



## Growing Futures Evaluation Summary

### Background

The 'Growing Futures' programme was established in Doncaster in the spring of 2015 to improve the outcomes of families, and particularly children and young people (CYP), who have experienced Domestic Violence and Abuse (DVA), by improving the services that work with them. At the operational level, 12 Domestic Abuse Navigators (DANs) were employed to work with 102 families, including delivering direct therapeutic work with 277 family members. At the strategic level, work was undertaken by Growing Futures management to improve the service response to DVA by developing services, improving multi-agency collaboration, and embedding a 'whole family' approach to tackling DVA.

### Aims and objectives

The programme was designed to address years of 'inadequate' standards within children's services in Doncaster. Its strategic aims were to reduce the emotional harm caused by DVA to CYP; to directly support recovery from DVA for victims and their children; to significantly reduce repeat victimisation; to challenge acceptance of DVA among families and the wider community; and to break the pattern of abuse as it represents itself in CYP. More specifically, the programme sought to reduce repeat referrals of DVA cases to the multi-agency risk assessment conference (MARAC) by 25%, and to reduce the number of children admitted to care by reducing the number of Children in Need where DVA is a factor by 10%.

### Evaluation

The aim of the evaluation was to assess whether the intended outcomes of the programme were achieved, and to identify the factors that enabled and hindered the achievement of positive outcomes for families and services. The evaluation used mixed methods. Interviews were conducted with 9 service users, 17 Growing Futures staff, 7 Board members, and 19 professionals from social care and other allied services. An electronic survey of 160 professionals working in Doncaster services was conducted to establish baseline perceptions and experiences of work to reduce DVA. Analyses of two MARAC datasets (of 2194 and 539 cases), social care case files, and the 12 DANs' Learning Logs and casework books were undertaken to assess the scale, process, and outcomes of casework. Focus groups were conducted with members of the public to understand attitudes to DVA and services in Doncaster.

### Findings

- DANs have supported a total of 102 families. This equates to a total of 440 family members, including 232 CYP, 102 victims, 90 perpetrators, and 16 other family members. Of these, DANs conducted direct therapeutic work with 277 family members, including 153 CYP, 72 victims, 49 perpetrators and 3 other family members.
- Analysis of DANs' casework books demonstrated that DANs had completed 62 Domestic Abuse, Stalking and Honour Based Violence (DASH) risk assessments with families at the start of their interventions, and 56 at the end. This compares to the findings of a review of social work case files, which indicated that completion of DASH risk assessments was not part of routine assessment in social care for families experiencing DVA.

- Analysis of the first MARAC dataset produced an estimated decrease in repeat referrals of 28.4% in 2016/17 compared to the previous year, and a decrease of 36.4% compared to the average for 2013/14 to 2015/16. To address weaknesses in this dataset and to support a clearer comparison of validated data from before and after the introduction of Growing Futures, a second dataset was compiled. This indicated a decrease of 15.6% repeat referrals per MARAC. On the basis of this more reliable dataset, the target of a 25% reduction was not met.
- Estimated data on the social care vulnerability status of children in March 2015 (provided by Doncaster Children's Services Trust) suggested 44.8% of cases of children in need included DVA as a factor. By the end of 2015/16 this had reduced to a yearly average of 36.4%. This did not meet the target of a 10% reduction.
- It is the judgement of the evaluation team that these two performance measures do not constitute accurate proxies for reductions in DVA-related harm and that their use as programme targets may be counterproductive.
- Qualitative findings suggest that whole family working – that is, working with all family members to support them to overcome DVA and develop healthy relationships in future – appears to enhance professionals' capacity to develop in-depth understanding of the main problems facing a family and to support them to change entrenched behaviours and attitudes. Having one DAN as the key worker for a family has facilitated families' trust and motivation to engage.
- Small caseloads are necessary to facilitate the intensity of direct work that is required to enable deeply entrenched behaviours to be explored and tackled, and to ensure availability to respond to families' crises.
- The absence of a short time limit on intervention is crucial, allowing DANs to stay involved with a family for as long as necessary to build trusting therapeutic relationships and support all members of a family to overcome their experiences of DVA.
- Having a perpetrator worker is a vital element of the model. Within some families, having one DAN work with both the victim and the perpetrator is inappropriate or ineffective, often due to victims' concerns that perpetrators may manipulate or collude with the DAN. In these cases, having another professional work with the perpetrator as the DAN works with other family members has enabled whole family working to take place.
- Whilst efforts to bring about a joined up, holistic service have yielded some benefits, a majority of professionals agreed that work is still needed to bring clarity to referral pathways, service protocols, models of working, roles and responsibilities, and information and risk sharing. This is particularly the case for standard and medium risk cases in Doncaster.

## Recommendations

- The role of Domestic Abuse Navigator should be maintained, at least until the good practice modelled by the DANs is embedded within other services.
- DANs' caseloads should be limited, and interventions should not be time-limited. Any significant increase in DANs' workloads would jeopardise their ability to develop therapeutic relationships with families.
- A shared IT system enabling relevant professionals to access DVA case information would be useful to ensure up-to-date information is available across agencies, though any system would need to maintain appropriate levels of confidentiality.
- There remains an urgent need to bring clarity to referral pathways, service protocols, models of working, roles and responsibilities, and information and risk sharing at every level of vulnerability and risk.
- There remains a particularly urgent need to promote clarity around the system for progressing standard and medium risk cases in Doncaster, and to ensure that professionals are aware of their roles and responsibilities within that system.
- Performance targets should be linked to accurate proxies for reductions in DVA and DVA-related harm at each level of vulnerability and risk.

This evaluation was carried out between May 2015 and September 2016 by Opcit Research.

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*A full copy of this report can be found at [www.gov.uk/government/publications](http://www.gov.uk/government/publications).*