

Key Messages from the Roadmap Study for Commissioning and Planning Domestic Abuse Services

This paper summarises the findings from the evaluation of the *Roadmap for System Change for Domestic Violence and Abuse in England* and is aimed at those who are involved in commissioning, designing and delivering domestic abuse (DA) services.

The Roadmap Programme

Women's Aid Federation England (WAFE) and **SafeLives (SL)** co-operated over five years (2016-21) developing and implementing respective initiatives as part of the **Roadmap Programme**. This programme aimed to transform the lives of women and girls through systemic change to policy, practice and commissioning by promoting early intervention and reducing the prevalence, impact and tolerance of DA.

Funded by the Big Lottery's Women and Girls Initiative, WAFE and SL worked with DA survivors and expert partners in specialist DA services to develop and implement two contrasting interventions in five sites in England.

WAFE's **Change That Lasts (CtL)** Programme aimed to develop a 'whole community response' that would increase responsiveness to DA survivors at three levels:

- i) the community, by increasing awareness of DA and support services locally;
- ii) frontline professionals in organisations that were not specialist DA organisations; and
- iii) services delivered by DA specialist organisations.

The **SafeLives Co-Designed Pilots (SLCDPs)** comprised an integrated suite of multiple interventions aimed at the whole family that would allow DA survivors, their children and perpetrators, to access five different interventions within the same organisation.

The Evaluation

The research team led by Professor Nicky Stanley included researchers from the Connect Centre, University of Central Lancashire, Bangor University, Manchester Metropolitan University and University of East London.

Survivor researchers assisted with the study.

The independent evaluation used a combination of surveys and interviews with a range of services users, staff and local stakeholders across the five sites. It aimed to both measure change achieved by the specific interventions delivered by WAFE and SLCDP and to examine whether and how wider system change was achieved in the five Roadmap sites.

Key Findings

Achieving System Change Across Services

- The evaluation highlighted the importance of addressing DA at multiple levels within: i) communities, ii) public services, and iii) DA specialist organisations. This multi-layered approach should be reflected in commissioning priorities.
- Senior managers reported evidence of the positive impact of survivor input to commissioning structures in Roadmap sites.
- DA training was provided to local professionals including housing and social care practitioners. This aimed to improve the wider response to DA and to strengthen referral pathways. This was reported to have increased practitioner DA knowledge and confidence by both stakeholders and staff, although health organisations proved more difficult to engage.
- By the end of the evaluation, more stakeholders considered that DA services were accessible for children and young people, however they identified remaining gaps for survivors with complex or multiple needs, Black and Minoritised survivors and LGBT+ survivors.
- WAFE's Ask Me provides a valuable example of an intervention designed to raise awareness of DA across communities. This intervention trains community members, and immediate benefits included providing them with the knowledge to challenge DA myths and victim blaming, and the skills to enable a supportive response to survivors. Ask Me's reach could be extended and Public Health might have a role in commissioning this intervention. Evaluation of the longer-term benefits of Ask Me would be beneficial.

'...somebody local with lived experience on their board that's going to oversee all of that work ...five years ago they wouldn't have had [that]'
(Senior Manager)

Social Return on Investment (SROI)

The Roadmap interventions generated substantial SROI value, comparable to that produced by other DA interventions. The involvement of volunteers and survivors in programme development and delivery contributed to benefits for themselves and for a wide range of stakeholders.



The SROI analysis demonstrated that the benefits of the Roadmap programme extended beyond those for survivors receiving services. Social value and cost-savings were identified for a wide range of stakeholders including survivors; their children; volunteers; WAFE and their staff; SLCDPs and their staff; children's services; social care services; and public services such as the police, criminal justice system and health services.

SROI is reported in terms of the social value return on the financial investment so, for every pound invested, a social value figure can be reported. The individual interventions evaluated for this programme produced the following social value:

WAFE Trusted Professional
£5.31 for every £1 invested

WAFE Ask Me
£5.13 for every £1 invested

WAFE VOICES
£5.50 for every £1 invested

SafeLives Co-Designed Pilots
£5.36 for every £1 invested

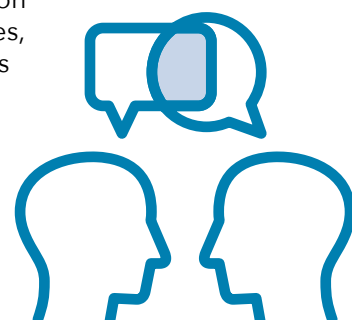
Learning on Implementing Innovative Interventions

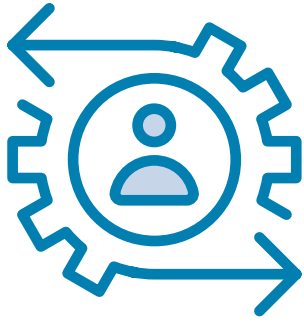
- Commissioning processes need to allow adequate time and resources to meaningfully engage survivors and relevant stakeholders in the development and implementation of new services to ensure that they adequately meet survivors' needs.
- Commissioning arrangements may have long-term effects on referral pathways with competitive tendering processes for short-term bids proving particularly damaging and requiring careful thought.
- Understanding the local context where new services are to be introduced is essential; this includes gathering knowledge of the skills available in the local workforce and local wage levels to inform recruitment strategies so that staff turnover is reduced.
- The Roadmap services delivered under Covid-19 showed that it is feasible to deliver DA services remotely to both survivors and perpetrators: this may be easier where worker and service user already have a face-to-face relationship. Particular difficulties emerged in delivering remote services to children. In future, online delivery is likely to be useful for those with caring responsibilities or living in geographically dispersed areas.
- Categorising DA services by levels of risk may be confusing for both those using services and those referring to them. Commissioners should consider other approaches to targeting services that are more comprehensible and reflect survivors' lived experience.

Responding to Diversity and Complex Needs

- Understanding of both diverse forms of DA and the needs of diverse groups experiencing DA, was considered important by those participating in DA training from both community and professional settings.
- All DA services need to be accessible to Black and Minoritised communities and work in a respectful and equal partnership with Black and Minoritised DA services to offer choice and increase uptake of services.
- Survivors with complex or multiple needs made up a sizeable proportion of those using Roadmap services. Survivors came to services with generally low levels of health and, for SLCDP service users, low mental health. For work with all survivors, especially those with complex or multiple needs, to be effective, DA services need to establish joint strategic planning and good channels of communication with mental health services, substance misuse services and other services in the health sector. Similarly, health services need to build strong strategic partnerships with DA services.

'...everybody knows a little bit about domestic violence... but I certainly didn't understand the levels of violence and control ...it opened my eyes.'
(DA Training Participant)





What Makes for Responsive DA Services

- Survivors value a flexible service which recognises that needs change over time, acknowledges that both groupwork and individual work can be beneficial, offers advocacy and support for adult survivors, dedicated services for children and young people and help with parenting.
- Survivors and their families appreciate services that offer them choice and control but developing integrated services with many constituent interventions requires substantial resource and a clear remit.
- The evaluation demonstrated the value of survivor-centred services. Survivors receiving both WAFE and SLCDP interventions highlighted the importance of feeling that they could exert choice over the pace and type of interventions they receive.
- Survivors benefited from staff's availability, consistency and good communication skills and these were enhanced by the use of creative toolkits and visual images.
- Survivors reported increased safety, confidence and self-esteem as well as improvements in mental wellbeing.

'I just felt that I was listened to and that... what I was saying was being acted on, so it was very much sort of led by me...'
(DA Survivor)

'[my worker] really helped me. I feel more secure and I know people will listen to me and what I want more. I think I am more confident.'
(DA Survivor)

The Evaluation Summary and full Evaluation Report

Can be found at https://www.womensaid.org.uk/wp-content/uploads/2021/10/Roadmap_Report_280921.pdf

Briefing Paper for Survivors

Stanley, N. and the Roadmap Team (2022) Key Messages for Survivors of Domestic Violence & Abuse from the Evaluation of the Roadmap for System Change <https://www.womensaid.org.uk/wp-content/uploads/2022/03/Roadmap-Evaluation-Survivor-Briefing-Paper-final8-3-22.pdf>

Published Papers

Richardson Foster, H., Bracewell, K., Farrelly, N., Barter, C., Chantler, K., Howarth, E., & Stanley, N. (2022). Experience of specialist DVA provision under COVID-19: listening to service user voices to shape future practice. *Journal of Gender-Based Violence*, 6(3), 409-425. <https://doi.org/10.1332/239868021X16442400262389>

Acknowledgements

The Roadmap team would like to thank all survivors, children, Roadmap staff and wider stakeholders who contributed to this study.

Further information

Contact Professor Nicky Stanley at NStanley@uclan.ac.uk

For information about the Connect Centre's work, see: www.uclan.ac.uk/connectcentre

