the individual pilot participant.

Intensive

Acknowledging the user-led and tailored nature of the Action for Change pilots another strength of the model identified across all of the research participants was the holistic support the pilots were able to provide. As well as the core therapeutic support provided to address the trauma of either having or being subject to having a child removed in tandem with the experience of domestic violence, Action for Change also provides a coordinating role to activate wider support to address specific issues. These can range from health and wellbeing, parenting skills, housing, and advice on welfare benefits, employment and training.

Action for Change staff encouraged discussion of topics that participants considered important which they then used to discuss the structure of sessions to meet interviewees' needs. In doing so, a wide range of participants' needs could be identified, which allowed Action for Change caseworker to help the participant focus on the most pressing issues and begin to think how these will be addressed.

As well as providing a responsive support offer that could accommodate immediate and short term needs, the Action for Change pilots appeared to help people think about their longer-term goals, such as their parenting aspirations, finding employment and education opportunities, improving their financial and housing situation and generally increasing stability in participants' lives. By working towards these long-term goals, the support is believed to have created sustainable change:

"I think the whole project is about sustainable change but sustainable change is something that leads to independence" (Staff member)

Support was usually sequenced according to the individual's immediate needs. Importantly, the type of support, and when it was offered was responsive to the individual and their circumstances.

5.7. Building on the Action for Change Pilots

There were several areas across all of the pilots where it was felt the Action for Change could be improved. These included:

Ramping up

All the pilots found establishing the service and engaging participants to get to a steady state of delivery initially challenging. Depending upon the delivery model (e.g. peripatetic, or hub and spoke), engagement rates could vary. In the UK, it was noted

that it could take-up to three months from initially contacting a participant to getting them to start to engage (anecdotally it was reported that one participant only began to engage with the service following six months of engagement activity).

As such, future provision should anticipate longer lead times to ramp up the service to achieve an operation caseload.

Service visibility and upfront information

An issue raised relatively frequently by participants in each of the pilots was the lack of knowledge of the service and information about it when being informed about the Action for Change project, regardless of who made the referral.

Participants reported being unaware of what attending would involve, what the intended benefits of taking part were and how the support would be structured. Consequently, this could lead to negative first impressions, and confusion. Participant's also reported anxiety and timidity in early sessions due to the uncertainty about the service. It was suggested across the pilots that clear, upfront information that was offered sooner, and that this information could have reduced concerns about the service:

"More information on the leaflet [would have been helpful] to understand what the service is about, what they can help you with and how they can help you" (Participant)

Understanding the progress made

There is no doubt that the Action for Change pilots have led to significant changes in the lives of the participants and, to some degree, within the wider social care system. However, as the pilots are time bound, it is not possible to fully assess the full outcomes of the pilots. This is compounded by the duration of the support being provided, which given the complexity of participant needs has lasted far longer than may have initially been anticipated. An even longer programme of work should be conducted to capture the longer-term benefits of the support. Further, any new initiatives seeking to work with this population should consider longer term resourcing to ensure support is not prematurely ended.

Group support

While greatly valued overall, there were some concerns about the group support, especially during the early stages of support. For some participants being in a group setting was reported as intimidating to begin with. Where possible, interviewees explained that they would have preferred to have received one to one support prior to getting involved in group work.

The group support also led to some individuals desiring more tailored support as they could not relate to the topic being discussed or the individuals sharing their experiences, as in some cases they were at different stages or had different backgrounds.

Outreach vs. overreach

Like the group sessions, the outreach model was a key strength of the Action for Change delivery model. However, the location of the support was key, and not felt to be suitable in all cases. For example, where interacting in a public place such as a café, made some uncomfortable about speaking about emotional subjects and explained that they became frustrated when the session was interrupted.

Offering to meet in a convenient, non-threatening location will appeal to many, but for some there may be reassurance of receiving and interacting Action for Change in a more traditional or formal setting.

6. Conclusions and recommendations

The Action for Change project sought to explore models of delivery that effectively address the needs of women who have had or are at risk of having their children removed from their care because of domestic abuse. The project involved four pilots, which, while operating towards the same objectives, used different configurations of service delivery and operated within vastly different political and socio-economic contexts.

As a first step, the review of existing evidence conducted as part of this evaluation highlighted some of the key differences between states. Though all appeared to have strong legislative systems to protect both women and children, the extent to which this was leveraged varied. Further, while social workers and officials took a more interventionist approach when dealing with child protection issues, the onus of removing risk factors for the children, including the situation of violence and abuse an adult parent suffered, was largely the parent's own.

The level of detail and the reliability of data collected on the experience of domestic violence and child protection through official means also varied and raised questions about the ability to compare across states. Importantly, there was very little evidence around the relationship between domestic violence experienced by a parent and vulnerability to having a child removed.

Two of the questions this evaluation sought to address considered the existing support available to this population group, and the additionality that the Action for Change pilots brought to this support. Across all the states involved in the pilots, there appeared to be little in the way of existing structured support addressing this particular need. As such, the pilots appear to be a first attempt at doing so.

The pilots were successful on three fronts. First, they achieved the overall operational milestones they sought to achieve with regards to engagement and support; second, they achieved positive outcomes for the parents they helped; third, they raised the profile of domestic violence within the context of child protection, and particularly among officials of the state, and local services.

With regards to the first achievement, all of the pilot areas were able to successfully engage the number of women and parents they had set out to do. Though these targets were comfortably achieved, establishing the pilots and initial engagement approaches were challenging. Trust, accessibility, service visibility, and emotional readiness were all considered barriers to engagement. Providing a clear, upfront explanation of the Action for Change offer encouraged engagement, as did ensuring strong relationships with referral partners. Encouragement from women who had received support from the pilots was also a particularly effective way of overcoming some of the reluctance to engage with the service.

Once engaged, there was near universal praise about the support provided through the Action for Change pilots with participants valuing the non-judgemental, individually tailored and intensive support on a range of issues the pilots provided.

Contextual issues largely defined the objectives that could be achieved. This is most clear when contrasting the parents supported through the UK pilot who had children already removed, compared to those in Italy who largely still had the child who was vulnerable to be removed in their care. However, irrespective of this, participants engaged in the pilots reported numerous positive changes. Commonly, these included:

- Improved personal health, wellbeing and self confidence
- Evidence of reduced repeat pregnancy, and in the likelihood of having a child permanently removed
- Improvements in parenting and belief that future relationships between parent and child will be benefitted through the support
- An understanding of their own role, as well as the role of others in their circumstances
- Improvements in their housing and employment circumstances

For many participants, the cumulative benefits they experienced led to a greater sense of independence, and resilience should they encounter violence in future. For some, the pilots also provided reassurance that they were not isolated should they need help in the future.

Many of the participants involved in this research were still being supported through the Action for Change pilots and therefore may not have realised all of the benefits from participation. Given the duration of the pilots and the evaluation it was not possible to fully explore the outcomes that may be achieved in the longer term.

Finally, the pilots have been successful in raising the profile of both the needs of parents who have had children removed into care and the need for sufficiently intensive interventions to comprehensively address the complex of problems, with a focus on the experience of domestic violence. As well as promotional activity with member of the public and press coverage, there was evidence that the pilots influenced organisations involved in the child protection and civil justice system, which in turn helped to improve referral pathways

6.1. Recommendations

Many lessons have been learned through this evaluation which should be observed when considering future support for individuals who experience domestic violence and have had, or are at risk of having their children removed. These lessons have

been translated into recommendations around the development of the evidence base, delivery of support and implications for the pilots themselves.

Developing the evidence base

Regarding the evidence and monitoring of data around the issues of domestic violence and child protection it is recommended that:

- More evidence is collected and analysed on the relationship between domestic violence and child protection across all the partner countries.
- There is consistent and more detailed monitoring of child protection trends, with a specific focus on domestic violence and its impact.
- Given the level and duration of support required by pilot participants, consideration should be given to running extended pilots to establish the longer-term outcomes that can be achieved for participants. Consideration to extending and evaluating the existing pilots should also be given.

Delivery of support

Regarding the delivery of future support services covering this area it is recommended that:

- Future support is client led and voluntary, rather than mandatory as both aspects were critical to the success of the pilots.
- The appropriateness of group sessions, and particularly when they occur in the support journey, is carefully considered. It is recognised that peer support was an important element of the pilots, but it is necessary to ease people in, so that they feel prepared.
- Referral pathways are developed to improve the handover between the referral and delivery partner, and crucially, to increase participant trust in the support service.
- Future or ongoing support is holistic and intensive. Pilot participants often led lead chaotic lives and faced multiple issues that need to be addressed for them to make progress, making this essential to the delivery model.
- The delivery environment for the support should be considered, especially within outreach models. Having a safe-space where participants feel comfortable to discuss emotional subjects is vital.
- Staff working on such projects are experienced professionals who have a non-judgemental, value neutral approach. This was appreciated by Action for Change participants who contrasted the pilots favourably compared to other

support they had previously experienced which they described as value laden, and prejudiced against a parent who has had a child removed.

Existing Action for Change pilots

With regards to the pilot services themselves, it is recommended that:

- It would be beneficial if the Women's Shadow Board was retained in some form, for the benefit of service delivery and members. The user-voice provided by the board was important to the pilots' success and proved influential throughout the pilots. It was also much valued by members themselves.
- The Best-Practice Toolkit is maintained and updated as required, to ensure that the most relevant and up to date information is available for key support workers to help those experiencing domestic violence.
- There should be continued efforts to raise profile of the Action for Change project, its impact and the challenge faced by parents effected by domestic violence and child removal more generally.

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