

# Evaluation of domestic violence and abuse recovery programmes in Devon

Three whole family approaches

March 2024



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Thank you to the young people and parents who shared their experiences and views about the services. We appreciate your honesty and insightful reflections.

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# 1. Introduction

In 2022 the Safer Devon Partnership commissioned three local services to each design and deliver a whole family trauma-informed domestic abuse recovery intervention programme that worked with families for up to a year, and that was aligned with the core elements of the Office for the Police and Crime Commissioner's (OPCC) Serious Violence Programme's Theory of Change:

- > 'Reduce the number of young people affected by serious violence (including intra and extra familial violence).
- > Focus on those involved in / exposed to violence in the home.
- > Work to ensure that young people are more resilient to future violence, including mitigating the impact of adversity.
- > Reduce risk in places and contexts (e.g. an abusive and violent home environment)<sup>1</sup>.

Safer Devon Partnership defined 'whole family' recovery programmes as including the victim-survivor parent and their children (under 18). Recovery programmes did not include the parent perpetrating domestic abuse.

Four local services were selected to deliver three programmes (Community Links, NDADA / DACS, and SAFE Foundation); one programme was provided by two local services working in partnership. Each programme delivered support to families living within different areas of Devon. All three services were working across large areas of the county; two including large rural regions.

The domestic violence and abuse recovery programmes and evaluation were funded jointly through the OPCC and Devon County Council (DCC). This evaluation draws upon the theory of change developed by the Safer Devon Partnership (see Appendix A) that highlights the short- and medium-term outcomes that were selected to be the focus of all three programmes. The aims were to strengthen:

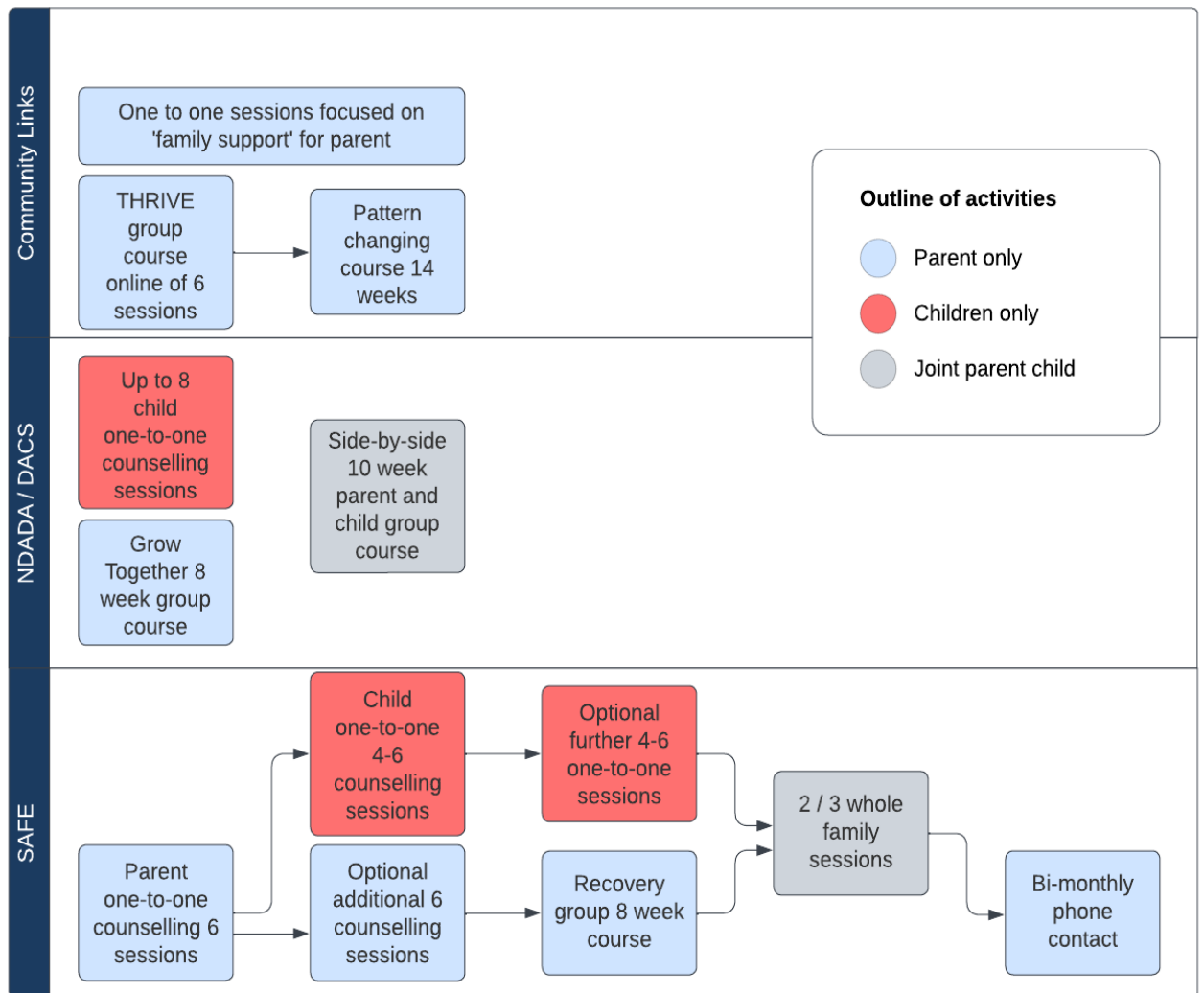
- > Parent / family resilience:
  - Parent and child feel safe, parental wellbeing is increased and feels supported, reduced escalations to children's social care.
  - Family relationships are strengthened and a reduction in further exposure to domestic abuse at home.

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<sup>1</sup> Taken from Intervention Provider Specification Extract, provided by Safer Devon.

- > Children and young people's resilience:
  - Children and young people exposed to domestic abuse are supported through a whole family approach, happiness and safety are increased, they feel more positive about school and attendance improves, and exclusions and school absence reduce.
  - Children and young people have stronger relationships with family and peers, they have a positive environment and support to grow and thrive, children and young people are developing educational and social skills, and engaging in positive activities with families, peers and community.

**Figure 1 Overview of programmes**



## Eligibility criteria

All three programmes required a referral from local early help<sup>2</sup>. Families who had experienced domestic abuse were eligible to take part. It was required that the parent was no longer in an abusive relationship. Children and young people in the family could be included in the programme if they were between the ages of 5 and 18.

Once a family was identified as potentially suitable, they met with an early help professional and a keyworker from the service delivering the programme. Together they reviewed the family's eligibility and suitability for the programme in more depth.

Each programme was commissioned to work with 12 families for up to a year each. The delivery of the programmes ended in Autumn 2023.

## Overview of Community Links programme

The Community Links programme consisted of three key components delivered over a 12-month period:

- One-to-one sessions for parent to meet with their keyworker. The focus of sessions was determined by the specific needs of the family and timing of sessions was flexible according to the family's needs across the period of their involvement with the programme. This aspect of the programme was referred to as family support sessions<sup>3</sup>.
- THRIVE was a group work course for parents, run online over six sessions. THRIVE is an evidence-based trauma-sensitive approach which supports families to understand their children's social and emotional development and support wellbeing<sup>4</sup>.

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<sup>2</sup> In Devon County Council early help is not a stand-alone service but a partnership way of working to support children and families. Locality teams provide support for professionals working with families at an early help level. [Early Help - Devon Safeguarding Children Partnership \(devonscp.org.uk\)](https://www.devonscp.org.uk)

<sup>3</sup> Information from professional survey response.

<sup>4</sup> More information about THRIVE [Parents and Carers | The Thrive Approach](#)

- Pattern Changing was a group work course for parents (14 x 3 hour long sessions)<sup>5</sup>, which followed on from THRIVE. The Pattern Changing course is a widely used educational programme that supports a victim-survivor of abuse to understand domestic abuse and its impact for themselves and their children, to explore patterns of past relationships including in their childhood, and to begin to consider healthy patterns for new relationships. The focus is upon victim-survivors' ability to change the course of their life<sup>6</sup>.

Delivery of both the THRIVE and Pattern Changing courses focused on supporting parents to develop and enhance their relationship with their children, as well as their own relationships and recovery from domestic abuse. The Community Links programme did not include direct work with children, working instead to equip the victim-survivor parent with skills to provide ongoing support to their children<sup>7</sup>.

## Overview of NDADA / DACS (North Devon Against Domestic Abuse / Domestic Abuse Counselling Support) programme

NDADA and DACS collaborated to provide therapeutic support to parents and their children. The programme included:

- One-to-one sessions for children and young people aimed to provide 'a safe and secure therapeutic relationship to enable them to talk about their experiences of domestic abuse and how it has impacted their lives'. Sessions were intended 'to help them process and update how they made sense of what has happened' and the feelings associated with this, and to support children to create 'a better sense of self, reduce blame and increase empathy with their non-abusive parent and improve their relationship'<sup>8</sup>.
- 'Grow Together' was an eight-week group course for victim-survivor parents who have experienced domestic abuse. The course aimed to explore the impact of domestic abuse on the children/parent relationship and to support the development of healthy coping strategies, and identify changes needed within family and development of new skills<sup>9</sup>.

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<sup>5</sup> [Pattern changing for abused women: an educational program - Social Care Online \(scie-socialcareonline.org.uk\)](https://scie-socialcareonline.org.uk)

<sup>6</sup> The course was originally written with a focus on women, but is also now used as a tool for male victim-survivors of domestic abuse.

<sup>7</sup> Information from professional survey response.

<sup>8</sup> Information from professional survey response.

<sup>9</sup> [Grow Together - NDADA](#)



- ‘Side by Side’ was a ten-week group course for children and their parents aiming to increase the understanding of domestic abuse and support the parent-child relationship including enhancing ‘effective communication’, ‘learning coping skills to regulate and express emotions’ and ‘enhance resilience’. Some activities involved joint work between parent and child within a family, while other aspects of sessions separated out children and parents<sup>10</sup>.

The key components of the programme were offered flexibly to accommodate the needs of each family, and the availability of sessions. For example, one-to-one sessions with children may have taken place before or after Grow Together family group sessions. There were occasions when, to meet the needs of families, group programmes were delivered individually.

## Overview of SAFE Foundation programme

The programme run by SAFE Foundation was called ‘Flourishing Families’<sup>11</sup>. It was ‘a 12-month comprehensive trauma-responsive support programme specifically designed to support the whole family through direct and indirect working, individually and as a unit’. The structured programme comprised of concurrent parent and child pathways, with support and interventions delivered in a set order:

- Individual one-to-one therapy for parents (six sessions followed by a further optional six sessions).
- Eight weekly sessions of group therapy for parents.
- Individual one-to-one therapy for children (four to six sessions, followed by a further optional four to six sessions).
- Two or three whole family sessions.
- Bi-monthly phone contact with keyworker.

Care planning/assessment, and multi-agency collaboration were key aspects of the support offered, with a keyworker attending Team Around the Family meetings with the parent and professionals working with them. Support was designed to be

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<sup>10</sup> [Side by Side - NDADA](#)

<sup>11</sup> Information about the Flourishing Families is informed by information shared as part of the professionals' survey which asked for detail about each programme and information from the SAFE Foundation report in 2022 from their website [Microsoft Word - Draft FF Report May 2022\\_V3EMEH \(wearesafe.org.uk\)](#)

flexible and collaborative, and to support parents and children to develop a stronger relationship where they feel heard<sup>12</sup>.

The programme tapered off the support as families neared completion<sup>13</sup>, avoiding a hard ending which can be difficult for families who have experienced trauma. Flourishing Families required that parents complete six sessions of one-to-one counselling before their children began their one-to-one sessions. Parents were asked to commit to completing all elements of support to be accepted onto the programme<sup>14</sup>.

## Evaluation aims and questions

Research in Practice was approached by Safer Devon Partnership to provide an independent evaluation of the three interventions in March 2023. The evaluation commenced in May 2023 and has set out to answer the following questions, using the methodology outlined in Section 8: Methods Summary (and for more details of the Evaluation see Appendix D). The evaluation did not aim to compare effect sizes between the three models, due to the small number of participants.

Impact:

- How effective are these DVA programmes of whole family support for recovery in improving wellbeing, safety, and positive relationships?
- Where changes were made by families, or individuals, have these been sustained over-time?

Process:

- What are the strengths and limitations of the delivery of each programme?
- How do these differ between the programmes?

Voice and experience:

- Have the programmes met the needs and priorities of the families?
- What was their experience of accessing the support?

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<sup>12</sup> Information from professional survey response.

<sup>13</sup> [Microsoft Word - Draft FF Report May 2022 V3EMEH \(wearesafe.org.uk\)](#)

<sup>14</sup> Information from professional survey response.

## Definition of terms:

**Service:** There were four service providers - Community Links, SAFE Foundation, NDADA and DACS - commissioned to provide the whole family domestic violence and abuse recovery programmes.

**Parent:** We have used 'parent' in this report to refer to the non- abusive parent taking part in the programme. It is important to note that all of the parents interviewed – and who took part in the programme - were mothers. The term parent is used to reflect the commissioner's language.

None of the programmes worked with parents who were perpetrators of domestic abuse. Where reference is made to an abusive parent or partner then this has been made clear in the text.

**Child / children / young person:** We have used these terms for children and young people aged under 18 who have experienced domestic abuse and whose parent has taken part in the programme. Where necessary we make it clear whether children have taken part directly in the programmes.

**Programme:** the services designed and delivered three different programmes of intervention aimed to support families recovering from domestic abuse. Community Links and SAFE Foundation each delivered a programme, and NDADA /DACs jointly delivered a programme. Details of the support provided for each programme are included in the introduction to this report.

**Keyworker:** Some services had one member of staff who was delivering the whole programme to all families they worked with. Other services had a number of staff who worked directly with families. All services had a consistent keyworker for each family.

## 2. Key findings: Profile of families working with domestic abuse recovery services

Each service was commissioned to work with 12 families. In total 36 families began the programme, 12 with SAFE Foundation, 13 with NDADA / DACs and 11 with Community Links). A breakdown of the number of referrals to each service, including the numbers of parents and children, is included in Appendix F: Table 17.

### Characteristics of families

It was clear from the interviews with families and professionals that the three services worked with families whose circumstances were diverse. Some had experienced domestic abuse very recently and had not participated in other recovery or support services. Others had experienced abuse or violence further in the past, and some had previously accessed other services. Family size and the ages of children also varied.

All families were receiving support at an early help level when referred to the programme; some with more complex needs than others. It was notable during interviews with parents and professionals that many of the families included a child with special educational needs or who are neurodiverse. This was particularly evident for the families working with Community Links.

Both families and professionals identified mental health as the key area of need for families joining the programmes. This was the most common support need identified for both parents and children. This finding is in line with evidence that indicates a strong association between experiencing domestic abuse and developing mental illness<sup>15</sup>.

The self-reported wellbeing data from parents indicated differences in wellbeing among the parents and children in each of the three programmes. Further detail on this is explored in Section 5. Across all three programmes professionals reported that low or non-attendance at school, as a result of children's poor mental health, had become increasingly common among families they support. The mental health needs of children and young people meant that adjustments were needed for some to take part in the programmes. For example NDADA / DACs adapted their planned programme to provide individual alternatives to group work for children who needed this.

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<sup>15</sup> [Women who experience domestic abuse are three times as likely to develop mental illness | The BMJ](#)

## Referral processes, information and early expectations

Some parents had actively sought support and requested referrals to available services. Such requests were often focused on needs of their children, or for aspects of parenting that were directly related to the impact of domestic abuse. For others, professionals already supporting the families had referred them to the whole family domestic abuse recovery programme for their area.

When asked about their main expectations and reasons for joining the programme, parents focused on the impact of support for their children. They were less clear about what they had hoped the impact of the programme would be for themselves. Where parents were clearer about this, they described a desire to 'build back relationships' with their child or see improvements in relationships within their family that had been negatively impacted by domestic abuse. Others had felt they 'needed to talk' and 'be heard'; or that their child needed someone to 'confide in' outside of the family.

Parents recalled receiving different amounts of information prior to taking part in the programmes. Some parents had not understood what taking part in the programme would involve, particularly the time commitment or the depth of emotional work involved. This had been the case even for some who had discussed the suitability of programme with the service and the early help team prior to accepting the referral.

In interviews, parents taking part in work with Community Links and NDADA / DACS recalled feeling less clear about the referral process and the detail of the programmes. In contrast parents we spoke with accessing SAFE Foundation's programme clearly understood that there were pre-requisites for their own attendance should they wish to access one-to-one support for their child/children, and felt the referral process had been clearly described. Even with this level of information, parents remarked that they had been surprised at the emotional intensity of the programme.

All the parents we interviewed spoke about the significance of the programme to their lives, and the positive impacts the work had for them. This sentiment was highly consistent, even where parents had joined without a clear understanding of the programme or their own support needs:

*'I think at the time my focus really was to get the help for [child], but I knew that I had to complete the counselling myself and then the group sessions in order for him to get those. So at the beginning, it was a tick-box exercise, really. I was like, well, he's the one that needs the help. He's my focus, which is why I agreed to*

*take part in the programme. I don't think I really thought about the benefit to myself at the start... I think in the end, it wasn't as successful for him as I wanted it to be, through no fault of the service...For me, and this sounds so cheesy, I feel like it's changed my life.'* (Parent)

More detailed findings about the impact of the programmes are included in Section 6.

## Barriers and facilitators to engagement

### Factors that impact parents' engagement with programmes

All of the programmes required a substantial time commitment over many months and were emotionally demanding. Successful completion of the programmes required parents to have adequate capacity – both mentally and practically.

A key practical challenge for parents attending programmes were needing to arrange time away from work to attend the programme. For many parents the programmes required significant travel times to reach sessions from small or rural communities. One parent reflected that whilst it was a challenge taking time off from work, this had also been beneficial to their capacity to engage:

*'It was hard to take that amount of time off work. Having said that, I think it was also in the end a helpful thing. I needed to take that time; I needed that time. If it had been in the evening, I'd have been doing my work and doing that, and it would have been overwhelming. I can't say that it would have been better to be honest if it was in the evening.'* (Parent)

When reflecting on the challenges and barriers to taking part in the programmes both professionals and parents noted similar themes that impacted both time and capacity:

- > parents' ongoing difficulties with their own mental health
- > lacking support for children with SEND or mental health needs
- > pressures relating to contact with perpetrators and court proceedings
- > pressing practical issues arising from the domestic abuse (housing, debt and finances, health appointments).

Parents and professionals noted that obtaining appropriate and timely support from other services for themselves or their children was often a challenge. This negatively

impacted parents' time and capacity for successfully engaging with the domestic abuse recovery programmes. Examples included:

- Some parents taking part in the programme reported feeling that they were 'fighting the system' when trying to access support for their children from wider partner services. This often related to getting support for children with SEND.
- Long waiting lists for access to mental health support for children or parents. Some had needs considered 'too high' or 'too complex', and some families had no interim sources of support from other services. This had the potential to influence professionals' decisions to accept a parent onto the programme as declining the referral would have left families without other support.
- One professional observed that partner services had closed Team Around the Family (TAF) meetings and withdrawn support once families began the programme. It is of note that despite the expectation at the start of the evaluation that families would have ongoing support after the programme, very few of the families we spoke to had this in place.
- There were a small number of families who transitioned from the early help team into children's social care during or shortly after referral to the programme. This could have made the families ineligible as the programme criteria were for early help only; however, these places on the programme were honoured. One of these parents later withdrew from the programme after feeling 'overwhelmed' with the number of professionals and appointments.

Where the recovery programmes included opportunity to support families navigate meetings with other professionals, this was very much valued by parents and had helped lower barriers to engagement. We found examples where keyworkers had helped to coordinate support for families with other services, as part of the whole family approach. This was viewed by the keyworkers and families as an important positive aspect of the programme (discussed in more detail below).

Research from Foundations (2023) highlighted that, in order for domestic abuse programmes to be as effective as possible, other local services are required to be working in partnership and providing support to parents and children before, during and after programmes<sup>16</sup>. This current evaluation alongside these wider research messages

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<sup>16</sup> Foundations (2023) [Domestic abuse programmes for children and families programme promise and feasibility \(foundations.org.uk\)](https://foundations.org.uk)

highlight the essential role for collaborative and coordinated multi-agency working to accompany intensive whole family domestic abuse recovery work.

### **Factors that impact direct work with children**

Across both the services that worked directly with children, parents reported the service they were working with trying to accommodate the wishes and preferences of their children about when and where direct work took place. Most frequently, children did not want to meet in school time; however, staff capacity for work outside of school time was limited.

Support from schools to facilitate direct work with children as part of the recovery programmes was reported to be variable. Whilst some schools worked collaboratively with a service, for example arranging an appropriate time and space within the school day for children to meet with the keyworker, other schools were less helpful. Some schools would not authorise or accommodate work during the school day. This was particularly evident where children were in school years required to complete Standard Assessment Tests (SATs).

Some children appeared happy to take part in direct work within school time, and one child in an interview explained that the keyworker had been able to share with a small number of key school staff members information that helped the child to feel supported within the school environment. However, a parent suggested that more availability for children to be seen outside of school would be beneficial. They explained their concern about the possible challenges for their child if they are 'opening up' and 'then has to go back to the classroom', and the potential for this to feel overwhelming, especially when children may already be finding school difficult. Given the potential challenges for children taking part during the school day, and the focus on improving attendance as part of the programme impact and aims, increased staff capacity for working outside of school hours may warrant further consideration.

Sometimes children within a family had different opinions about taking part in any direct work. Some had felt ready to take part, and others less so. Services were often flexible to accommodate children who later decided they would like to take part, or made adjustments so that children could receive some input even if they did not want to attend a full group programme. For example, NDADA adapted Side by Side resources, usually delivered in a group setting, to be used individually with a child and their parent for some families. Some children were too young to take part in the programme or had additional needs and did not take part.



### 3. Key findings: Core features of the approach and programmes

Families and professionals described core features that facilitated positive changes for parents and children.

#### Ethos of the services

Professionals referenced the ethos of their work with parents and children as ‘trauma-informed’, using a ‘relational collaborative approach’, supporting parents and children to feel ‘empowered to use their voice’.

This was reflected in how parents and children explained their experiences with the programmes. It was clear that parents and children highly valued the trust and consistency in their relationship with their keyworker. Participants said that ‘they don't just forget about you’, feeling that professionals showed ‘compassion’ and that parents and children could ‘trust’ them (Parent). Both being ‘listened’ to and being able to ‘talk’ were highlighted as key enabling factors for children (Young Person).

*‘So I was really apprehensive, but [keyworker] was absolutely amazing, and I wholeheartedly felt so listened to and that she really got it. So although it was tricky each week driving into [location] and going to see her, it was absolutely 100 per cent worth it to be heard... I felt like it was a really personal experience. I know that [child] felt exactly the same with [keyworker]... and I think I could have spoken to [child] every single day trying to reiterate the same thing, but it would have never had as much effect as what [keyworker]’s done.’ (Parent)*

## Quality of relationships with skilled and experienced professionals

Professionals had significant skills and experience in supporting families who had experienced domestic abuse, focusing on working collaboratively with families. The quality and depth of relationships developed between keyworkers and parents or young people was evident from interview feedback. Families valued this as a key aspect that supported their recovery journey. Research highlights that developing quality, trusting relationships and the skills of professionals in enabling this, as a key mechanism for enabling change in therapeutic work (Ribeiro et al., 2012) <sup>17</sup>.

## Length of the programmes and consistency of relationships

Parents emphasised the importance of consistent, long-term relationships and input from their (and their children's) keyworkers. Some parents contrasted this with past experiences of working with other services where interventions were short; describing how, just as trust with professionals had formed, the support had ended and they had been expected to begin again with new people. This was described as 'triggering', 'retraumatising' and 'exhausting'. One parent powerfully described:

*'So it's really hard because so I've been on social services for [several] years since my husband was removed. And I've had [several] support workers, I've had a couple of social workers, I have had [name] consistently for a while. But before that it was different workers for the children. There's different workers for this and that.*

*It's just that inconsistency for somebody who's been through the stuff I have can really be quite triggering, actually. And that the thing of abandonment as well, like every time a professional comes in: they're helpful and they're kind, and they're like 'oh, six sessions are up'. It's so hard to deal with that then. And then you're supposed to just crack on with the next person and be all sort of like 'Hi' and, you know, it's exhausting.*

*Having to go over your story again or having to explain this again, it's not helpful. It's actually more traumatising to have to keep explaining yourself to people than it is to have one consistent worker that knows all the stuff and can help share that*

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<sup>17</sup> [How collaboration in therapy becomes therapeutic: The therapeutic collaboration coding system - Ribeiro - 2013 - Psychology and Psychotherapy: Theory, Research and Practice - Wiley Online Library](#)

*with who needs to know to get the right help and support, but without having to re-go over your story, that makes a huge difference.’ (Parent)*

Parents and professionals valued the longer length of the programmes. Often, they felt that the earlier elements of the programme had provided the foundations for them to engage effectively and build on in the next phases. The longer duration gave parents time to embed new skills or knowledge. Parents also discussed in depth the positive impact in working with and meeting the other families; with the longer duration they had been able to form friendships and new networks of peer support. This was particularly effective for those able to work in stable groups over longer periods.

Given the feedback from parents about the difficulties for them that short-term working with professionals brings; it may be that further consideration should be given to the programme’s use of short-term interventions for the children and young people. This concern was raised by one professional in relation to direct work with children who have special educational needs or neurodiversity; and by Community Links as the reason for their programme decision to work only with parents.

## **Coordinated whole family approach**

Across all three services, parents spoke about the significance of the whole family approach. Parents spoke of feeling that support and consideration was always about the ‘whole family, not just one person’, and that the whole family unit was held in mind (Parent).

Another parent explained that having just one person coordinating support avoided the barriers and challenges that they had experienced when working with separate professionals for each family member. They felt the work was smoother as both parents and children were considered. Whole family working also provided a measure of security. A parent described this as ‘it’s brought it all together. I’m in the middle, and [child]’s in the middle, and we’re protected.’ (Parent). Again, these messages from parents highlighted the importance of coordinated, family-centred service planning and delivery, and the key role domestic abuse services have supporting families; especially where families have multiple needs, and support from various services is required.

## Core features of programmes

Each of the three programmes combined both one-to-one and group work components. Each programme is described in depth in Section 1, the introduction to this evaluation report.

**Table 1 Features of the programmes**

	Features of the programmes
<b>Community Links</b>	<ul style="list-style-type: none"> <li>• One-to-one sessions with the parent (up to one year).</li> <li>• ‘THRIVE’: a trauma sensitive group work course for parents about understanding children’s social and emotional development (6 sessions).</li> <li>• ‘Pattern Changing’: a group work course for parents to explore patterns of past relationships and healthy patterns for future (14 weeks).</li> </ul>
<b>NDADA / DACS</b>	<ul style="list-style-type: none"> <li>• One-to-one therapeutic sessions for children and young people.</li> <li>• ‘Grow Together’: a group work course for parents to explore the impact of domestic abuse on the parent/child relationship (8 weeks).</li> <li>• ‘Side by Side’: a group work course for children and their parent to build communication and coping skills (10 weeks).</li> </ul>
<b>SAFE Foundation</b>	<ul style="list-style-type: none"> <li>• Family is allocated a keyworker, end of programme concludes with bi-monthly support calls.</li> <li>• One-to-one therapeutic sessions for the parent (minimum of 6, with ability to extend up to 12 sessions).</li> <li>• Group therapeutic sessions for parents (8 sessions).</li> <li>• One-to-one therapeutic sessions for children (minimum of 4, with ability to extend up to 12 sessions).</li> <li>• Whole family sessions (2-3 sessions).</li> </ul>

## One-to-one work with parents

Both Community Links and SAFE Foundation delivered programmes that included one-to-one work with parents.

Community Links family support sessions were responsive sessions, led by the need of the individual family. Parents described practical support from their keyworker, such as helping to progress an Education, Health and Care Plan (EHCP) for a child with SEND, advocating for families with professionals such as in Team Around the Family meetings (TAF), and signposting to agencies that could support parents address some of the wider impacts of domestic abuse such as finances and housing.

A parent described how their keyworker had given advice and supported them across a wide range of practical issues, and had explained to her ‘I’m not doing it all for you, but I’m gonna support you in doing this for yourself so that you can go and continue doing that.’ (Parent). Specifically, the keyworker had modelled assertive challenge in meetings with professionals (relating to applying for an EHCP) supporting a parent to develop with confidence and skills for the future:

*‘I feel like I’m getting there now and it’s like I’m ready to fly on my own with it. But it has been really helpful while I’ve been struggling with that to have [keyworker] there to say “No, you deserve better for your children. I am going to challenge these professionals on this”. And she has done that successfully.’*  
(Parent)

SAFE Foundation’s programme included one-to-one therapeutic sessions for parents, exploring the impact of domestic abuse, relationships and boundaries. Whilst some parents noted that this process was painful, they had also found it to be transformative and ‘life-changing’. One parent explained that one-to-one sessions with SAFE Foundation had helped them to set healthy boundaries and expectations across all areas of their life, and was supporting them to model this to their children.

## **One-to-one work with children**

NDADA / DACS and SAFE Foundation worked therapeutically with children one-to-one. Children and young people reported enjoying these sessions. They valued the space to talk, felt listened to, and received useful advice. The impact of which was substantial:

*'My mental health was actually like really bad when I met [keyworker]. And then it was getting better. And then, like I had my moments and it slipped. And then working with [keyworker] just made me feel a lot better and my mental health's OK now. I was just like in a deep hole when I first met [keyworker], drowning, and now I'm just like, reached the top of the shore. I guess now.'* (Young Person)

## **Group work with parents**

All three programmes included elements of group work. Group work aimed at developing skills and knowledge, providing aspects of therapeutic work, and gave the opportunity to build peer relationships.

Both professionals and parents acknowledged that attending a group was challenging at the beginning. However, the group aspect of the programme also brought important benefits. These were described as the powerful sense of not being alone, increasing support or social networks, and helping shift perspectives that victim-survivors are not to blame for their experiences:

*'It was really scary going in. I thought, my goodness, being in a group and then you feel like the stigmas associated. But actually, it was a complete eye-opener that domestic abuse in relationships, it doesn't discriminate. We were all there from different walks of life and all had different stories, but it really resonated that we all had the same experiences. Then you can relate to people and then realise that actually, it's not on you. It's not my fault if these things are happening around everybody. Makes you feel you're not alone with it.'* (Parent)

## Group work with families

NDADA / DACS ran group sessions for parents and children to attend. Sessions included activities for families to work on together as well as some separate activities for parents and children. Parents and children particularly valued the time together, working in the group with guided input, and felt that as a result their family relationships were closer.

Both parents and children felt supported by meeting their peers and knowing they were not alone in having experienced domestic abuse:

*'It helped me feel like I'm not the only one which has to go through it all.'* (Young Person)

The programme delivered by SAFE Foundation included a small number of facilitated sessions for single family groups. NDADA / DACS sometimes included a final session jointly for a family. Few of the families interviewed had participated in this type of session, but those that did had valued the opportunity to finish the work together as a family.

## 4. Key findings: The impact of whole family recovery programmes on school attendance and social care referrals

Complete data were available for 36 children and young people. Of these:

- > **15 had worked with SAFE Foundation**
  - 8 had finished in the summer 22/23 period
  - 7 had finished in the autumn 23/24 period
- > **10 had worked with NDADA or DACS**
  - A small number had finished in the summer 22/23 period
  - Most had finished in the autumn 23/24 period
- > **11 had no direct work**, but their parents /carers had worked with Community Links
  - All 11 of these families finished work with the programme in the summer 22/23 period

When considering results, the different group sizes should be noted.

### Escalation into children's social care

Fewer than five escalations into children's social care were recorded across all three programmes, in the term after the intervention programme took place. Due to the small numbers involved, we are not able to report on which programmes the children and young people were involved with.



## Exclusions and suspensions

Overall, there is not enough data to make inferences about changes to the number of suspensions across the programme, however it is promising to see the very few young people with suspensions in the pre- and mid-programme data, did not have suspensions recorded post-programme. Though it should also be noted that the post-programme period was shorter than the periods covered in the pre- and mid-programme data.

### Exclusions

None of the children and young people were excluded during the period of data collection.

## Absence data<sup>18</sup>

Overall, those working with SAFE Foundation or NDADA/DACS saw decreases in their authorised or unauthorised absences over the programme (definitions of authorised and unauthorised absence see Section 8). A much more modest decrease was apparent for those involved with Community Links (see Table 2 and Table 3 over the page). However, a more complex picture emerges when this group's data is broken down further (see Appendix B: Table 6 and Table 7). It appears the trend may be driven by those who completed the programme in the autumn term, for whom only a month of post-programme data is available. Further analysis with data from a longer period would be required to explore this further.

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<sup>18</sup> **Pre-programme data absence data** covered much of 2022 when the Omicron COVID-19 variant resulted in increased rates of COVID-19 (more detail is included in Appendix D including how the increased absence rates have been controlled for in our analysis)

Breakdown of results by programme

**Table 2 Changes in authorised absences by programme**

	Pre to mid programme			Mid to post programme			Pre to post programme			n
	Decrease	Increase	No change	Decrease	Increase	No change	Decrease	Increase	No change	
Community Links	18%	36%	45%	45%	18%	36%	18%	27%	55%	11
NDADA/DACS	20%	40%	40%	50%	20%	30%	50%	10%	40%	10
SAFE Foundation	33%	33%	33%	73%	27%	0%	67%	27%	7%	15

**Table 3 Changes in unauthorised absences by programme**

	Pre to mid programme			Mid to post programme			Pre to post programme			n
	Decrease	Increase	No change	Decrease	Increase	No change	Decrease	Increase	No change	
Community Links	0%	27%	73%	18%	45%	36%	18%	45%	36%	11
NDADA/DACS	70%	10%	20%	30%	20%	50%	60%	0%	40%	10
SAFE Foundation	7%	47%	47%	47%	27%	27%	27%	33%	40%	15

## 5. Key findings: The impact of whole family recovery programmes on general wellbeing

Improved wellbeing is found to be a key outcome for domestic abuse recovery programmes, and it is considered to be both an outcome in itself and a mechanism for parents and children to other broader outcomes (Foundations, 2023)<sup>19</sup>.

### Changes to wellbeing for parents and children

To explore the effect of taking part in one of the three whole family recovery programmes on wellbeing of families, we have reported on:

- Key themes from interviews with parents and young people.
- Standardised personal wellbeing measures that services collected from parents using the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)<sup>20</sup>.
- Additional wider wellbeing questions designed by the commissioning service Safer Devon. These included statements such as feeling safe, having the right support and feeling happy and well. All statements were positively worded, therefore agreement with a statement was indicative of higher wellbeing.

See Appendix E for a copy of the measures and further detail about the analysis and results can be found in Appendix C.

### Differences in wellbeing across the three programme cohorts

Parental responses from the SWEMWBS personal wellbeing and wider wellbeing questions suggests that the group of parents taking part in the SAFE Foundation programme began with fewer parents scoring 'rarely' or 'not at all' for the positive wellbeing statements. (See Table 4 and Figure 2). This may suggest that parents working with SAFE Foundation began the programme with higher wellbeing than parents working with Community Links or NDADA / DACS.

Parental responses about their children suggest that perceptions of their children's wellbeing at the outset varied across the three programmes. SAFE Foundation and

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<sup>19</sup> Foundations (2023) [Domestic abuse programmes for children and families programme promise and feasibility \(foundations.org.uk\)](https://foundations.org.uk)

<sup>20</sup> [Short Warwick-Edinburgh Mental Wellbeing Scale \(SWEMWBS\) \(corc.uk.net\)](https://corc.uk.net)

Community Links parents reported broadly similar levels of negative responses for their children, however NDADA / DACS had higher levels of responses suggesting parents had more concerns about their child’s wellbeing. (See Figure 4 below).

Due to the small numbers of children completing a questionnaire directly it was not possible to undertake comparative analyses across the services.

## Improvements in parents’ wellbeing

*‘Something just clicks and you just feel different, and you just notice stuff different, and yes, just, yes, I’ve got a lot calmer. Obviously, stuff is better at home now as well anyway, so as a whole, everything is just the best it’s ever been, to be honest, yes, so yes, it’s good’. (Parent)*

All parents who took part in interviews spoke about wide ranging improvements in their wellbeing. Feeling less emotional, increased confidence and self-esteem were frequently cited areas where wellbeing had improved. More detail is provided about improved outcomes and the impact for parents and children in the following section.

Using the standard approach to scoring SWEMWBS, the average wellbeing for parents following the programme had risen by 5 points and was approaching the level of the general population in the UK (22.5, compared to an average of 23.5 for the UK<sup>21</sup>). SWEMWBS is a measure of overall wellbeing, which may be affected by factors other than the programmes. Ranging from 7 to 35, higher scores indicate increased frequency of positive wellbeing across the 7 measures. The largest increase in SWEMWBS measures of wellbeing was among NDADA/DACS parents; where average wellbeing rose from 16.4 at the start of the programme to 23.2. This compared to smaller increases for parents taking part in Community Links (17.0 to 20.6) and SAFE Foundation (18.7 to 23.1).

**Table 4 Parents’ wellbeing scored using SWEMWBS**

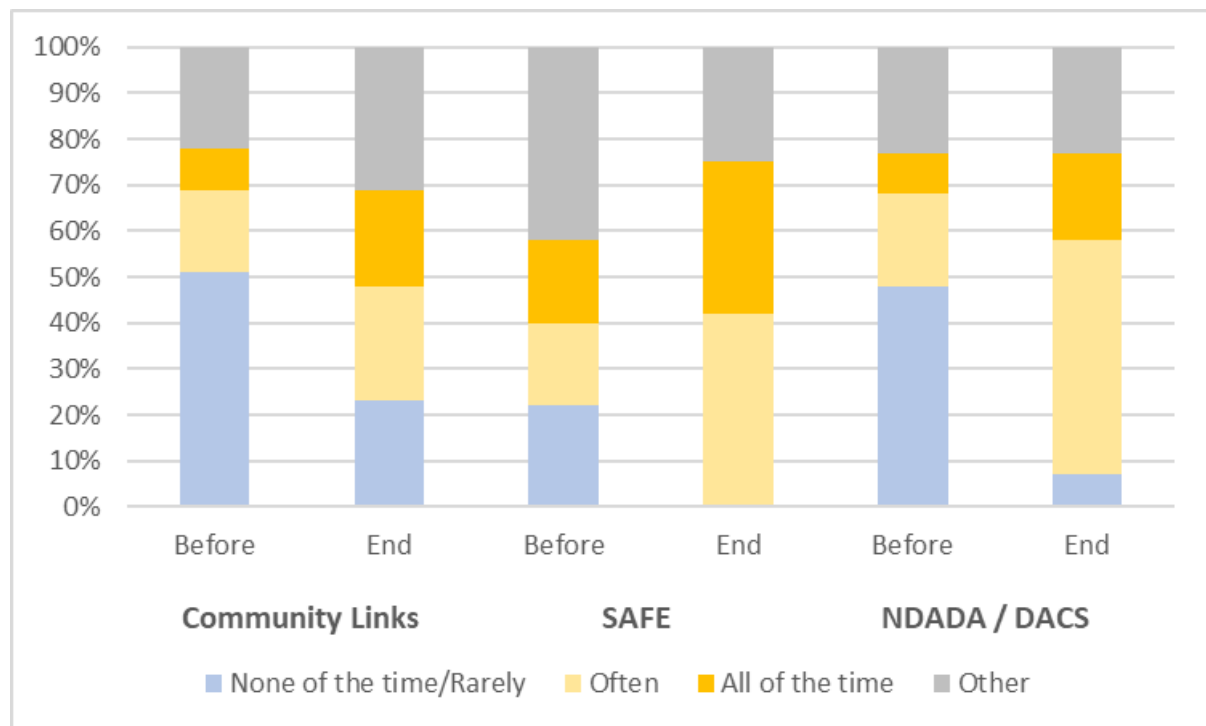
Service provider	Before	End	Diff.
All programmes	17.3	22.5	5.2
Community Links	17.0	20.6	3.6
NDADA/DACS	16.4	23.2	6.8
SAFE Foundation	18.7	23.1	4.5

<sup>21</sup> Ng Fat L; Mindell J, Boniface, Stewart-Brown (2016) Evaluating and establishing national norms for the short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) using the Health Survey for England. Quality of Life Research 26(5):1129-1144

Additional analysis was conducted on parental wellbeing responses using the self-reported SWEMWBS. There was an increase in the numbers of parents reporting they 'often' experienced positive wellbeing over the preceding two weeks from 7% before the programme to 41% at the end. Conversely, the numbers of parents reporting agreeing with the positive wellbeing statements 'rarely' or 'none of the time' decreased. (See Appendix C: Table 9)

Parental wellbeing responses using the wider wellbeing measures designed by Safer Devon showed an improvement from before the programme to the end, across all three services (see Figure 2 below). As noted above some potential differences in wellbeing are evident at the beginning of the programme between the groups of parents working with each service. Parents reporting that they 'none of the time' or 'rarely' agreed with the positive wellbeing statements showed a marked reduction from before the programme to the end, with parents working with NDADA seeing a reduction from 48% to 7%, a decrease of 41 percentage points. There were corresponding increases in parents 'often' or 'all of the time' agreeing with the positive wellbeing statement from before the programme to the end, with parents working with NDADA showing an increase from 20% to 51% 'often' agreeing. At the end of programmes, 46% of parents working with Community Links, 75% of parents working with SAFE Foundation and 70% of parents working with NDADA agreed 'often' or 'all the time' with positive wellbeing statements. (See Appendix C: Table 11 for more detail).

**Figure 2 Parents' self reporting across wider wellbeing items**



Responses for 'Some of the time' and 'N/A or would prefer not to say' have been combined under 'Other' to protect confidentiality.

### Improvements in child wellbeing

In interviews young people described feeling 'less stressed' (Young Person), and that their mental health had improved as a result of having the opportunity to talk and be listened to. Parents noticed that children were more resilient, and confident. This included an example of a young person feeling able to set boundaries with - 'standing up to' - their dad during contact (Young Person) and a young person moving to have new, more positive friendships.

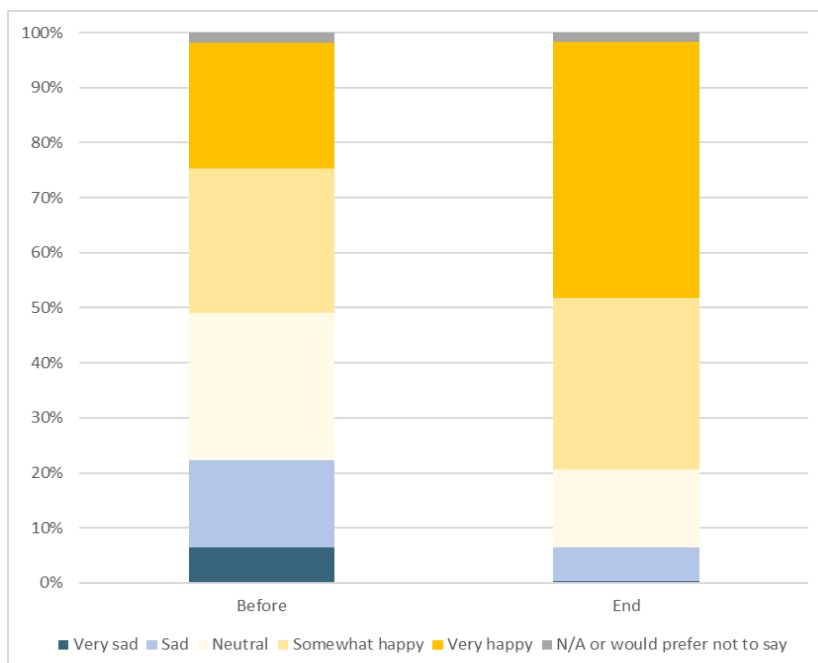
Parents also noted that their children's wellbeing had improved. Where direct work with children took place, parents had particularly valued knowing their children had received support, and had the opportunity to talk with someone about their experiences. Reflecting back upon the progress they and their families had made during the programme was emotional for some parents, given the positive changes that had occurred.

Questionnaire responses also indicated an improvement in child wellbeing (see Figure 3 and Figure 4 below). Across all three programmes parents and children who worked directly with a service reported improvements in the child's wellbeing, using

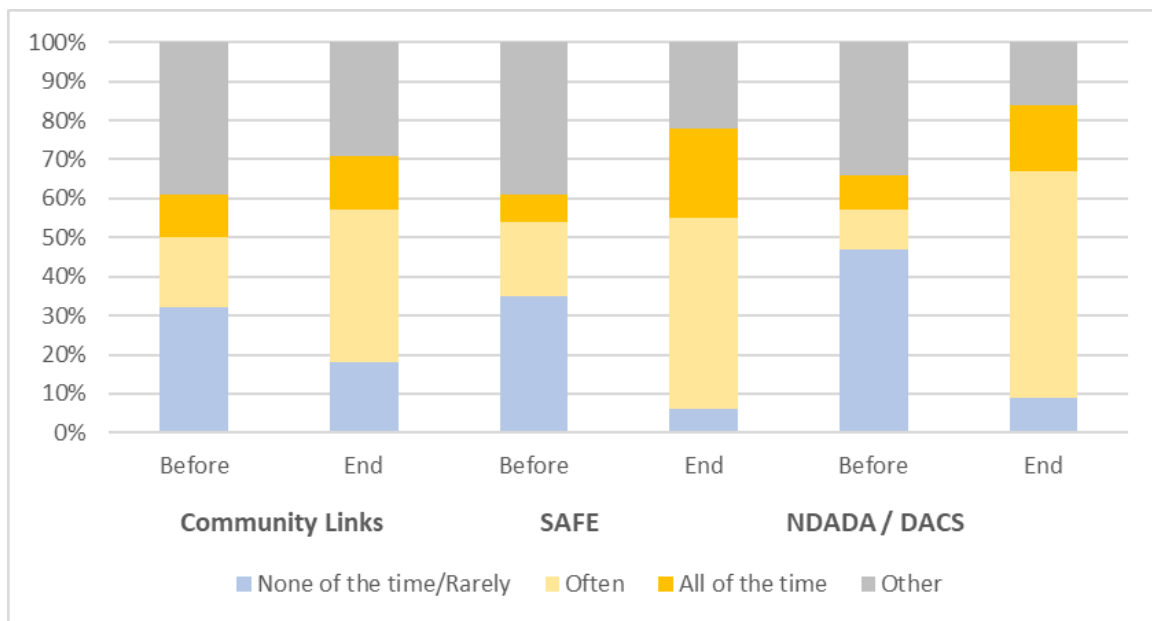
the wider wellbeing measures. (Children whose parent took part in the Community Links programme did not complete the wellbeing survey, as they did not take part directly. For more information see Appendix C). Between the start and end of the programme there was a decrease in the numbers of children selecting 'sad' or 'very sad' and an increase in the numbers selecting 'somewhat happy' / 'very happy'.

Of particular note are the differences between before and end point responses by parents whose children worked with NDADA / DACS and SAFE Foundation, with the largest improvements seen for these groups. The improvement in wellbeing scores for children of parents working with Community Links, where direct work with children did not take place as part of the programme, was smaller.

**Figure 3 Child and young person responses across all wider wellbeing items**



**Figure 4 Parents' responses about children across all wider wellbeing items**



Responses for 'Some of the time' and 'N/A or would prefer not to say' have been combined under 'Other' to protect confidentiality.



## 6. Key findings: The impact of whole family recovery programmes

### Outcomes for parents and children

*'I can't praise them enough. I really can't. I can feel a lump in my throat just thinking about it because I do owe them everything. My family mean the world to me, and I felt like I had to work backwards because you want to try and undo everything that was out of my control. So what [service] gave us the tools to do is the next best thing to it not happening. Like I said, I don't know how I would have got through that time without them, and my [children], and I'm so proud that we have'* (Parent)

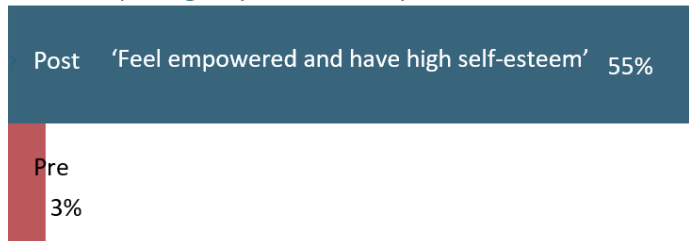
*'Or to just sit there and just be like, oh my God, oh my God. It wasn't normal and I'm not crazy. To be able to recognise that was just like I'd lost weight physically.*

*I think also ... having been so frightened of one person for a long time, to actually have the confidence to go, "no". It's life-changing. For me, because it was such a long section of my life to recognise that it was wrong it just blows my mind really.'* (Parent)

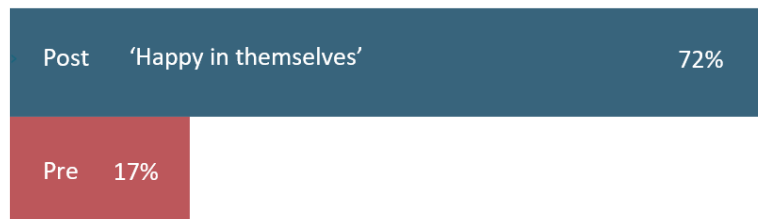
Across all three models, parents spoke powerfully in interviews about how completing the programme had been 'life-changing' and how the changes were substantial for both themselves and their children. One parent reflected that when they initially sought help they did not think they would be able to continue to care for their child, but that by the end of the programme their family life had improved to the point that they no longer felt that way.

Parents were asked to rate how frequently they agreed with specific wellbeing statements, and children were asked to select from a range of faces that reflected their feelings about wellbeing statements. Data from these parent wider wellbeing questionnaires showed an increase from beginning to end of the programme, including:

Parents reporting they often or always:



Parents reporting that their children are often or always:



Children reporting they were somewhat or very happy with:



The scale and significance of the changes were wide ranging:

- > increased feelings of safety
- > increased understanding of the impact of domestic abuse
- > increased parenting confidence, knowledge and skills
- > improved family relationships and communication

- > peer support and increased support networks
- > families feel supported
- > changes to wider circumstances such as employment, housing and confidence to ask for support.

## Feeling Safe

Parents spoke about the value of having a place where they felt safe to share either with their keyworker or in a group, and others reflected that working with a keyworker helped their child to feel safe to speak. Across different families we heard examples of parents or children no longer feeling frightened of the abusive parent. One parent also shared that prior to starting the programme that their child had been threatening to harm themselves, but that was no longer the case.

Questionnaire responses from parents and children also indicated that both parents and children felt safer at the end of the programme compared to the start. Responses from parents that they felt safe 'often' or 'all of the time' increased from 26% before the programme to 71% at the end point (an increase of 45 percentage points), and reporting about their children before the programme 28% increased to 76% at the end. Similarly, responses from children about themselves increased from 42% to 91% selecting the very happy / somewhat happy face in relation to the statement 'I feel safe'.

## Increased understanding of the impact of domestic abuse

Parents reported that the programme had helped develop a better and deeper understanding of the impact that domestic abuse had, both for themselves and their children.

*'I was extremely overwhelmed - one thing would happen but it would be everyone's problem [in the family], type-thing, whereas now it's not like that. It's whoever's the problem is with, that's where the problem is, and it's not everyone in the firing line. The communication is better, and just noticing stuff myself.*

*Obviously, with learning the stuff in the course, now I'm noticing stuff within the children. Rather than thinking, oh, they're just being naughty or they're just [mis-behaving] – I'm understanding where they're coming from. Which has caused a lot of emotion, because I can now see the effects of being in abusive relationships and feeling responsible for that.'* (Parent)

## Increased parenting confidence, knowledge and skills

Through the intense therapeutic work and development of deeper understanding of the emotional impact of domestic abuse parents were in a better position to be able to identify and understand their own emotions. Parents described how therapeutic and educational elements of the programme had helped to enhance their self-regulation skills:

*'It's just giving you the tools to calm down, break it down, and actually think about, and talk to yourself about why you're feeling that ...I do find myself a lot calmer and a lot more understanding.'* (Parent)

Developing emotional regulation has been identified as a key outcome for parents recovering from domestic abuse with recent research describing it as 'a gateway to all other outcomes' for parents and their children (Foundations, 2023, p.7)<sup>22</sup>.

Parents also reported that their children were better able to 'recognise and respond to emotions in healthy ways'. Parental responses agreeing to this statement 'often' or 'all of the time increased from 3% before to 59% after the programme (an increase of 56 percentage points).

Parents described using reflection, mentalisation and knowledge learned through the programme to interpret their children's behaviour differently, and as a result responded more effectively:

*'Because I was going through such a horrible time as well, I don't think I was dealing with it maybe in the best way that I could. But actually, to sit back and recognise also what's hurting him...To stop that naughty label and thinking, "oh, Christ, this kid's a bloody nightmare"; when actually he was just a [young child] who's confused, upset, scared.'* (Parent)

Increased confidence in parenting was a key outcome reported by parents. Whilst some acknowledged that parenting was still challenging, in particular for those whose children had special educational needs or were neurodiverse, they felt more able to model 'gentle parenting' and maintain healthy boundaries. Parents also reported feeling less guilty and being able to model self-care.

*'I feel I've got a bit more confidence in my parenting. I most definitely feel a bit more confident. I feel like actually, things that have happened - I don't know*

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<sup>22</sup> Foundations (2023) [Domestic abuse programmes for children and families programme promise and feasibility \(foundations.org.uk\)](https://foundations.org.uk)

*how to explain it but it's kind of levelled it out a little bit and made it a bit easier to manage.*

*I don't feel quite so guilty, I think, would probably be quite a good word. I don't feel quite so guilty about the things that have happened and that actually, my [children] are okay, they are going to thrive, and they will be okay. That's the only way I can explain it, really.'* (Parent)

*'For myself, massively changed my confidence in being a parent. Yes, that's massive. I have no doubts that I can't do it anymore.'* (Parent)

Some parents – as well as one young person - gave examples of having identified unhealthy relationships, as a result of their programme learning. They described using the skills to either distance themselves from that person, or set clear boundaries to protect themselves.

## Improved family relationships and communication

Across all three programmes parents gave examples of improved communication and better relationships within the family, both between parents and children and between siblings. Where children had taken part in direct work, some parents noted an increase in children being able to verbalise their feelings to the parent. Where we spoke with young people they explained that family relationships had improved: 'Mum and I are closer' (Young Person) mirroring what their parent had said:

*'I think there's more communication with my children most definitely, and there's less avoidance behaviour. ...she will come and talk to me. Not that she didn't before, but she shows her emotions a little bit more now and she lets her guard down a little bit. I think it has really helped the dynamics of that mother-daughter relationship.'* (Parent)

Parents described improved family relationships and better communication leading to calmer homes, children being better able to deal with confrontation, and siblings being less rough or arguing less frequently with each other. This was the case across all three programmes.

Equally children's responses to the statement 'I get on well with my parent/carer' increased from 65% before to 85% responding with 'very happy' or 'somewhat happy' face indicator, and 'I get on well with brothers and sisters' increased from 26% to 52% for the same two most positive responses. Parental reports about their children concurred, with an increase from 24% before the programme to 55% at the

end of responses indicating that ‘often’ or ‘all of the time’ they agreed their ‘children have a good relationship with siblings’.

## The value of peer support and increased support networks

Group work was a core component of all three programmes, and both professionals and parents attributed key outcomes to this aspect of the work. Witnessing that others had experienced domestic abuse, and hearing the similarities of experiences supported parents to feel that they were not alone, and cemented understanding that it wasn’t their fault. Similarly, one young person said that it had ‘helped me understand, and I’m not the only one that goes through what happened with my dad’ (Young Person). Similar findings have been found in other group domestic abuse recovery programme evaluations such as DART (Smith et al., 2020).<sup>23</sup>

Improved social support is recognised as a key aspect of supporting domestic abuse recovery, in particular of mental health (Ogbe et al., 2020)<sup>24</sup>. Sometimes isolation can be a direct result of abuse (Womens Aid, 2024)<sup>25</sup>, and families may have moved to a new area for safety. Professionals and parents illustrated the value of group work within programmes, in building peer support networks for parents and experiencing that they were ‘not alone’ (Parent). Parents valued the opportunity to connect with others who had also experienced domestic abuse. NDADA group work included some parent and child group work with other families. We heard an example where two families had become friends through this group work, and others who were in touch. At the end of the parent group work for SAFE Foundation and Community Links, parents choose to exchange details and facilitate their own meeting up.

## Families feel supported

As explored in Section 3, in interviews parents reported that the core aspects of the programmes, the approach and the relationship with their keyworker enabled them and their children to feel well supported. Parents sometimes contrasted this with their experiences of other services, highlighting key differences such as the service being flexible, trauma-informed and relationship based. Questionnaires completed by parents indicated an increase in those who felt that ‘often’ or ‘all the time’ they

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<sup>23</sup> [Impact evaluation of the scale-up of Domestic Abuse, Recovering Together \(nspcc.org.uk\)](https://www.nspcc.org.uk)

<sup>24</sup> [A systematic review of intimate partner violence interventions focused on improving social support and/ mental health outcomes of survivors - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/)

<sup>25</sup> [Why don't women leave? - Women’s Aid \(womensaid.org.uk\)](https://www.womensaid.org.uk/)

'had the right support in place' (increased from before 16% to 71% at the end of the programme, an increase of 55 percentage points). When responding about their children, parents also reported an increase in how often they felt the right support was in place for them (from 7% before to 69% at the end, selecting this was 'often' or 'all the time'). Equally, children agreed (somewhat happy / very happy face) they knew 'who to go to for help' with 48% before the programme increasing to 85% at the end.

### **Additional outcomes for families:**

Completing the domestic abuse programme may have also facilitated wider outcomes for families. Improvements included:

- Improvements in housing, for example a family moving from temporary to stable housing, and increased positive responses from parents and children to the statement in wider wellbeing questionnaires to the statement 'I am happy with where I live (see Appendix C: Table 13 and 15).
- Children and parents' responses indicated an increase in positive responses that children were happy to attend school (See Appendix C: Table 13 and 15). In addition, parents and professionals explained that children had new more appropriate education placements, and assessments for EHCP/ SEND had taken place. One young person explained that their keyworker had been able to share helpful information with specific people at school who could then support them:

*'So I could say to someone and so they understand and then they could tell like people, not like whoever, like certain people so that they could like help.'*  
(Young Person)

- Employment: one parent successfully applied for a promotion because of their new confidence, and more than one explained they had been able to continue working because of the support they received from the service, suggesting that for these specific families completing the programme mitigated some of the potential economic costs of domestic abuse (Home Office, 2019)<sup>26</sup>. Parent responses in the wider wellbeing questionnaire noted some improvement to positive responses the statement 'My work/learning is going well'. (Appendix C: Table 10)
- Parents spoke of having new confidence to ask for help in future from professionals, and parents who had worked with NDADA saw the service as a future point of contact should they need support.

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<sup>26</sup> [The economic and social costs of domestic abuse \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

However, it should be noted that parental responses to questionnaire statements relating to aspects of wider family wellbeing such as housing, health, and finances showed smaller increases than personal and family aspects of wellbeing, potentially reflecting that domestic abuse recovery services were less able to directly influence change in these areas.



## ‘Recovery is not straightforward’: the need for ongoing support

The survey for professionals, and interviews with parents and young people included asking about improvements to the programmes.

Parents eloquently articulated awareness that their own learning and changes needed to be embedded over a long time, and that recovery was long term, and not ‘straightforward’. Some parents had completed a number of domestic abuse recovery programmes in the past and could reflect on the benefits and changes that had made for them, whilst acknowledging that opportunities to ‘check-in’ with someone from a service or ‘top-up’ learning could prevent a potential ‘lapse’.

*‘The thing I would say I think it would be really good to have like a catch up programme. So like you hold the ladies for a year and then you say hey, we’ll catch you in six months and we’ll catch you in 12 months, just so that support worker can just see if that lady is in a good spot and they’re doing well, or actually maybe he’s come back and you know, “come join us for us some more learning time”...because recovery isn’t straightforward. You don’t just do this course and then you’re good forever, you know, life happens. Situations change and things and if you know you’re not dealing with it well you could be quite easily missed, you know. Nobody’s contacting you, nobody’s checking in and for me, that’s the biggest thing moving forward is that, you know, there’s never a check in afterwards...and there’s no one that’s kind of looking out, if you like, you know, and a lot of times women, and myself included, don’t have friends and family, to look for those things, you know. So it’s I think that would be a really good addition, but again, it’s all funding and stuff. So you know, that’s a dream.’ (Parent)*

*‘Even if you did for the first year or so, or even two years after such a big, traumatic event like a break-up or something, then even if it could be offered, like a morning drop-in for a reflection following your course, after so many months, just because while you’re in it, it’s really fresh and you’re remembering everything. But I think six months in it may be easy to lapse, and only because I was on a course with lots of other women and it’s almost thinking outside the box,... Some people may not be as strong as others and you are in a vulnerable position, and I think that it’s always good to make sure that everything’s still fresh, and instilled, and your red flags that you’re looking out for. Especially with children involved, it’s important to remember what’s been invested in you in the course. I don’t expect to be able to be offered a whole other course [but some ongoing support would be reassuring].’ (Parent)*

Parents didn't expect to repeat whole programmes but acknowledged that opportunities to connect with professionals or peers could be beneficial after completing the programme; especially for those where family and friendship networks were limited.

Professionals also acknowledged the importance of time to embed learning and changes that had occurred for families as a result of the completing programme. Evaluations of other domestic abuse recovery programmes has also noted the need for ongoing support to support families as they recover from the impact of domestic abuse (Smith et al., 2020)<sup>27</sup>.

Professionals from two of the services suggested potential ways they would like to develop their programmes, such as group work for children (SAFE Foundation), longer term direct work with children if budgets allowed (Community Links) or if there was opportunity to partner with other services (Community Links), or follow up programmes to continue to embed learning (SAFE Foundation and Community Links).

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<sup>27</sup> <sup>27</sup> [Impact evaluation of the scale-up of Domestic Abuse, Recovering Together \(nspcc.org.uk\)](https://www.nspcc.org.uk)

## 7. Conclusions

All the parents we interviewed spoke about the significance of the programme they took part in, had to their lives, and the positive impacts the work had for them and their children. There was evidence that all three programmes had delivered outcomes in line with the theory of change: improving wellbeing of parents and children, stronger family relationships, and improved confidence and skills in parenting.

The long-term, consistent nature of the programmes appears to be an important feature. Participants and professionals stressed the benefits arising from the on-going, stable and trusting relationships built over 12 months. The evidence in the evaluation suggests that this supported on-going improvements in wellbeing and reinforced learning and skills. A concern often raised about long-term interventions is the risk of creating dependency on services and support. In contrast to this, parents described how stages of growth built increasing skills, confidence and independence during the programme, and was necessary given the depth of emotional work involved in the programmes.

The programmes went beyond therapeutic support for parents and families. We found examples of keyworkers supporting families to access health and educational services, providing advocacy and coordinating wider support. This was highly valued by families. It also supported the main objectives of the programme; difficulties resolving practical problems with health, education, housing and finances were frequently cited as limiting parents' ability to work on their recovery. An unexpected outcome was the increased confidence some parents developed in advocating for themselves and their children with the other services and professionals.

All three programmes showed improvements in wellbeing and family relationships for children and young people in the families taking part. Children and young people worked directly with two of the three programmes; this was valued by those who took up the offer. Where direct work with children did not take place, parents' assessment of improvements in their child's wellbeing were slightly smaller. An additional benefit of the direct work was that it had helped children and young people to feel heard and understood.

However, the relatively short length of work with the children and young people was a concern for some parents and professionals. Consideration needs to be given to making support accessible for children with SEND or neurodiversity. Providing the sessions in schools was a barrier for some, both due to missed time in school, and because of the challenge of returning to lessons after the emotionally intense work.

The referral and assessment process to enter the programme appeared appropriate, and led to the recruitment of families in line with the expected aims and programme theory of change. The potential for appointment and intervention ‘overwhelm’ for families working with a significant number of other services should be closely considered in the design and eligibility criteria of similar programmes.

Engagement in therapeutic support should not reduce other types of support from wider services; however the evaluation found examples where wider support had been withdrawn when families joined the programmes. One programme noted that ‘some [families] are being better held than others’ (Professional). It was suggested that early help involvement and/or Team Around the Families should be kept open across the programme. Few families reported on-going support at the time of the evaluation.

These results are based on families who completed the programmes and took part in interviews or completed the programme surveys. The evaluation is unable to comment on the impacts for the few families who withdrew or declined the programme; nor on the potential suitability for male victim-survivors (as all of the participating parents were mothers).

## Recommendations

For similar work in future, our recommendations from the evaluation are:

1. Retain the focus on long-term, trauma-sensitive, therapeutic relationships between the family and keyworker.
2. Provide clear pre-programme information about the time commitment and emotional depth of the work.
3. Retain the programme eligibility criteria at early help level; assessment should consider the risk of ‘overwhelm’ where families are facing significant barriers (due to mental health difficulties, practical issues, or high involvement of other services).
4. Ensure that accessing a service does not reduce overall support. For example, by promoting the use of Team Around Family to facilitate on-going support for families.
5. Provide a mix of individual and group-based activities.
6. Consider adding activities that bring parents’ and their children/young people together.
7. Ensure flexibility for children for when and where therapeutic support activities are available. Provision should be available outside the main school day, with content accessible for children with SEND or neurodiversity.

8. Consider creating opportunities for parents to continue to embed learning, and 'check in' at regular intervals with a keyworker and/or peers to promote their ongoing recovery.

## 8. Methods summary

This evaluation uses a mixed-methods approach to address the research questions above. The report provides findings from the evaluation which began in May 2023 until February 2024. Research in Practice has worked closely with the commissioners at Safer Devon to refine and adapt methods and make sure analyses were as meaningful as possible, whilst maintaining the anonymity of people using the three programmes.

### Ethics review

This evaluation sought ethics review from the Social Research Association and a favourable response was granted in September 2023. Their advice and guidance was adhered to, and throughout the evaluation the safety and wellbeing of parents and children using the domestic abuse recovery services has been paramount.

### Data sources

**Table 5 Data sources**

Data source	Time points	Details
Education data	Pre-programme Mid-programme Post-programme	Number of suspensions Number of exclusions School attendance – percentage of authorised absences School attendance - percentage of unauthorised absences
Escalations into children’s social care	Post programme	All families that took part in programmes
Wellbeing data: parents	Start of programme End of programme	Self reported questionnaires: Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) <sup>28</sup>

<sup>28</sup> [Short Warwick-Edinburgh Mental Wellbeing Scale \(SWEMWBS\) \(corc.uk.net\)](https://corc.uk.net)

	3 months post programme	Wider wellbeing questionnaire
Wellbeing data: children	Start of programme End of programme 3 months post programme	Self reported questionnaire: Wider wellbeing questionnaire Parent reporting about their child's wellbeing questionnaire
Interviews with parents	Autumn 2023	In-depth face-to-face interviews: Community Links: 4 parents NDADA / DACS: 4 parents SAFE Foundation: 3 parents
Follow up calls with parents	January / February 2024	Short online calls: 2 parents
Interviews with young people	Autumn 2023	Community Links: the service did not work directly with children and young people NDADA / DACS, & SAFE Foundation: 5 young people

**Escalations to social care data:** Data were also provided about escalation into children's social care in the post-intervention period.

**Education data:** Education data were provided about the children and young people who had been involved in the programmes. For SAFE Foundation and NDADA / DACS, data were provided if children were directly involved with the programme. For Community Links, data were provided if children's parents or carers were involved with the programme.

The time periods of the data provided differed depending on when work with the programme finished, these periods are outlined in Appendix D: Table 16. It should also be noted that the pre-programme data – before work with the programme commenced - coincided with the ongoing COVID-19 pandemic.

As the time periods differed across groups for the education data, various adjustments were made to the data relating to absence and exclusions/suspensions, to enable meaningful comparisons. Please see Appendix B for more information.

The education data contains small groups and very large individual differences within groups, therefore the use of averages to compare groups is not appropriate<sup>29</sup>. Consequently, adjusted data for each individual were reviewed for whether there was an increase, decrease or no change between the pre-, mid-, and post-programme data.

The absence data were categorised in the following ways:

- > Increase: If there was an increase of more than two percentage points between the time points.
- > Decrease: If there was a decrease of more than two percentage points between the time points.
- > No change: If the change between time points was two percentage points or fewer.

Authorised and unauthorised absence are defined broadly by government<sup>30</sup>:

- > **Authorised Absence:** An authorised absence is one for which the reasons have been considered justified by the school. For instance, if a child is too unwell to attend school or if the school has granted advance permission for an absence, it is considered authorised.
- > **Unauthorised Absence:** An unauthorised absence is one for which the reasons have been considered unjustified or unsatisfactory by the school. For example, missing school for a holiday (something that could have been scheduled at another time) would be considered unauthorised.

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<sup>29</sup> This is because an individual with a particularly high rate of absences or suspensions within a group, will skew the group's average and mask any trends in the data for other individuals within the group.

<sup>30</sup> [School attendance and absence: Overview - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/overviews/school-attendance-and-absence)



**Wellbeing data:** Since the data collected included a small number of responses for the three-month follow up, only the before and end of service points could be used for analysis. Therefore it has not been possible to explore whether changes are sustained over time, once the programmes were completed.

For further information about the methods and analysis for all data sources please see Appendices.

## Anonymity

We have taken several steps to maintain the anonymity of participants:

**Parent and young person interviews:** Quotes are attributed to a parent or young person. We do not include which service, or other identifying information to these quotes to protect anonymity.

**Professional survey responses or interview feedback:** Quotes are attributed to a professional. We do not include which project, or other identifying information to these quotes to protect anonymity.

**Wellbeing data:** Small response numbers remained for certain answer choices or across entire items. In order to protect anonymity and avoid disclosing small numbers of participants, some wellbeing analysis combines responses across the three programmes and where needed some answer choices are combined (e.g. 'Sad' / 'Very sad').

## Limitations in methods

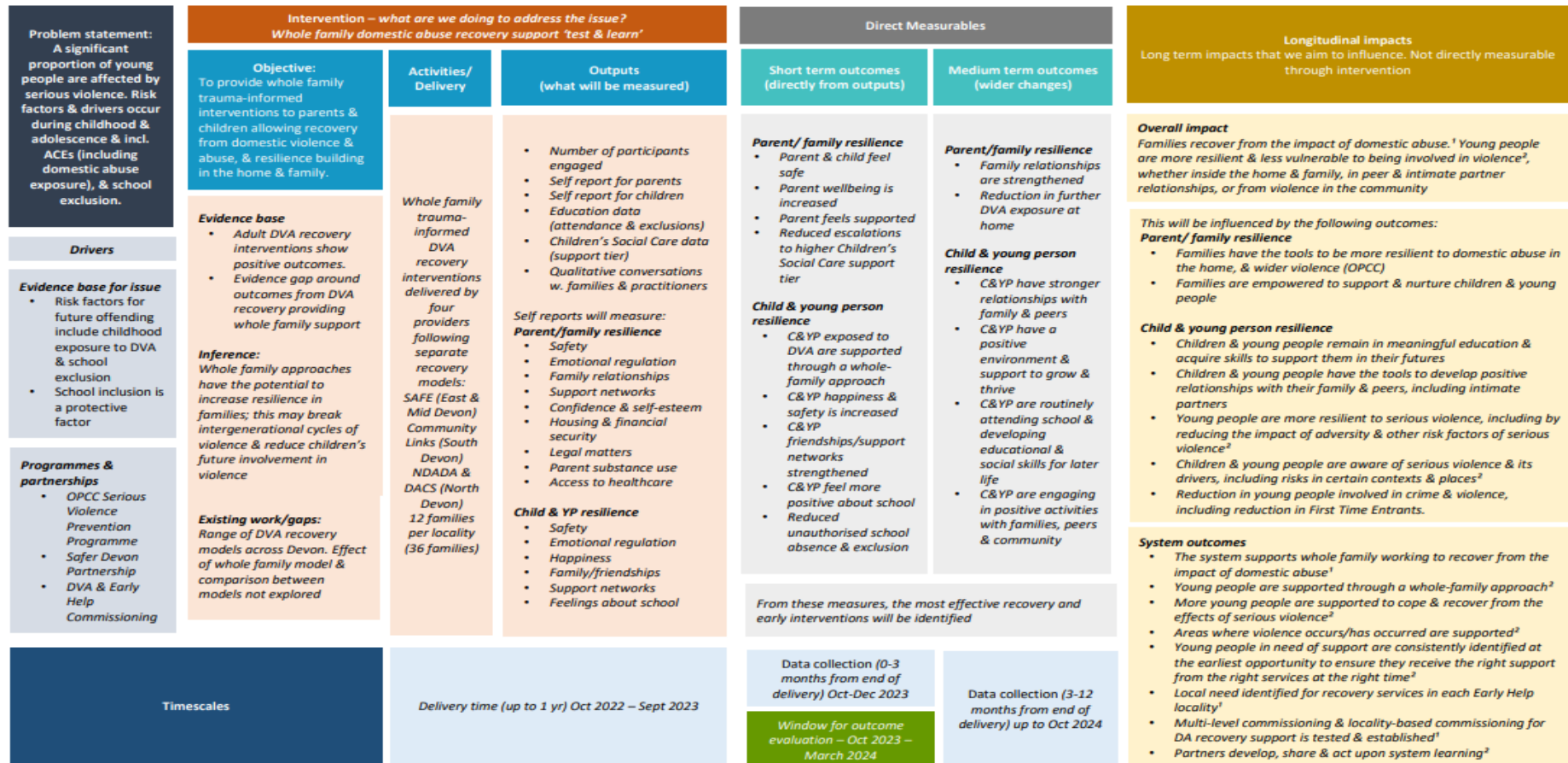
It should be noted that whilst a range of parents, young people and professionals were invited to take part in the evaluation, participation was voluntary and the views of those who chose to take part may not be representative of all parents, young people or professionals who have worked with the three programmes. In particular, consideration should be given to those families whom we did not hear from, where either circumstances meant it was not safe or appropriate to take part in an interview, or where parents did not complete the intervention.

The education data available from Devon commissioners covered different, sometimes limited, time periods. This is understandable as the length of the programmes necessitated the mid-programme data cover a year. As there has been limited time since the programme finished, post-programme data were only available for one month or one term. In addition, the pre-programme data was from a time which saw high rates of COVID-19. This required adjustments to enable

comparisons between time periods and the trends seen in the data might be different if post-programme data were available for a longer period.

Calculating increases or decreases between time periods does not allow for consideration of the magnitude of changes between these points. However, this method of analysis was felt to be necessary for the reasons described above and enables an overview of changes seen for individuals across the data.

# Appendix A: Safer Devon theory of change



## Appendix B: Education data analyses

Further detail about the trends observed in the school absence data is available below.

### Authorised absences

- **Pre- to mid-programme**, there was no clear trend, although for Community Links and NDADA/DACS, a greater proportion of individuals saw an increase or no change in their absence rates, compared to those with a decrease.
- **Mid- to post-programme**, a decrease in absences was seen for the majority of individuals who worked with SAFE Foundation (73%), for 50% of those working with NDADA/DACS and for 45% of those involved with Community Links. Between 18% (Community Links) and 27% (SAFE Foundation) saw increased absence rates in this period, while the remainder saw no change.
- **Pre- to post-programme**, those working with SAFE Foundation had a 67% decrease in absences during this period, with a 50% reduction for those working with NDADA/DACS. The figure was smaller for Community Links with 18% of children and young people seeing decreased rates of absence. For the majority of those with Community Links, no change in absences was seen (55%).

### Unauthorised absences

- **Pre- to mid- programme**, 70% of those working with NDADA/DACS saw a reduction in absences during this period, compared to 7% for SAFE Foundation and 0% for Community Links. Those involved with Community Links mostly had no change in their absence rates (73%), while 47% of those working with SAFE Foundation had increased rates of absence, and 47% had no change.
- **Mid- to post- programme**, decreases in absence rates were seen for 47% of those working with SAFE Foundation, 30% of those working with NDADA/DACS and 18% of those involved with Community Links. No change was seen for 50% of those working with NDADA/DACS, while an increase was seen for 45% of those involved with Community Links.
- **Pre- to post-programme**, 60% of those working with NDADA/DACS saw decreases in their absence rates, compared with 27% for SAFE Foundation and 18% for Community Links. No change in absence rates was seen for 36% of

those involved with Community Links and 40% of those working with SAFE Foundation or NDADA/DACS.

The young people who worked with SAFE Foundation or NDADA/DACS included data from different time periods, with the post-programme data comprising a month (those finishing in autumn) or a term (those finishing in summer). Therefore, a separate analysis was conducted by term completed. This enabled exploration of whether there were differences for those with a full term's data, compared to a month's data (Table 6 and Table 7 below).

It appears those completing the programme in the autumn term had much bigger decreases in their absence rates than those finishing in the summer term. Meanwhile, a greater proportion of those finishing in the summer term saw their absence rates increase. Some evidence suggests that absences increase towards the end of a term<sup>31</sup>, therefore it is possible that the data for those finishing in the autumn term would look different were a full term's post-programme data available.

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<sup>31</sup> <https://explore-education-statistics.service.gov.uk/find-statistics/pupil-attendance-in-schools>

Breakdown of results for those working with SAFE Foundation or NDADA/DACS, by term of programme completion

**Table 6 Authorised absence**

	Pre to mid programme			Mid to post programme			Pre to post programme			n
	Decrease	Increase	No change	Decrease	Increase	No change	Decrease	Increase	No change	
Summer 22/23	22%	44%	33%	56%	44%	0%	33%	44%	22%	9
Autumn 23/24	31%	31%	38%	69%	13%	19%	75%	6%	19%	16

**Table 7 Unauthorised absence**

	Pre to mid programme			Mid to post programme			Pre to post programme			n
	Decrease	Increase	No change	Decrease	Increase	No change	Decrease	Increase	No change	
Summer 22/23	11%	33%	56%	22%	33%	44%	11%	44%	44%	9
Autumn 23/24	44%	31%	25%	50%	19%	31%	56%	6%	38%	16

# Appendix C: Wellbeing analyses

## Changes to wellbeing for parents and children

### **Wellbeing data: Parents reporting about themselves**

Parents were asked to respond to 16 questionnaire items, including 7 relating to personal wellbeing over the last two weeks and 9 on wider wellbeing. The 7 personal wellbeing measures were drawn from the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS); a standardised format designed to give a picture of mental wellbeing for participants in research and evaluation.

Responses gave the frequencies by which positive wellbeing statements were felt ('None of the time', 'Rarely', 'Some of the time', 'Often', 'All of the time', 'N/A or would prefer not to say').

**Table 8 Questionnaire items for parents' personal wellbeing (Short Warwick Edinburgh Mental Wellbeing Scale) and wider wellbeing**

SWEMWBS measures of personal wellbeing	Safer Devon measures of wider wellbeing
<ol style="list-style-type: none"> <li>1. I've been feeling optimistic about the future</li> <li>2. I've been feeling useful</li> <li>3. I've been feeling relaxed</li> <li>4. I've been dealing with problems well</li> <li>5. I've been thinking clearly</li> <li>6. I've been feeling close to other people</li> <li>7. I've been able to make up my own mind about things</li> </ol>	<ol style="list-style-type: none"> <li>1. I feel safe</li> <li>2. I am happy with where I live</li> <li>3. I have the right support in place</li> <li>4. I feel healthy and well in myself</li> <li>5. I have enough money for me and my family</li> <li>6. My children are happy and well</li> <li>7. I feel empowered and have high self-esteem</li> <li>8. I feel comfortable about my choices around alcohol and/or drugs</li> <li>9. I feel able to access healthcare services when I need to</li> </ol>



**Table 9 Parents' responses across all SWEMWBS wellbeing items**

<i>Time point</i>	Before	End	Diff.
None of the time	14%	2%	-12%
Rarely	34%	9%	-25%
Sometimes	43%	36%	+7%
Often	7%	41%	+34%
All of the time	3%	12%	+9%

The SWEMWBS uses a scoring system, with more frequent positive wellbeing scoring higher with a small conversion adjustment made to the total score (to ensure compatibility with the larger 14 item WEMWBS). Using the SWEMWBS methodology, we found the average wellbeing scores increased across all three programmes.

**Table 10 Parents' responses for each Safer Devon wider wellbeing item**

Wider wellbeing item	Often / All of the time		
	Before	End	Difference
I feel safe	26%	71%	+45%
I am happy with where I live	39%	61%	+22%
I have the right support in place	16%	71%	+55%
I feel healthy and well in myself	19%	61%	+42%
I have enough money for me and my family	39%	65%	+26%
My children are happy and well	19%	65%	+46%

My work and/or learning is going well	23%	55%	+32%
I feel empowered and have high self-esteem	3%	55%	+52%
I feel comfortable about my choices around alcohol and/or drugs	81%	84%	+3%
I feel able to access healthcare services when I need to	48%	71%	+23%

In the table below, a service-level comparison was applied to adults' responses about wider wellbeing.

**Table 11 Parents' responses across all Safer Devon wellbeing items by service provider**

Service provider	None of the time / Rarely			Often			All the time			Sometimes/ Not applicable		
	Before	End	Diff.	Before	End	Diff.	Before	End	Diff.	Before	End	Diff.
Community Links	51%	23%	-28%	18%	25%	+7%	9%	21%	+12%	22%	31%	+9%
SAFE Foundation	22%	0%	-22%	18%	42%	+24%	18%	33%	+15%	42%	25%	-17%
NDADA / DACS	48%	7%	-41%	20%	51%	+31%	9%	19%	+10%	23%	23%	0%

## Wellbeing data: Parents reporting about their children

Parents were also asked to respond to nine wellbeing questions about the children for which they hold parental responsibility. Responses gave the frequencies by which positive wellbeing items were felt.

**Table 12 Parents' reporting about their children wider wellbeing**

Children's experience of wider wellbeing
1. My children feel safe
2. My children are happy where they live
3. My children have the right support in place
4. My children are healthy and well
5. My children feel happy in themselves
6. My children have a good relationship with their siblings
7. My children have a good relationship with their peers
8. My children enjoy school and are happy to attend
9. My children recognise their emotions and respond to them in healthy ways

Individual wider wellbeing items could be analysed for parents reporting about their children. Higher frequency answers have been combined.

**Table 13 Parents' responses about children for each wider wellbeing item**

Wider wellbeing item	Often / All of the time		
	Before	After	Difference
Children feel safe	28%	76%	+48%
Children happy where they live	34%	72%	+38%
Children have right support	7%	69%	+62%

Children healthy and well	34%	90%	+56%
Children happy in themselves	17%	72%	+55%
Children have good relationship with siblings	24%	55%	+31%
Children have good relationship with peers	34%	69%	+35%
Children enjoy school and happy to attend	24%	48%	+24%
Children recognise and respond to emotions in healthy ways	3%	59%	+56%

**Table 14 Parents’ responses about children across all wider wellbeing items**

Service provider	None of the time / Rarely			Often			All of the time			Sometimes/ Not applicable		
	Before	End	Diff.	Before	End	Diff.	Before	End	Diff.	Before	End	Diff.
Community Links	32%	18%	-14%	11%	14%	+3%	18%	39%	+21%	39%	29%	-10%
SAFE Foundation	35%	6%	-29%	7%	23%	+16%	19%	49%	+30%	39%	22%	-17%
NDADA / DACS	47%	9%	-38%	9%	17%	+8%	10%	58%	+48%	34%	16%	-18%

**Wellbeing data: Children and young people reporting about themselves**

Children and young people who directly worked with services were asked to respond to nine questions, which were individually analysed below. Children whose parents took part in the Community Links programme, and therefore didn’t take part in any direct work were not given the wellbeing questionnaire. Responses gave a general feeling in relation to positive wellbeing statements (‘Very sad’, ‘Sad’, ‘Neutral’, ‘Happy’, ‘Very happy’, ‘N/A or would prefer not to say’).

Due to the small numbers of responses for certain providers, a comparative analysis between models was not possible for this questionnaire.

**Table 15 Child and young person responses for each wider wellbeing item**

<i>Theme</i>	Feeling safe		Happy where I live		Who to go to for help		Healthy and well		Happy at school	
	Start	End	Start	End	Start	End	Start	End	Start	End
Very happy	16%	64%	35%	39%	32%	55%	13%	45%	10%	21%
Somewhat happy	26%	27%	23%	39%	16%	30%	42%	33%	19%	30%
Neutral	42%	9%	19%	21%	32%	12%	26%	18%	32%	18%
Sad	10%	0%	19%	0%	16%	3%	19%	3%	26%	27%
Very sad	6%	0%	3%	0%	3%	0%	0%	0%	13%	0%

<i>Theme</i>	Get on with parent/carer(s)		Get on with brothers and sisters		Have and like friends		Feel good about myself	
	Start	End	Start	End	Start	End	Start	End
Very happy	39%	67%	6%	18%	42%	64%	13%	45%
Somewhat happy	26%	18%	19%	33%	42%	27%	23%	42%
Neutral	29%	9%	16%	30%	10%	3%	35%	6%
Sad	6%	6%	19%	6%	3%	3%	23%	6%
Very sad	0%	0%	26%	3%	3%	0%	3%	0%

# Appendix D: Detailed evaluation methods

## Data sources

### Interviews with parents and young people

The qualitative interviews were conducted using a semi-structured topic guide developed in conjunction with the project commissioner and with a focus on exploring the experiences of parents and young people working with each service and any changes that may have taken place as a result of completing the programme. Researchers spoke with parents separately, and young people could choose to have their parent or keyworker with them when they spoke with the researchers, if they wanted to. Topic guides were structured to ensure that families did not need to share details of past experiences of abuse, which could have been re-traumatising.

Interviews, with the exception of one, took place face to face in a familiar location for families (either school or service offices where programmes took place) and where possible when a planned activity was already taking place. Support was provided for families both before and after conversations with the researchers, by the keyworker for that family. (One parent requested to take part via an online call, and support was provided by the keyworker online).

Keyworkers who knew the family well completed an eligibility checklist to ensure that parents and young people were only invited to take part in a conversation with a researcher about their experience of working with the service where it was safe to do so, and where doing so would not adversely impact their wellbeing. Young people aged 11 and over were eligible to take part in interviews. Parents were also asked if they had any concerns for themselves or their child taking part. Where it was identified by the keyworker as appropriate for individual parents and young people to take part, details of the project evaluation were shared and informed consent gained from both parents and young people. Thank you vouchers were given as a means of acknowledging the value of sharing their expertise and insights, and of the time required to take part.

Short online follow up conversations were offered in January and February 2024, to parents who had taken part in qualitative interviews in Autumn 2023.

Transcripts from interview recordings were analysed to identify common themes and to highlight differences in perspectives across all three programmes, and between parents and young people.

### Survey data: Professionals working with each service

A qualitative survey of professionals was conducted in January 2024. The online survey link was shared with the four service providers, and wider stakeholders. A response was received from each service provider and gave detailed feedback and insight on the pilot programme. One keyworker was leaving their post in Autumn 2023 and the opportunity was taken to speak with them to capture their valuable insights ahead of their departure. The topic guide was structured similarly to the qualitative survey questions.

Qualitative survey responses and transcripts from the interview recording were analysed to identify common themes and to highlight differences in perspectives across all three pilot programmes and reviewed to consider any differences or similarities between professionals and family’s perspectives.

### Education data

The time periods of the data provided differed depending on when work with the programme finished, these periods are outlined in Table 16 below.

**Table 16. Overview of time periods in the data**

Period of data	Term when family finished intervention	
	Summer term 22-23	Autumn term 23-24
Pre-programme	Academic year 21-22	Calendar year 2022
Mid-programme	Academic year 22-23	Calendar year 2023
Post-programme	Autumn term 23-24	January 2024

As the time periods for the education data differed across groups, the following adjustments were made to the data, to enable meaningful comparisons:

- **Pre- and mid-programme exclusions and suspensions were adjusted.** As data for these periods were provided for the year (comprising of three terms / 12 months):
  - **Data for families who completed the programme in the summer term were divided by three.** This calculation enabled comparisons with the post-programme data which were provided for one term.
  - **Data for families who completed the programme in the autumn term were divided by 12.** This calculation enabled comparisons with the post-programme data which were provided for one month.
- **Pre- and post-programme absence data were adjusted based on Devon-wide averages for the corresponding periods.**

- **Pre-programme data** covered much of 2022 when the Omicron COVID-19 variant resulted in increased rates of COVID-19<sup>32</sup>. This is reflected in the Devon-wide attendance data, where higher authorised absences are recorded for this period across Devon compared to the following year. To control for this, we calculated the percentage changes for authorised and unauthorised absences seen for each group between the two years in Devon and adjusted the individual pre-programme data by the same percentage.
- **Post-programme data** covered up to a term following completion of the programme. This period included the winter where higher rates of illness are expected. This was also reflected in the Devon-wide attendance data, with higher authorised absences recorded across Devon compared to the previous year. To control for this, we calculated the percentage changes for authorised and unauthorised absences seen for each group between the two periods in Devon and adjusted the individual post-programme data by the same percentage.

Due to the methods of analysis, individuals were excluded from the analysis if data were not available at all three time points. In addition, absence data for one individual who did not complete the programme was removed, as it was not possible to adjust this data based on Devon-wide averages.

## Wellbeing data

Personal and wider wellbeing data were collected via questionnaires given to parents at the start and completion of the service, as well as a 3-month follow up. There were three questionnaires:

1. for parents to report about themselves
2. for parents to report about the children for whom they have parental responsibility, and
3. for children and young people aged 5 and over to provide responses themselves.

The data covered:

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32

E.g. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19/latestinsights>



- **Responses on the frequency at which positive wellbeing statements were felt** (Parents questionnaire including SWEMWBS, and Parents about Children questionnaire)
- **Responses on general feeling regarding positive wellbeing statements** (Children and young people questionnaire).

For each questionnaire, responses across all services are examined, and where possible, outcomes for each service group are compared (there were insufficient responses to do so for children and young people reporting about themselves). When data relates to outcomes across all services combined, small numbers are not suppressed since there is greater difficulty in identifying participants.

Percentages are used to present responses for greater clarity. Additionally, for some questionnaires, response counts vary for the before and end time points, so these parts of the analysis require percentages to represent change in proportion with different sample sizes.

Whilst there were insufficient data to compare outcomes for each service provider in all questionnaires, there were enough responses to contrast Community Links, SAFE Foundation and NDADA / DACS services in both the Parents and the Parents about Children wider wellbeing questions. Community Links delivers to parents only whilst intending for this work to trickle down and improve outcomes for children and young people. Meanwhile, the other providers, SAFE Foundation and NDADA / DACS, deliver directly to both parents and children and young people. The comparative analysis therefore provides a tentative indication of the relative effectiveness of each mode of delivery for the respective stakeholders, given the very small numbers involved.

# Appendix E: Safer Devon wellbeing measures questionnaire

## Domestic Violence and Abuse Recovery Models in Devon – Evaluation Proposal Appendices

### Appendix 1: Questionnaires, as given to providers

#### About the questionnaires

We have listed all the questionnaires we are asking families in the pages below.

The 3 and 12 month follow up questionnaires will be similar to the end of intervention questionnaires. We are still developing these and will share drafts for review.

We would like you to ask families to complete questionnaires at the following times. Each questionnaire is different, but we've given an indication of whether they will take a longer or shorter time to complete.

	Start of intervention	End of intervention	3 and 12 month follow up (if consent is given)
Questionnaire for adults	Shorter questionnaire	Longer questionnaire	tbc
Questionnaire for adults about their children		Shorter questionnaire	tbc
Questionnaire for children	Shorter questionnaire	Shorter questionnaire	tbc

Families can complete the questionnaires in whichever way is best for them.

**Responses to the questionnaires will need to be submitted to us via a secure online portal. We will send a link to the online portal when this is ready for use.**

**If you choose to give families a paper copy of the questionnaires you will need to input their responses into the online portal at a later time.**

The questionnaires ask for families' Right for Children Case ID. This will not be shared in the final evaluation as all data will be anonymised.

We are using the Warwick Edinburgh Scale of Mental Wellbeing in our questionnaire for adults. This requires a free license to use. Please check if you have this license, and if not sign up for one through this link: [Registration for Non-Commercial Licence to use WEMWBS \(warwick.ac.uk\)](https://www.warwick.ac.uk/registration-for-non-commercial-licence-to-use-wemwbs)

**Questionnaire for adults (complete at start)**

<b>Right for Children Case ID</b>	
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<b>Date completed</b>	
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<b>Service you are working with</b>	SAFE	Community Links	NDADA	DACS
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We would like you to complete these questions to help us understand how you are feeling about yourself.

Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks.

<b>Statements</b>	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	<b>N/A or would prefer not to say</b>
I've been feeling optimistic about the future	1	2	3	4	5	
I've been feeling useful	1	2	3	4	5	
I've been feeling relaxed	1	2	3	4	5	
I've been dealing with problems well	1	2	3	4	5	
I've been thinking clearly	1	2	3	4	5	
I've been feeling close to other people	1	2	3	4	5	
I've been able to make up my own mind about things	1	2	3	4	5	

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

**Questionnaire for child or young person aged 5+ (complete at start)**














































<b>Right for Children Case ID</b>	
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<b>Date completed</b>	
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<b>Service you are working with</b>	SAFE	Community Links	NDADA	DACS
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We would like to ask some questions to find out how you are feeling and what life is like for you.

*If you are supporting a younger child to complete this questionnaire some questions may not be relevant*

Statement	Circle how you feel the most	
I feel safe	    	N/A or would prefer not to say
I am happy where I live	    	N/A or would prefer not to say
I know who I can go to for help	    	N/A or would prefer not to say
I feel healthy and well	    	N/A or would prefer not to say
I feel happy at school	    	N/A or would prefer not to say
I get on well with my parent/carer(s)	    	N/A or would prefer not to say
I get on well with my brothers and sisters	    	N/A or would prefer not to say
I have friends that I like to be around	    	N/A or would prefer not to say
I feel good about myself	    	N/A or would prefer not to say

**Questionnaire for adults (complete at end)**

<b>Right for Children Case ID</b>	
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<b>Date completed</b>	
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<b>Service you have been working with</b>	SAFE	Community Links	NDADA	DACS
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We would like you to complete these questions to help us understand how you are feeling about yourself.

Below are some statements about feelings and thoughts. Please select the answer that best describes your experience of each over the last 2 weeks.

<b>Statements</b>	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>	<b>N/A or would prefer not to say</b>
I've been feeling optimistic about the future	1	2	3	4	5	
I've been feeling useful	1	2	3	4	5	
I've been feeling relaxed	1	2	3	4	5	
I've been dealing with problems well	1	2	3	4	5	
I've been thinking clearly	1	2	3	4	5	
I've been feeling close to other people	1	2	3	4	5	
I've been able to make up my own mind about things	1	2	3	4	5	

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We'd like to ask some questions to understand what life has been like for you and your family.

We'd like you to think about what things were like when you started working with us, and what things are like now.

We'd also like to understand what difference you think the work you've done with us might have had.

Statement		None of the time	Rarely	Some of the time	Often	All of the time	N/A or would prefer not to say	Has your work with us made a difference to your 'Now' score? (optional)
Before = when you started working with us								
I feel safe	Before	1	2	3	4	5	N/A	
	Now	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say
I am happy with where I live	Before	1	2	3	4	5	N/A	
	Now	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say
I have the right support in place	Before	1	2	3	4	5	N/A	
	Now	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say
I feel healthy and well in myself	Before	1	2	3	4	5	N/A	
	Now	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say
I have enough money for me and my family	Before	1	2	3	4	5	N/A	
	Now	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say

<b>My children are happy and well</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say

<b>My work and/or learning is going well</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say

<b>I feel empowered and have high self-esteem</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say

<b>I feel comfortable about my choices around alcohol and/or drugs</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say

<b>I feel able to access healthcare services when I need to</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes, No, Not sure/prefer not to say

Lastly, we'd like to learn a bit more about you before you worked with us. You can choose not to answer if you prefer.

<p>Before your work with this service, as an adult had you ever worked with a therapist or counsellor before?</p> <p>This would be more than two sessions of any type of therapy or counselling. This might be CBT, EMDR, compassion focused, eclectic etc.</p>	<p>Yes No Prefer not to say</p>
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<p>People come to services for many different reasons. There may have been something specific that led you to access this service.</p> <p>If this is the case, we'd like to understand whether the reason that led you to access this service is still happening, or how long ago this was last happening.</p>	<p>Still happening</p> <p>Was happening a short time before I accessed the service</p> <p>Was happening a long time before I accessed the service</p> <p>Not relevant/ prefer not to say</p>
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**Questionnaire for adults about your children (complete at end)**

We would like you to complete this questionnaire to tell us about the children you have parental responsibility for who are under 18 **and are also being seen by the service.**

If you are being seen by NDADA your children may be working with DACS.

<b>Right for Children Case ID</b>	
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<b>Date completed</b>	
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<b>Service your child/children have been working with</b>	SAFE	Community Links	NDADA	DACS
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We'd like to ask some questions to understand what life has been like for your children. If your children are 5 or older we will ask them questions too.

We'd like you to think about what things were like for your children when they started working with us, and what things are like now.

We'd also like to understand what difference you think the work you and your children have done with us might have had.

Some questions may not be relevant for your children.

Statement	None of the time	Rarely	Some of the time	Often	All of the time	N/A or would prefer not to say	Has your work with us, or your children's work with us, made a difference to this score? (optional)
<b>Before = when your children started working with us</b>							

<b>My children feel safe</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say

<b>My children are happy where they live</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say

<b>My children have the right support in place</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say
<b>My children are healthy and well</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say
<b>My children feel happy in themselves</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say
<b>My children have a good relationship with their siblings</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say
<b>My children have a good relationship with their peers</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say
<b>My children enjoy school and are happy to attend</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say
<b>My children recognise their emotions and respond to them in healthy ways</b>	<b>Before</b>	1	2	3	4	5	N/A	
	<b>Now</b>	1	2	3	4	5	N/A	Yes No Not sure/prefer not to say

**Questionnaire for child or young person aged 5+ (complete at end)**














































<b>Right for Children Case ID</b>	
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<b>Date completed</b>	
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<b>Service you are working with</b>	SAFE	Community Links	NDADA	DACS
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We would like to ask some questions to find out how you are feeling and what life is like for you.

*If you are supporting a younger child to complete this questionnaire some questions may not be relevant*

<b>Statement</b>	<b>Circle how you feel the most</b>	
I feel safe	    	N/A or would prefer not to say
I am happy where I live	    	N/A or would prefer not to say
I know who I can go to for help	    	N/A or would prefer not to say
I feel healthy and well	    	N/A or would prefer not to say
I feel happy at school	    	N/A or would prefer not to say
I get on well with my parent/carer(s)	    	N/A or would prefer not to say
I get on well with my brothers and sisters	    	N/A or would prefer not to say
I have friends that I like to be around	    	N/A or would prefer not to say
I feel good about myself	    	N/A or would prefer not to say

## Appendix F: Numbers of families referred and completing programmes

**Table 17 Numbers of families referred and completing the programmes**

	SAFE Foundation	NDADA/DACS	Community Links
Parents referred into the service	12	16	18
Parents who began the programme	12	13	Pattern Changing Course - 10 started, 6 finished. THRIVE - 6 started, 4 finished. Family Support Work - 11 started, 8 finished
Parents who completed	12	12	
Parents who withdrew	0	4	
Children who took part/completed	18	17	N/A
Number of children in all households that took part	22	31 (37 if you include the families that withdrew)	25 children over the 11 families that engaged

**Research in Practice** helps organisations and individuals to access, understand and apply evidence in their work with children, young people, adults and families. By bringing together academic research, practice expertise and the experiences of those engaging with services, we apply this knowledge into a range of resources and learning opportunities.

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