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Barnardo's Cymru

Opening Closed Doors Programme Evaluation

Final Report

March 2021

OXFORD BROOKES UNIVERSITY

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1 Executive Summary

1.1 Introduction to the report

This report outlines findings and recommendations from the Institute of Public Care at Oxford Brookes University in relation to an evaluation of the first two years of Opening Closed Doors, a Barnardo's Programme in South East Wales to support children and families who have experienced domestic abuse including help to recover and build sustainable change in their lives.

The Programme has been funded by the Home Office and the following target outcomes were identified as:

- A safe and stable home environment.
- An improvement in parent-child relationships.
- Children and young people experiencing a reduction in emotional stress.
- Development of positive peer relationships.
- An improvement in school attendance.
- Families able to recover from domestic abuse/violence.
- Families stay together safely following a reduction in violence/abuse.

Evaluation activities that have taken place during the two years between March 2019 and March 2021 include:

- A workshop with Barnardo's staff at the beginning of the Programme to co-produce a theory of change;
- Secondary analysis of management data collected by the Programme related to demand and service activity;
- Case file analysis of 79 cases, linked to 44 families;
- 32 semi structured interviews with family members who had participated in the Programme;
- 16 semi structured interviews with professionals working in partner agencies including Children's Social Care and the Gwent Police and Crime Commissioner;
- Analysis of standardised measures administered by Barnardo's workers including the Strengths and Difficulties Questionnaire (SDQ) and the Warwick Edinburgh Mental Wellbeing Scales (WEMWBS):
- Two focus groups with Barnardo's staff including the Programme Manager.

1.2 Key Findings

In its first two years of operation, the Opening Closed Doors Programme has experienced many challenges. Right from the outset, staff demonstrated that they were committed and capable as they worked at pace to get a new Programme up and running. The start of the second year coincided with the beginning of the Covid 19 pandemic. Staff quickly adapted to using digital and remote methods and have responded to demand, providing vital support to survivors of domestic abuse both adults and children whilst tackling the causes through their perpetrator programme.

Demand and Service Activity

Demand for the Programme has been high with 521 families including 1,190 individuals referred to Barnardo's by South East Wales local authorities between March 2019 and March 2021. The number of referrals was lower in the second year, partly due to there being one less local authority participating in the Programme. It is also possible that some of the need was hidden during this period, due to early intervention settings like schools, family centres and community hubs being closed during lockdowns and therefore professionals not spotting the signs of abuse. This interpretation is in keeping with recent research that found a fall of 10% in referrals to children's services at a time when major risk factors such as domestic abuse have heightened. (Children's Commissioner, January 2021). A further factor is that funding for an additional year was only confirmed in late March 2020 and staff had to be re-recruited and the service re-mobilised at a very challenging time.

78% of referrals over the two years had either a Care and Support Plan or were on the Child Protection Register. The percentage of individuals on the Child Protection Register was higher in the second year, reflecting an increase in severity and complexity of need amongst families who have experienced domestic abuse during the pandemic. This has been noted more widely by a number of domestic violence organisations included in a report by Women's Aid in August 2020.

A total of 653 individuals accessed an Opening Closed Doors intervention across the two years. Of these, 270 participated in the Integrated Women's Support (IWS) element, 253 in the Children and Young People's Domestic Abuse Programme and 131 in the perpetrator programme. In year one, 75% of all individuals who accessed an intervention, completed it. Completion data was not yet available for all year two participants.

Quality of the Programme

The overall quality of the service was found to be high. Evaluators identified the following critical success factors:

Timeliness and accessibility – families liked the flexible approach, particularly in the second year when Barnardo's rapidly developed their remote and digital capabilities so they could continue to offer support to families at a very stressful time.

A whole family offer – alongside support for adult survivors, the programme included a specialist intervention to help children and young people recover from the trauma they had experienced and a perpetrator programme that is focused on behaviour change. Workers dovetailed the interventions so the learning was reinforced.

> "*We could all talk together because we were covering the same topic"* (IWS participant).
>
> *"It supports victims to know that the perpetrator is also trying to change*"(professional).

Highly skilled and motivated staff – were able to establish trusting relationships that have enabled participants in the programme to feel safe enough to open up about

difficult experiences and engage in activities that helped them to reflect, make changes and move forward.

Content and approach – interventions evolved to become more trauma informed during the second year. Safety and risk management continued to be a priority and the strength based, solutions focused approach worked well in keeping people engaged in difficult conversations and helping them to overcome challenges.

Partnership working – staff have worked closely with children's social care, many were co-located during the first year and then continued to keep in close contact when working from home became the norm. These relationships have helped to keep children safe and Barnardo's specialist input and capacity to work on behaviour change compliments what social workers can offer.

The extent to which the Programme has had a positive impact on children and families

A safer and more stable home environment

Positive evidence that children participating in the Programme were living in a safer and more stable home environment by the end of an intervention was found in a high proportion - 23/29 (79%) of participating children's case files where this information had been recorded. Reasons why this might be the case drawn from evidence on the files included:

- The perpetrator's behaviour had changed.
- The perpetrator had moved out.
- The child had learned how to keep safe, for example by having a safety plan and being able to name trusted adults.
- Parents had a better understanding of the impact of domestic abuse on children and the value of healthy relationships.
- Parents (particularly mothers) had improved self-esteem, wellbeing and resilience.
- There had been a noticeable reduction in family stress including less shouting, violence or other abuse in the home.
- Parents practicing techniques like 'time out' to manage their own emotional responses.
- The child had been removed to a safer environment (very small number of cases).

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS**)** quantitative data to measure emotional wellbeing was collected from parents attending the IWS or perpetrator interventions in both years one and two. All WEMWBS scales showed statistically significant positive changes between initial and end data collection points. Parents with higher levels of emotional wellbeing is likely to be a protective factor which would contribute to making a home environment safer and more stable.

Improvement in parent child relationships

Positive evidence of an improvement in parent capacity and as a result better parent/child relationship was found in 17/21 (81%) of parents' case files where this information had been recorded. The areas in which parent interviewees reported positive changes in their parenting capacity included:

- Feeling more capable and in control as a parent (less of a victim).
- Learning how to manage their children's challenging behaviours.
- Better communication between parents and child(ren).
- Putting routines and structure in place.
- Able to establish boundaries and keep to them.
- Practicing techniques like time out to manage their own emotional responses.
- Reports of enjoying family activities and hands on help with parenting (DAPP participant).
- Less drinking and increased understanding of children (DAPP participant).

Children and young people experiencing a reduction in emotional stress

Positive evidence of an improvement in the children and young people's emotional health and wellbeing was found on 22/27, (81%) of children's case files where this information had been recorded.

Strengths and Difficulties Questionnaire (SDQ) quantitative data was collected from 75 parents of children participating in the Children and Young People Domestic Abuse Programme, both pre and post intervention in year one. The findings provide evidence that the Programme had a positive impact on child emotional health, wellbeing and behaviour.

Parents participating in interviews mostly noticed changes in their child's behaviour that suggest a reduction in emotional stress such as:

- Child being less angry, aggressive, violent.
- Child no longer running away.
- Child no longer wetting the bed.
- Child no longer self-harming.
- Child being happy, smiling, unguarded, more loving.
- Child able to communicate what they feel, more resilient and with coping strategies.

Families able to recover from domestic abuse

Positive evidence that families were showing signs of recovery from domestic abuse were found on 33/42 (78%) of parent's case files where this information had been recorded.

One of the main reasons why abuse had reduced or stopped appears to be that the relationship with the perpetrator had ended and the perpetrator was no longer living in the family home. Another key factor referred to in case notes was that the perpetrator's behaviour had changed as a result of having greater understanding of abusive behaviour and its impact. There was evidence of couples being able to engage in more constructive conflict resolution. Another factor was that mothers were better equipped to recognise and de-escalate situations.

Reduction in statutory need

Positive evidence of a reduction in statutory need (cases that had been de-escalated from 'child protection' to 'care and support plan', or 'care and support plan' to nothing,

by the end of the intervention) was found on 15/31 (48%) of children's case files where this information had been recorded.

1.3 Recommendations

- To continue to offer a choice of different options for engaging in the Programme to include phone, online, social media as well as more traditional face to face methods when permitted. To provide the option of face to face groupwork for perpetrators and children and young people (when safe to do so) to maximise the potential for peer learning and support that can help to sustain positive changes beyond the end of the Programme.

- To proactively engage with local authorities to ensure all children's services staff are aware of what Barnardo's can offer, particularly in areas where referrals appear to have been lower than expected.

- To proactively engage with community and voluntary sector providers to ensure that families continue to access support beyond the end of the Programme to help them continue to make progress in their recovery journey, maintain behaviour change and build resilience.

- In the context of growing need for domestic abuse services, it is vital that more secure commissioning and funding arrangements are put in place to ensure there is no further disruption to service delivery.

2 Introduction

2.1 Background to the evaluation

The Opening Closed Doors Programme, funded by a grant from the Home Office, was established by Barnardo's in March 2019 in five local authorities in South East Wales. Funding was initially agreed only for one year, with the service partially disbanding at the end of March 2020 before getting an additional year's funding until the end of March 2021.

The Programme aims to support children and families who have experienced domestic abuse including help to recover and build sustainable change in their lives. A key feature of the Programme is that it takes a holistic approach by offering a whole family intervention that includes: Integrated Women's Support (IWS), a Children and Young People Domestic Abuse Programme, and a perpetrator intervention formally known as the Domestic Abuse Perpetrator Programme (DAPP) and renamed as Reset (Respect, Engage, Support, Education, Trauma-informed. The key target outcomes identified for the Programme are:

- A safe and stable home environment.
- An improvement in parent-child relationships.
- Children and young people experiencing a reduction in emotional stress.
- Development of positive peer relationships.
- An improvement in school attendance.
- Families able to recover from domestic abuse/violence.
- Families stay together safely following a reduction in violence/abuse.

Integrated Women's Support (IWS)
Support is offered through one to one sessions or via a group. The support focuses on risk management, safety planning, identifying abuse, the impact abuse has on families and children, feelings and worries, managing anxieties, confidence and self-esteem building, parenting and developing support networks.

Children and Young People Domestic Abuse Programme
This is a 10-week programme using elements of the Safety Trust and Respect (STAR) and Domestic Abuse Recovering Together (DART) programmes which can be delivered in group or via one to ones. The programme is for children to explore their feelings around domestic abuse, enabling children to understand what has happened and provide them with skills needed to express their emotions and keep themselves safe.

Domestic Abuse Perpetrator Programme (DAPP)
DAPP is a 20 week behaviour change programme using the Respect principles (Respect, no date). The programme covers topics such as defining domestic abuse and taking ownership, gender, power and equality, healthy relationships, accountability, the impact on children, Adverse Childhood Experiences (ACE's) and positive parenting.

The aim of the programme is to facilitate men ending their abusive behaviours towards female partners. The programme supports them to identify a range of skills and tools

whilst developing greater knowledge of the impact of their behaviour on women, children and their families.

2.2 Overview of the evaluation

The Institute of Public Care (IPC) at Oxford Brookes University was commissioned by Barnardo's to carry out an independent evaluation of the Programme. IPC's approach incorporates a 'realistic evaluation' that asks not just whether things are working but for whom, in what circumstances, in what respects and how (Pawson and Tilley, 2007). A mixed method approach has been taken to the evaluation incorporating quantitative as well as qualitative research methods. A Theory of Change (TOC) was developed collaboratively with the Programme staff in the early stages of its development to describe the rationale for developing the service and the relationship between the Programme's activities and outcomes for children and families.

The following activities took place over the course of the evaluation:

Secondary analysis of the mainly quantitative data collected by the Programme, including information relating to demand and service activity carried out twice in January 2020 and February 2021.

Three waves of semi structured telephone interviews with service/team managers in Children's Social Care from the five local authority areas and the Head of Strategy, Police and Crime Commissioner carried out by telephone or online:

- 7 in July 2019.
- 6 in November 2019.
- 3 in January 2021.

Three waves of semi structured interviews with family members who had completed interventions carried out in person, by telephone or online:

- 11 during October and November 2019.
- 11 in September 2020.
- 10 in December 2020.

Case file analysis from Barnardo's records for families that had completed or nearly completed interventions:

- 49 cases linked to 24 families, November 2019.
- 30 cases linked to 20 families, December 2020.

Analysis of standardised measures administered by Barnardo's workers throughout the period of evaluation:

- 75 parent/carers and 30 children and young people who had completed 'pre and post' intervention Strengths and Difficulties Questionnaires (SDQ) (Goodman, 1997) during 2019.

- 154 parent/carers who had completed the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) (Warwick Medical School, 2007) pre and post-intervention during 2019.
- 46 parent/carers who had completed the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) pre and post-intervention during 2020.

Barnardo's staff focus groups carried out in person and online:

- 1 in January 2020.
- 1 in September 2020.

2.3 Limitations of the evaluation

The number of planned interviews with family members and partner agencies in the final phase of evaluation was less than expected. Professionals were not available for interview due to being fully occupied with managing Covid-related issues. It was a difficult time to be asking service users to participate in interviews when many were struggling with personal issues exacerbated by the pandemic.

Overall, across the two years we were able to look at roughly similar numbers of case files for the IWS (35) and children's programme (31) but far fewer for the perpetrator programme (13). However, this is in keeping with the fact that twice as many survivors and their children accessed interventions, compared to perpetrators (see table 10 on p8).

Finally, some of the data from the standardised measures could not be used as there were high rates of attrition between completion of baseline SDQ/WEMWBS questionnaires and those administered at the end of an intervention. Barnardo's staff commented on the difficulty of getting families to maintain interest in 'form filling' when they were at the end of their interventions. They also suggested that children and young people old enough to fill in a questionnaire may have given answers based on what they thought was expected (the 'right answer'), rather than being honest and, for this reason, it was decided that the SDQ would not be used in the second year and more emphasis would be placed on interviews and focus groups with children and young people. Unfortunately, these activities were compromised by Covid restrictions and it was not possible to engage children and young people as much as evaluators would have liked.

2.4 Overview of the Programme and how it has evolved over the two years

A whole family approach has remained at the core of the Programme, with some modifications as follows:

Integrated Women's Support (IWS) has been continually reviewed and updated to take on board the latest research findings. Participants continue to be offered a choice of either attending a group or one to one sessions. Groupwork has been online since the beginning of the first lockdown. Staff involved with the Programme have reported that online groups have been running more frequently than before, and that participants from across the region have been able to access them more quickly rather than having to wait for one in 'their area'. One to one sessions have also been delivered remotely

during the period of the Covid-19 pandemic, using phone, text, WhatsApp and Zoom. Face to face has remained an option if needed, with safety measures in place (for example: meeting outside, keeping at a safe distance).

Children and Young People Domestic Abuse Programme was mainly delivered in groups during the first year. It became apparent to staff early on in the pandemic that children and young people were not comfortable with participating in an online Zoom group and so the intervention has been adapted to be delivered on a one to one basis remotely or face to face to suit individual needs and preferences. Finding a safe, private space to meet either virtually or face to face was described by staff as 'not easy' to achieve during school closures, but more recently local hubs have been used successfully. Staff are being trained to incorporate the Recovery Toolkit Programme (Rockpool, 2021) methods in this online work, which include trauma focused cognitive behaviour therapy and person-centred therapeutic principles. It is hoped that face to face groups can be resumed as and when pandemic restrictions are lifted, as they are thought to offer an important opportunity to build positive peer relationships that can be a sustainable form of support beyond the end of the intervention.

Reset (Respect, Engage, Support, Education, Trauma-informed) intervention for perpetrators (formally DAPP) has been renamed to reflect a new, trauma informed approach that has evolved out of work that Barnardo's has been doing in partnership with CASCADE (2020). Adaptations include an Adverse Childhood Experiences (ACE) questionnaire that is used as part of the initial assessment, use of motivational interviewing and solution focused techniques, more time spent on pre-engagement sessions, promoting the use of 'journaling' to explore feelings and emotions, and a clear outline of the content of the intervention provided at the start so there are 'no surprises' later on. Delivery has been adapted during the period of the Covid-19 pandemic to be undertaken on a one to one basis and remotely using phone, WhatsApp, text, Zoom. However, it is hoped that face to face groupwork will resume shortly.

Some of the other changes to Programme delivery in response to the Covid-19 pandemic have included:

- More of a phased approach to interventions – initially focusing on managing immediate needs and risks and informal relationship building before commencing groupwork or one to one sessions "*getting people to a place where they are ready to engage*" (staff member).

- Responding to practical, basic family needs, for example: supplying iPads and food vouchers in addition to domestic abuse focused support.

- Cases being kept open for longer beyond the end of the intervention to support families with particular stresses and strains brought on by the pandemic. For example, providing wellness sessions for the whole family.

3 Key Findings: demand and service activity

The following findings are drawn from an analysis of Barnardo's management data between 1st March 2019 and the 4th March 2021 (two years). Year one data relates to the period 01.03.2019 – 31.03.2020, (13 months) and year two data to the period 1.4.2020 – 4.3.2021 (11 months).

3.1 Referral data and analysis

3.1.1 Families and individuals referred to the Programme

521 families including 1,190 individuals were referred to Opening Closed Doors over two years between March 2019 – March 2021. 66.5% of the referrals were in year one and 33.5% were in year two.

Reasons why the number of appropriate referrals is lower in the second year are largely due to Caerphilly no longer being part of the area covered by the Programme and also that year one data was collected for 13 months, whereas year two data represents only 11 months. It is also possible that some of the need has been hidden in the second year due to early intervention settings like schools, family centres and community hubs being closed during lockdowns and therefore not able to spot the signs of abuse, a point made recently in a report by the Children's Commissioner (2021). A further factor is that funding for an additional year was only confirmed in late March 2020 and staff had to be re-recruited and the service re-mobilised at a very challenging time.

In year 1 Barnardo's received 114 referrals (from all areas) that were not appropriate. Some examples of inappropriate referrals were those requesting parenting support focusing on low level healthy relationships; child behaviour problems – (e.g. requesting non-violent resistance programme for parents) and sibling issues.

In Year 2 Barnardo's only received 34 that weren't appropriate, suggesting that by then local authorities were more aware of the sort of provision that was available.

Table 1: Number of families and individuals referred to the Programme (all local authorities)

Year of Data	Families	Individuals
Year One	346	798
Year Two	175	392
Total	**521**	**1,190**

3.1.2 Men, women and children referred to the Programme

In year one, 25% of referrals were for men, 32% for women and 43% for children and young people. In the second year, referrals were slightly higher for men (27%) and women (38.5%) but lower for children and young people (34%). As above, the reduction in the number of children and young people being referred may be due to the 'invisibility' of need when schools, family centres and youth and community projects were closed. It may also be due to some children and young people being reluctant or not feeling safe about engaging 'virtually'.

Table 2: Number of referrals for men, women, and children/young people (all areas)

	Men	Women	Young People and Children	Total
Year One	198	258	342	798
Tear Two	107	151	134	392
Total	**305**	**409**	**476**	**1,190**

3.1.3 Referrals by local authority

The local authority that made the highest number of referrals across both years was Newport. This is likely to be because they have the highest number of domestic abuse cases in South East Wales. Also Barnardo's had already been running a domestic abuse service in this area prior to commencing the Opening Closed Doors Programme and families could be swiftly identified and referred into the new service. Caerphilly was second highest in year one but not within scope of the Programme in year two. Whilst all areas experienced a drop in referrals between year one and two, this was particularly marked in Blaenau Gwent, where 76% of all referrals for families were made in year one and only 24% in year two.

Table 3: Number of referrals of families by local authority area and year

Local Authority	Year One	Year Two	Total
Blaenau Gwent	**47**	**15**	**62**
Monmouthshire	**41**	**32**	**73**
Torfaen	**51**	**37**	**88**
Newport	**125**	**89**	**214**
Caerphilly	**82**	**0**	**82**

Table 4: Number of referrals of individuals by local authority area and year

Local Authority	Year One	Year Two	Total
Blaenau Gwent	**96**	**36**	**132**
Monmouthshire	**114**	**78**	**192**
Torfaen	**115**	**85**	**200**
Newport	**292**	**193**	**485**
Caerphilly	**181**	**0**	**181**

3.1.4 Referrals by level of need

Most individuals referred to the Programme had a high level of statutory need. Across both years, 78% had either a Care and Support Plan (CaSP) or were on the Child Protection Register (CP).

In year 1, 34.5% of individuals had a CaSP, 43% were CP, 9% were Looked After Children (LAC), 13% were not open to children's social care.

In year 2, 31% of individuals had a CaSP, 50.5% were CP, 9% were LAC, and 10% were not open to children's social care.

It is likely that the higher percentage of individuals on the child protection register in the second year reflects an increase in severity and complexity of need amongst families who have experienced domestic abuse during the pandemic, as documented by Women's Aid, 2020. Some of the parents interviewed in September 2020 told us this was the case:

> "*Things escalated in the home. Lockdown made things worse for me".* (IWS participant)
>
> *"In March in lockdown he was abusing my daughter"* (IWS participant)

The Programme Manager also told us that the number of referrals to Multi Agency Risk Assessment Conference (MARAC) meetings had increased during this period. However, Police call outs had dropped which suggests that there may also have been unmet need that was not being identified and de-escalated at an earlier stage due to schools and other early intervention services shutting down.

Table 5: Number of individuals referred by level of need and local authority in year 1

	Care and Support Plan	Child Protection Register	Looked After Child	Not open to children's services	Total
Blaenau Gwent	31	50	7	8	96
Monmouthshire	34	67	3	10	114
Torfaen	27	45	17	26	115
Newport	100	122	19	51	292
Caerphilly	83	61	26	11	181
Total	275	345	72	106	798

Table 6: Number of individuals referred by level of need and local authority in year 2

	Care and Support Plan	Child Protection Register	Looked After Child	Not open to children's services	Total
Blaenau Gwent	16	11	0	9	36
Monmouthshire	23	40	13	2	78
Torfaen	30	49	6	0	85
Newport	53	98	15	27	193
Total	122	198	34	38	392

3.2 Service activity data and analysis

3.2.1 Individuals accessing the Programme by different intervention types

A total of 653 individuals accessed an intervention across the two years. 416 individuals accessed an intervention in year one (64% of the total number) and 237 (36% of the total number) accessed an intervention in year two.

Part of the reason for the drop in numbers of individuals accessing an intervention between year one and year two is due to Caerphilly Council no longer participating in the Programme in year two. Caerphilly had the second highest number of individuals participating in year one (115). Also, year one is thirteen months, compared to eleven in year two. Another reason may be that the Opening Closed Doors Programme was initially funded by the Home Office for one year. As the year drew to a close, the service had partially disbanded in the expectation that it would close due to lack of funding. At the end of March 2020, the Home Office offered an additional year's funding to Barnardo's. A recruitment process was started but inevitably it took several months to get a full team in place. Meanwhile, a scaled down, core service was provided, offering one to one support to help local authorities in keeping families safe at a time when domestic abuse was escalating during the first Covid lockdown.

Table 7: Number of individuals from all local authority areas who accessed an intervention

	Perpetrator programme	Integrated Women's Support	Children and Young People Domestic Abuse Programme	Total
Year 1	81	161	175	416
Year 2	50	109	78	237
Total	**131**	**270**	**253**	**653**

3.2.2 Individuals accessing the programme by different intervention type and local authority

Across both years, 41.5% of those accessing the Programme were from Newport, 18% were from Caerphilly (despite only participating in the first year), 16% were from Torfaen, 12.5% from Monmouthshire and 12% from Blaenau Gwent.

Table 8: Number of individuals from Newport who accessed an intervention

	Perpetrator programme	Integrated Women's Support	Children and Young People Domestic Abuse Programme	Total
Year 1	40	60	51	151
Year 2	27	56	38	121
Total	**67**	**116**	**89**	**272**

Table 9: Number of individuals from Caerphilly who accessed an intervention

	Perpetrator Programme	Integrated Women's Support	Children and Young People Domestic Abuse Programme	Total
Year 1	20	32	63	115
Total	**20**	**32**	**63**	**115**

Table 10: Number of individuals from Torfaen who accessed an intervention

	Perpetrator programme	Integrated Women's Support	Children and Young People Domestic Abuse Programme	Total
Year 1	10	31	16	57
Year 2	8	30	11	49
Total	**18**	**61**	**27**	**106**

Table 11: Number of individuals from Monmouthshire who accessed an intervention

	Perpetrator programme	Integrated Women's Support	Children and Young People Domestic Abuse Programme	Total
Year 1	5	19	20	44
Year 2	9	15	14	38
Total	**14**	**33**	**34**	**82**

Table 12: Number of individuals from Blaenau Gwent who accessed an intervention

	Perpetrator programme	Integrated Women's Support	Children and Young People Domestic Abuse Programme	Total
Year 1	6	19	25	50
Year 2	6	8	15	29
Total	**12**	**27**	**40**	**79**

3.2.3 Individuals who accessed an intervention and completed it

In year one, 75% of all individuals who accessed an intervention, completed it. Both the Integrated Women's Support and Children and Young People Domestic Abuse interventions had high levels of completion at 76% and 81% respectively. The level of completion for the perpetrator programme was a little lower at 58% which reflects the challenges in keeping perpetrators engaged.

Year 2 completion numbers are much lower, reflecting the fact that many participants are still participating in an intervention. So far 14% of those who accessed the perpetrator programme have completed; 30% of those who accessed Integrated Women's Support have completed and 27% of those who accessed the Children and Young People Domestic Abuse Programme have completed (27%). As cases have been kept open a little longer in year two, it will take longer for them to be completed.

Table 13: Number of individuals from all local authorities who accessed an intervention and successful completions in year one

Intervention	Accessed	Completed	% completion rate
Perpetrator Programme	81	47	58%
Integrated Women's Support	161	122	76%
Children and Young People Domestic Abuse Programme	175	142	81%
Total	417	311	75%

Table 14: Number of individuals from all local authorities who accessed an intervention and successful completions in year two

Intervention	Accessed	Completed	% completion rate
Perpetrator Programme	50	7	14%
Integrated Women's Support	109	33	30%
Children and Young People Domestic Abuse Programme	78	21	27%
Total	237	61	26%

4 Key Findings: quality of the programme

Case file analysis, interviews with family members and professional stakeholders were the main source of data for exploring the quality of the programme. A number of key themes emerged from our analysis as follows:

4.1 Timeliness and accessibility

One of the key aspects of the Programme that professional interviewees highlighted as being helpful and working well in the first year was the speed and ease of access to the Programme. They liked the simple referral process and the fact that families were being picked up quickly. Case file analysis suggests that an initial visit and assessment was carried out within a reasonable period, usually within four weeks. However, in the first few months of the second year, the difficulties of re-recruiting staff which coincided with the beginning of the pandemic and lockdown meant that some family members referred during this period had to wait longer for a response. These 'wait times' improved considerably in the second half of the year.

Case file records suggest that Barnardo's staff made significant efforts to get individual interventions off to a good start. In the first year, in most cases there was a home visit carried out jointly with a social worker and the nature of support was explained very thoroughly with plenty of time for questions, exploring the needs and planning the best way of delivering support.

> "*A letter came - then a phone call. They came and chatted. It was an assessment – I felt safe – they were approachable."* (IWS participant)
>
> *"I asked for a one to one support – I didn't want a group. They listened to this." (IWS participant)*

This same approach and emphasis on making the interventions accessible continued in the second year. Needing to adapt their methods of delivery to the changing environment from March 2020, Barnardo's rapidly developed their remote and digital capabilities so they could continue to offer support to families at a very stressful time.

Interviews with family members suggest that these new approaches were mostly well received and have enhanced the service offer, making it easier to access and improving the learning through use of multi-media resources sent in advance of the session.

> "*Less stress just using phone, more convenient – not having to travel."* (IWS participant)
>
> "*It was meant to be a group but because of Covid it was one to one. Telephone. It was preferable to do it this way. One to one. I don't think I'd be as vocal in a group".* (RESET participant)
>
> "*She uses u tube videos that she sends me about coercive control. She emails me information. I can read it on my phone. We talk".* (IWS participant)

However, some women and children/young people were less keen on phone or online delivery and Barnardo's staff went out of their way to find creative ways to deliver sessions face to face.

> "T*hey wanted me to do a group, on-line, but I am no good with other people or computers. So today she came to my house. We sat outside, just me and her, two metres apart. This was our first session.' 'I liked her coming to my house one to one. The times are good for me".* (IWS participant)

The flexibility shown by Barnardo's staff has been a real strength of the Programme and has resulted in high levels of engagement in the case files examined by evaluators across participant type as illustrated in the table below:

Table 15: Number of family members partially or well engaged in the Programme

	Adult Survivors	Perpetrators	Children and Young People
Year One	15/17, (88%)	7/9 (78%)	22/23 (96%)
Year Two	18/18, (100%)	3/4 (75%)	8/8 (100%)

4.2 Whole Family Offer

The Opening Closed Doors model is based on the premise that working with all family members meets the needs more comprehensively, addressing the causes as well as the consequences of domestic abuse and helps to bring about sustainable change. It is

a model of working that has been found to be beneficial in research studies for example Stanley's 2017 study of key components of a whole family intervention, and in practice, for example, in the Strengthening Families Domestic Abuse Project in Sheffield (Research in Practice, 2018). Professional stakeholders told us that this approach it was meeting a gap in domestic abuse support for children and young people and perpetrators in the region.

Some professionals interviewed for this evaluation specifically referred to the benefits of a holistic approach:

> *"The whole family offer is really important. There was support for women (and to a lesser extent men and children) already but it was not connected. It supports victims to know that the perpetrator is also trying to change."*

IWS case file analysis identified cases where it was recorded that there had been a positive benefit to both parents. For example, in one case it was noted that the father had benefitted from completing the DAPP programme and the mother had noted he was calmer and their relationship had improved. In another case, both mother and father completed their respective programmes, and both had learned that verbal abuse is abuse and has an emotional impact, hence both made changes.

There was also evidence from family members we interviewed that they had found the linkages helpful.

> *"They planned for the kids and me at the same time. There was a link between the girls' course and mine"* (IWS participant)
>
> "*We could all talk together because we were covering the same topics."* (IWS participant)
>
> "*I am still the same person but I'm glad I know everything about abuse. With the DAPP programme too. It helped us a lot. It is important to both do it.* (IWS participant)

From the point of view of Barnardo's staff, the sharing of information across the different interventions was also essential to build a more complete picture of family need and to support effective risk management and safety planning. There was evidence in case files that workers from the different interventions were communicating and ensuring that consistent messages were being given and support was being dovetailed. Examples include an IWS worker updating mum on her children's progress in their intervention and another providing one to one check in sessions for mum after groupwork had ended until dad's DAPP programme was also finished.

4.3 Highly skilled and motivated staff

Information on case files and interviews with family members and professionals have consistently highlighted the ability of Barnardo's staff to establish trusting relationships that have enabled participants in the programme to feel safe enough to open up about difficult experiences and engage in activities that help them to reflect, make changes and move forward.

The following examples are typical of what was found on most case files. In one, a child was described as feeling safe with the worker and being able to talk openly about her experience of her parents' aggression. Comments on other files included that a worker was responsive to a child's different moods, another worker listened and acted on the concerns of a child and another combined serious conversation with fun activities.

> *"I can be honest and open with x. Things I don't usually tell anyone. I am only honest with people I trust".* (Children and Young Person Domestic Abuse Programme participant)

Comments on parents' case files suggest that workers were able to be both supportive and challenging when appropriate. Parents spoke highly about the staff in their interviews, highlighting qualities that included being empathetic, caring, responsive, flexible, encouraging, able to create a bond and a safe space for change and development to take place.

> *"She comes a lot and she has advice for me and I can talk about anything – not just the DV issues"* (IWS participant)

> *The Barnardo's workers were very caring. They understand us. She told me I'm not a bad guy – just made mistakes. She's very positive – I can change she told me."* (DAPP participant)

New staff recruited into roles in the second year have coped very well to working differently during the pandemic. Many went straight into working from home without an opportunity to meet team members in person and needing to quickly adapt to remote and digital delivery of interventions. This does not appear to have significantly compromised their ability to form positive relationships that are vital in establishing a therapeutic alliance and creating the right conditions for change.

4.4 Content and approach

The Opening Closed Doors Programme has shown itself to be resilient and able to carry on in difficult circumstances. This included successfully managing to re-start the service at short notice for a second year which involved recruiting and training new staff at the same time as the pandemic was causing an increase in the level and complexity of domestic abuse, and other sources of support were closing down.

The content of the three interventions also evolved to become more trauma informed and staff have developed new skills in particular around using counselling and therapeutic approaches. Key components of the Programme included:

A strengths-based and solutions focused approach. Examples in case files include sessions about reframing mum's experience and highlighting strengths and building confidence; encouraging a child to identify what he was good at; focusing on strengths in dad's commitment to change.

Prioritising safety and risk management. Safety plans and risk assessment checklists were completed with mothers and children and Barnardo's workers raised

concerns with social workers and attended core meetings to share information and were closely involved in statutory child protection and court processes.

Groupwork was the norm during the first year and found to have many benefits. Both adults and children appreciated the peer support and opportunity to develop friendships and informal networks that could exist outside of the Programme. Covid restrictions in the second year meant stopping in person groupwork for children and young people and perpetrators, but the IWS intervention successfully transitioned to an online format that has worked very well. It is Barnardo's intention to restart groups for children and young people and perpetrators when restrictions are lifted.

> *"It's helpful and interesting. We learn about types of DV. We do activities and we do discussion. People talk and share about their experiences. It is useful to hear other people" (IWS participant)*

> "*A group is better, with other people. I was humbled and inspired and motivated by others in the group. A group gives you perspective and camaraderie". (IWS participant)*

4.5 Partnership working

In the first year of operation, some of the Programme staff were co-located within children's services teams in local authorities. Their presence ensured that the service offer was well known and facilitated joint working, for example it made it easy for Barnardo's staff to attend core meetings and share information to inform risk assessments and support planning.

The Covid pandemic in the second year resulted in staff working from home and maintaining contact with local authority staff through online meetings and phone calls. Evidence on case files and interviews with professional stakeholders suggests that staff have continued to co-ordinate well with children's social care staff despite not being co-located. Their expertise and capacity not only to support and contribute to keeping families safe, but also to work with them to bring about change was considered by the local authority managers we interviewed to be an essential part of the local response to growing need.

5 Key Findings: To what extent has the programme had a positive impact on children and families?

This evaluation provides strong indicative evidence that the Programme has had a positive impact on families involved with it so far. The service outcomes with relatively strong / the strongest evidence of positive impact from the first two years of operation are 'a safe and stable home environment', 'an improvement in parent/child relationships', 'a reduction in the child's emotional stress' and 'families able to recover from domestic abuse'.

5.1 A safe and stable home environment

Positive evidence that children participating in the Programme were living in a safer and more stable home environment by the end of an intervention was found in a high

proportion -16/21 of participating children's case files where this information was recorded in year one and 7/8 in year two (79% overall). Reasons why this might be the case drawn from evidence on the files and interviews with parents included that:

- The perpetrator's behaviour had changed: *"Better – to do with several things. The course - I can talk now to my partner. She agrees and no drinking this helps"*
- The perpetrator had moved out: *"There is no more DV in the house – he is not here." (*IWS participant*)*
- The child/young person had learned how to keep safe, for example by having a safety plan and being able to name trusted adults: "*When we first met I did paperwork with her and she explained how to keep safe. It helped*. (Children and Young People Domestic Abuse Programme participant)
- Parents had a better understanding of the impact of domestic abuse on children and the value of healthy relationships: "*I am more aware. I won't be perfect, but I know how it impacts on everyone else and my son. I was ignorant. I have learned. I recognise it now."* (DAPP participant)
- There had been a noticeable reduction in family stress including less shouting, violence or other abuse in the home: "*Re their Dad – I don't get stressed now – he's not done anything lately. I'm more relaxed" (IWS participant)*
- Parents practicing techniques like time out to manage their own emotional responses: "*I know I need to ask to take a time out. Before I was fight or flight person. This is a useful tool for me – I can say I need a time out*" (DAPP participant).
- The child had been removed to a safer environment (very small number of cases): "*x (child) is better, but she didn't understand before who she was to live with – now she knows she lives with me*" (Grandmother)

5.2 Parental wellbeing

It could be argued that an important contributor to a safe and stable home environment for children where there has been a history of domestic abuse, is the emotional wellbeing of parents/carers.

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS**)** quantitative data to measure their emotional wellbeing was collected from parents attending the IWS or DAPP interventions in both years one and two. All WEMWBS scales showed statistically significant changes between initial and end data collection points.

In year one, in the cohort of 154 parents, effect sizes ranged from small to medium which can be interpreted as demonstrating a small to medium increase in parents'/carers' positive peer relationships, self-esteem, wellbeing and social connectedness between initial and end data collection points.

In year two, in the cohort of 46 parents, the mental wellbeing of the Barnardo's sample was significantly higher at the end point of measurement than at the initial measurement

point. The effect size is medium and represents a substantial finding (although the cohort numbers are lower than year one).

See Appendix One for full details.

5.3 An Improvement in Parent Child Relationships

An area of focus in both the IWS and DAPP/RESET interventions is improving the way in which parents relate to their child(ren). This includes sessions that explore the impact of abuse on children and how stress and anxiety can impact on a parent's ability to parent effectively. Both courses also offer time for participants to reflect on their own experiences as a child and parenting styles they were exposed to. This leads on to opportunities to explore attachment, child development and positive parenting styles, addressing behaviour management techniques, as well as the importance of play and communication.

- In year one, positive evidence from case file analysis that mothers had improved their parenting capacity was found in 7/9 (78%) of the IWS case files where information had been recorded.

- In year two, positive evidence from case file analysis that mothers and fathers had improved their parenting capacity was found in 10/12 (83%) of the IWS and RESET case files where information had been recorded.

The areas in which parent interviewees reported positive changes in their parenting capacity included:

- Feeling more capable and in control as a parent (less of a victim).
- Learning how to manage their children's challenging behaviours.
- Better communication between parents and child(ren).
- Putting routines and structure in place.
- Able to establish boundaries and keep to them.
- Practicing techniques like time out to manage their own emotional responses.
- Reports of enjoying family activities and hands on help with parenting (DAPP participant).
- Less drinking and increased understanding of children (DAPP participant).

Quotes from parents illustrate these points:

> *"I have a better understanding now. I have more patience now. I can now see why a child may be difficult". (IWS participant)*

> *"I am back to work. I have routines with the kids I am more assertive. I am more confident". (IWS participant)*

> *"My son is in trouble a lot. That seems to have lessened since I was on the course. He and his Mum don't see eye to eye. He'd run away, police involved. Now he rings me instead".* (DAPP participant)

5.4 Children and young people experience a reduction in emotional stress

Positive evidence of an improvement in the child's emotional health and wellbeing was found on 18/19 of the children's case files in year one and 4/8 in year two (in the other 4 it was not clear). This included examples of children being able to communicate their feelings rather than keeping them hidden, have better understanding that the abuse was not their fault and appearing to be more resilient with better coping strategies with a reduction in angry outbursts, self-harm and other manifestations of trauma.

Strengths and Difficulties Questionnaire (SDQ) quantitative data was collected from 75 parents of children participating in the Children and Young People Domestic Abuse Programme, both pre and post intervention in year one. The findings provide evidence that the Programme had a positive impact on child emotional health, wellbeing and behaviour including:

- A statistically significant positive change in the child's emotional problems, conduct problems and total difficulties scores between initial and end data collection points.
- A medium effect size (.3), which can be interpreted as demonstrating that there was a medium decrease in the child's emotional problems, conduct problems and total difficulties scores between initial and end data collection points.

See Appendix Two for full description of the findings.

In addition, parents participating in interviews mostly noticed changes in their child's behaviour that suggest a reduction in emotional stress such as:

- Child being less angry, aggressive, violent.
- Child no longer running away.
- Child no longer wetting the bed.
- Child no longer self-harming.
- Child being happy, smiling, unguarded, more loving.
- Child able to communicate what they feel, more resilient and with coping strategies.

Parents and one young person herself were very vocal about the positive changes, for example:

> "*The youngest has an anxiety box – this is really successful. She is less anxious – she understands about mum and dad not loving each other now but thinks we are still friends. She doesn't wet the bed any more or wet in school. School have said she is more confident"* (mum)
>
> *"Yes – the boy was playing up in school hitting other kids. It calmed" (dad)*
>
> *"x was misbehaving a lot halfway through the relationship. Up the wall. Towards the end. In the flat he was too scared to go to toilet but now he is OK. I have noticed a change in x". (mum)*
>
> *"I feel calmer and more relaxed and more confident. Last year before she came I was not feeling good mentally. Since x(worker) my mental health is a lot better"*. (Children and Young People Domestic Abuse Programme participant)

5.5 Families able to recover from domestic abuse

Positive evidence to suggest that domestic abuse had reduced or stopped was found in 12/17 of the IWS case files and 4/5 of the DAPP files where this had been recorded in year one and in 17/20 parental case files in year two (78% overall).

One of the main reasons why the abuse had reduced or stopped appears to be that the relationship had ended, and the perpetrator was no longer living in the family home. Another key factor referred to in case notes was that the perpetrator's behaviour had changed as a result of having greater understanding of abusive behaviour and its impact and that couples were able to engage in more constructive conflict resolution. Another factor was that mothers were better equipped to recognise and de-escalate situations.

Whilst case file analysis suggests some positive changes had been made, evidence from family interviews were a reminder that recovery from domestic abuse is likely to be a long and complex process that can extend over years.

Many of the families accessing the programme had complex needs and expressed a sense of loss when the intervention ended and concerns for the future:

> *"It could have been longer. It was intense and then there is nothing. Not a long enough course for 13 years of abuse" (*IWS participant)
>
> *"I have to be positive about things. It is still a mess. I hope things get better, but I can't tell".* IWS participant)
>
> *"Everyone has all gone now – I am on my own but I still feel frail".* IWS participant)
>
> *"One half of me wants to be optimistic the other half doesn't. We have discussed this – my future" (*Children and Young People Domestic Abuse Programme participant)

It is significant that Barnardo's have been keeping cases open a little longer during the pandemic, in recognition of the additional stress and pressures that families are under.

5.6 Reduction in statutory need

There was also a tangible reduction in the level of statutory need evidenced in case files, suggesting that children were demonstrably safer in approximately half of these cases.

- In year one, 11/23 (48%) of children whose case files were examined had been de-escalated from 'child protection' to 'care and support plan', or 'care and support plan' to nothing, by the end of the intervention.
- In year two, 4/8 (50%) of children whose case files were examined had been de-escalated from 'care and support plan' to nothing by the end of the intervention.

It wasn't possible to track cases beyond the end of the intervention and it is likely that there would have been some more de-escalated subsequently. It is also the case that statutory interventions are influenced by other factors and risks – not only domestic abuse e.g. parental substance misuse and/or mental health problems, so even if there had been a reduction in domestic abuse, children may still need to be safeguarded.

6 Overall analysis and recommendations

In its first two years of operation, the Opening Closed Doors Programme has experienced many challenges. Right from the outset, staff demonstrated that they were committed and capable as they worked at pace to get a new Programme up and running. The start of the second year coincided with the beginning of the Covid 19 pandemic. Staff quickly adapted to using digital and remote methods and have responded to demand, providing vital support to survivors including children and young people, whilst tackling the causes through their perpetrator programme.

The key findings from our evaluation are:

Demand was high across the two years of the Programme. A total of 521 families including 1,190 individuals were referred to the Programme and 653 individuals accessed an intervention. One of the reasons for the lower number of referrals in the second year was that funding was only confirmed in late March and staff had to be re-recruited and the service re-mobilised at a very challenging time.

Evidence from case file analysis and interviews with family members and professionals enabled us to identify a number of key factors that suggest this is high quality and well regarded service, which has resulted in a very good level of engagement by participants. These include a timely response by highly skilled workers resulting in open and trusting relationships; support for all family members including survivors and perpetrators and a focus on changing behaviour; a person centred approach that is strengths based and solution focused; and choice and flexibility in how the support is delivered.

There is clear evidence that outcomes have been achieved in the cases we looked at. Changes in parental behaviour and circumstances have resulted in children experiencing a safer and more stable home environment. There have been improvements in parent child relationships and in both parent and child emotional wellbeing. There was a significant decrease in the level of statutory intervention by the end of the intervention (approximately half the cases had been stepped down), suggesting that children were deemed to be safer and families had become more self-reliant.

Recommendations going forward include:

To continue to offer a choice of different options for engaging in the Programme to include phone, online, social media as well as more traditional face to face methods when permitted. To provide the option of face to face groupwork for perpetrators and children and young people (when safe to do so) to maximise the potential for peer learning and support that can help to sustain positive changes beyond the end of the Programme.

To proactively engage with local authorities to ensure all children's services staff are aware of what they can offer, particularly in areas where referrals appear to have been lower than expected.

To proactively engage with community and voluntary sector providers to ensure that families continue to access support beyond the end of the Programme to help them recover, maintain behaviour change and build resilience.

In the context of growing need for domestic abuse services, it is vital that more secure commissioning and funding arrangements are put in place to ensure there is no further disruption to service delivery.

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Appendix 1: Findings from the Warwick Edinburgh Mental Wellbeing Scale Analysis in Year Two

The Warwick Edinburgh Mental Wellbeing scale was developed to enable the monitoring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. It consists of a scale of 14 positively worded items for assessing a population's mental wellbeing. WEMWBS is suitable for adults aged 16 and above.

The WEMWBS total score is obtained by summing the score for each of the 14 items. The scoring range for each item is from 1 – 5 and the total score is from 14-70. Sample means and standard deviations were compared with population norms based on a large representative sample from the National Health Survey England 2011 (N=3423).

It was agreed that WEMWBS would be used to measure changes in the mental wellbeing of parents participating in the Opening Closed Doors Programme. Barnardo's asked parents to complete the pre and post questionnaire and in January 2021 they provided a sample data set which consisted of 46 WEMWBS scale scores. The mean number of days between initial data collection and end data collection was 126 (SD=77) with a minimum of 42 days and a maximum of 419 days.

The initial mean WEMWBS total score for the sample was 45.52 (SD=11.24). There was a highly significant difference between the initial mean WEBWMS total score for the sample and the WEMWBS population norm of 51.61 (SD=8.71), $t(3467) = 7.77$, $p < .001$; $d = .7$ In other words, **the mental wellbeing of the Barnardo's sample was statistically significantly lower than that of the general population initially. The result has a medium effect size and is a substantial finding.**

There was a significant difference in the initial WEMWBS total score (M=45.52, SD=11.24) and the end mean WEMWBS total score (M=51.04, SD=12.00); $t(90) = 3.52$, $p < .01$; $d < .5$. There was not a significant difference between the sample and the WEMWBS population norm of 51.61 (SD=8.71). In other words, **the mental wellbeing of the Barnardo's sample was significantly higher at the end point of measurement than at the initial measurement point. The effect size is medium and represents a substantial finding.** Also, the mental wellbeing of the sample at the end point measurement is no different from that of the normative population.

The following table shows the frequencies of WEMWBS scores divided high, average and low mental wellbeing using cut points at the initial measurement point. 11% of the sample had high mental wellbeing and about a third (31%) had average mental health. Over half of the sample (58%) could be classified as having possible or probable depression.

Table 1 frequencies of WEMWBS scores divided high, average and low mental wellbeing using cut points at the initial measurement point

WEMWBS scores divided high, average and low mental wellbeing using cut points	Absolute Frequency	Relative Frequency (%)
High mental wellbeing	5	11
Average mental health	14	31
Possible depression	8	17
Probable depression	19	41
Total	46	100

The following table shows the frequencies of WEMWBS scores divided high, average and low mental wellbeing using cut points at the end measurement point. Nearly a quarter of the sample (22%) had high mental wellbeing and about a half (54%) had average mental health. About a quarter of the sample (24%) could be classified as having possible or probable depression.

Table 2 frequencies of WEMWBS scores divided high, average and low mental wellbeing using cut points at the end measurement point

WEMWBS scores divided high, average and low mental wellbeing using cut points	Absolute Frequency	Relative Frequency (%)
High mental wellbeing	10	22
Average mental health	25	54
Possible depression	2	4
Probable depression	9	20
Total	46	100

A chi-square test of independence was performed to examine the relation between WEMWBS scores divided high, average and low mental wellbeing using cut points at initial and end point measurements.

The proportion of respondents with WEMWBS scores divided high, average and low mental wellbeing using cut points differed statistically significantly by initial and end measurement points ant, X^2 (3, N = 92) = 11.94, p < .05.

Table 3 summarises the observed cell totals, (the expected cell totals) and [the chi-square statistic for each cell].

Table 3 observed cell totals, (the expected cell totals) and [the chi-square statistic for each cell]

WEMWBS scores divided high, average and low mental wellbeing using cut points	Initial	End	Row Totals
High mental wellbeing	5 (7.50) [0.83]	10 (7.50) [0.83]	15
Average mental wellbeing	14 (19.50) [1.55]	25 (19.50) [1.55]	39
Possible depression	8 (5.00) [1.80]	2 (5.00) [1.80]	10
Probable depression	19 (14.00) [1.79]	9 (14.00) [1.79]	28
Column Totals	46	46	92

The quantitative findings should be treated with caution. Firstly, the sample size of the study is small (n=46). Also, respondents may not be representative of all service users. Secondly, the length of time between initial and end point data collection varied considerably.

Appendix 2: Findings from The Strengths and Difficulties Questionnaire (SDQ) and Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) Analysis in Year One

The evaluation framework identified the following questions specific to children and young people and to parents/whole family:

- To what extent have interventions had a positive impact on child emotional health and wellbeing and behaviour?
- To what extent have interventions enabled children and young people to develop positive peer relationships?
- To what extent have parents developed positive peer relationships, improved self-esteem, wellbeing, and social connectedness (reduced isolation)?

To inform answers to these questions three sets of data were provided by the Barnardo's Opening Closed Doors Service. These included initial and end data for:

The Strengths and Difficulties Questionnaire (SDQ) Parents/Carers' Report.

The Strengths and Difficulties Questionnaire (SDQ) Self Report (completed by children and young people (C&YP 11) years or more.

The Warwick Edinburgh Mental Well Being Scale (WEMWBS).

The following is a summary of the key points emerging from analysis of this data.

Strengths and Difficulties Questionnaire Parents/Carers' Report (n=75)	Strengths and Difficulties Questionnaire (SDQ) C&YP Self Report (n=30)
■ 86% of parents/carers were mothers of children and young people (C&YP) taking part in the evaluation (n=36)	
■ The average age of parents'/carers' C&YP was 9 years ranging from of 4-17 years (n=71)	■ The average age of the parents'/carers' C&YP was 14 years ranging from 8-17 years (n=30)
■ 61% of the parents/carers C&YP were female and 39% male (n=71)	■ 66% of the parents/carers C&YP were female and 34% male (n=29)
■ The average length of time parents/carers received an intervention was 4 months with a range 2 - 5 months (n=19)	
■ 27% of parents/carers had completed service provision (n=71)	■ 14% of the C&YP had completed service provision (n=29)
■ 63% of parents/carers were in ongoing receipt of interventions (n=71)	■ 69% of C&YP were in ongoing receipt of interventions (n=29)

Strengths and Difficulties Questionnaire Parents/Carers' Report (n=75)	Strengths and Difficulties Questionnaire (SDQ) C&YP Self Report (n=30)
▪ 10% of parents/carers had disengaged with the service (n=71)	▪ 17% of C&YP had disengaged with the service (n=29)
▪ There was a statistically significant change in the C&YP's emotional problems (z=-2.858, p < .01, r= -.3), conduct problems (z =-2.648, p < .01, r= -.3) and total difficulties (z = -2.462, p < .05, r= -.3) between initial and end point data collection	
▪ Initially 35% of C&YP had severe or definite difficulties with emotions, concentration, behaviour or being able to get on with other people (n=70)	▪ Initially 30% of C&YP reported having severe or definite difficulties with emotions, concentration, behaviour or being able to get on with other people (n=27)
▪ Initially 65% of C&YP had minor or no difficulties with emotions, concentration, behaviour or being able to get on with other people (n=70)	▪ Initially 70% of C&YP reported that they had minor difficulties or no difficulties with emotions, concentration, behaviour or being able to get on with other people (n=27)
▪ Initially 72% of the C&YP had experienced distress regarding emotions, concentration, behaviour or being able to get on with other people for more than 12 months (n=49)	▪ Initially 71% of C&YP reported that they had experienced problems with emotions, concentration, behaviour or being able to get on with other people for over 12 months (n=21)
▪ Initially 38% of parents/carers reported that the burden the C&YP's difficulties put on the parent/carer or the family as a whole was a great deal or quite a lot (n=56)	▪ Initially 29% of C&YP thought their difficulties made it harder for those around them (family, friends, teachers, etc.) a great deal or quite a lot (n=21)
▪ Initially 62% of parents/carers reported that the burden the C&YP's difficulties put on the parent/carer or the family as a whole was only a little or not at all (n=56)	▪ Initially 71% of C&YP reported that their difficulties made it harder for those around them (family, friends, teachers, etc.) only a little or not at all (n=21)
▪ At end point data collection, 7% parents/carers reported that the burden the C&YP's difficulties put on the parent/carer or the family as a whole was quite a lot (no parents/carers reported that the burden the C&YP's difficulties put on	

Strengths and Difficulties Questionnaire Parents/Carers' Report (n=75)	Strengths and Difficulties Questionnaire (SDQ) C&YP Self Report (n=30)
the parent/carer or the family as a whole was a great deal) (n=14)	
▪ At end point data collection 93% of parents/carers reported that the burden the C&YP's difficulties put on the parent/carer or the family as a whole was only a little or not at all (n=14)	
▪ Initially, comparing parent reports regarding the C&YP with a large UK community sample, peer problems and total difficulties scores were very high (very low); the impact score for the sample was high (/low)	▪ Initially, comparing C&YP self-reports with a large UK community sample, peer problems and total difficulties scales were very high (very low); the impact score for the sample of C&YP was high (/low)
▪ Initially, C&YP were close to average on the hyperactivity and prosocial scales and slightly raised (/slightly lowered) on emotional problems and conduct problems	▪ Initially, C&YP self-reports were close to average on the emotional problems and prosocial scales and slightly raised (/slightly lowered) on conduct problems and hyperactivity scales

Warwick Edinburgh Mental Well Being Scale (WEMWBS) (n=154)

- The average length of time parents/carers were in contact with services was 3 months ranging from 1-5 months (n=24)
- 17% of the sample reported having competed service provision (n=144)
- 13% of parents/carers had disengaged with the service (n=144)
- 69% reported that they were in ongoing not completed receipt of services (n=144)
- 64% of the sample received IWS intervention and 35% DAPP intervention (n=146)
  - There was a statistically significant change in the parents'/carers' WEMWBS scale scores between initial and end point data collection:
  - I've been feeling optimistic about the future (z= 3.785 , p< .001, r= .3)
  - I've been feeling useful (z= -3.497 , p< .001 r= .3)
  - I've been feeling relaxed (z= -3.065 , p< .01 r= .2)
  - I've been feeling interested in other people (z= -3.136 , p< .01 r= .2)
  - I've had energy to spare (z= -3.463 , p< .01 r= .3)
  - I've been dealing with problems well (z= -3.570 , p< .001 r= .3)
  - I've been thinking clearly (z= -3.567 , p< .001 r= .3)
  - I've been feeling good about myself (z= -3.038 , p< .01, r= .2)
  - I've been feeling close to other people (z= -2.820, p< .01, r= .2)

Warwick Edinburgh Mental Well Being Scale (WEMWBS) (n=154)

- I've been feeling confident (z= -3.797, p< .001 r= .2)
- I've been able to make up my own mind about things (z= -2.691 , p< .01 r= .2)
- I've been feeling loved (z= -2.053 , p< .05 r= .2)
- I've been interested in new things (z= -3.384 , p< .01 r= .3)
- I've been feeling cheerful (z= -2.808 , p< .01 r= .2)

- On average, parents'/carers' WEBWMS end total scores were highly significantly larger (Mean=53.23, SD=8.04) than their WEBWMS initial total scores (Mean=45.72, SD=11.55), t(31)= -5.02, p< .001, r= .67). The effect size (r) is very large and so represents a substantive finding

Strengths of the quantitative evaluation

One observation that can be made of the quantitative data as a whole is that the parents/carers and children / young people findings are close to one another, for example: difficulties with emotions, concentration, behaviour or being able to get on with other people. This is an interesting finding as some researchers argue that it is usually assumed parents are aware of their child's behaviours, thoughts, and feelings and, as such, are able to accurately report such phenomena. However, in the emerging area of participatory research, researchers have emphasized the importance of obtaining information directly from individuals, particularly children and young people.

The quantitative data collected during the evaluation provides some evidence that the Opening Closed Doors service interventions had a positive impact on child emotional health and wellbeing and behaviour. The SDQ parent report results showed there was a statistically significant change in the children and young people's emotional problems, conduct problems and total difficulties scores between initial and end data collection points. There was a medium effect size (.3), which can be interpreted as demonstrating that there was a medium decrease in child emotional problems, conduct problems and total difficulties scores between initial and end data collection points.

The extent that the Opening Closed Doors service interventions enabled children and young people to develop positive peer relationships is less positive. Parents/carers SDQ reports indicated very high (very low) levels of peer problems regarding their child initially. This finding of very high (very low) levels of peer problems was also repeated based on children and young people's SDQ self-reports. Analysis of parents/carers SDQ initial and end data regarding their child's peer problems showed that there was no statistically significant change. Relatedly, parents'/carers' and children and young people's self-reports of prosocial behaviour, showed levels close to average initially. Analysis of parents/carers SDQ initial and end data regarding prosocial behaviour showed that there was no statistically significant change.

While this may appear to be a disappointing result, caution should be taken when interpreting the SDQ four band categories norms as there are reasons to believe that the group used to develop the norms (Goodman & Goodman 2011) may differ in important ways from the sample of children in this evaluation. The level of need within the sample of children in this evaluation is high and is likely to contain a high proportion of children and young people who experienced early childhood trauma. The problems facing these children are known to be significant and therefore the usually observed improvement with intervention may not apply in this instance. Additionally, high rates of

attrition observed over the period of the evaluation mean that some relevant data (e.g. burden that difficulties put on parent/carer or the family as a whole) could not be analysed statistically (see evaluation limitations below).

The quantitative data collected during the evaluation also provided some evidence that the Opening Closed Doors service interventions had contributed to parents/carers developing positive peer relationships, improved self-esteem, wellbeing, and social connectedness (reduced isolation). All WEMWBS scales showed statistically significant changes between initial and end data collection points. Effect sizes ranged from small to medium (.2 - .3), which can be interpreted as demonstrating small to medium increase in parents'/carers' WEMWBS scale scores between initial and end data collection points.

Limitations of the quantitative elements of this evaluation

The quantitative findings of the study should be treated with caution. Firstly, the samples of parents/carers and C&YP included in the evaluation were selected opportunistically and as such are highly vulnerable to selection bias and influences beyond the control of the evaluation team. Such samples are likely to result in a high level of sampling error. The Opening Closed Doors service take referrals to work with the whole family, or sometimes just one element of the family, therefore the SDQ and WEMWBS samples differ as some parents/carers may not have children accessing the service, or some children and young people may not have parents/carers accessing the service. The SDQ child / young person self-reports were completed by children and young people aged 11+ who consented to take part in the study and may not be representative of all children and young people worked with in the Opening Closed Doors service.

Secondly, there were high rates of attrition between completion of the initial SDQ/WEMWBS questionnaires and the those completed at the end point of data collection (93% in one instance). The Opening Closed Doors service notes that many families/individuals are still receiving services and so the final SDQ/WEMWBS questionnaires have not been completed. Furthermore, some families/individuals have declined to complete, or have disengaged with the service, and have therefore not completed final SDQ/WEMWBS questionnaires. Because of attrition it has not been possible to analyse much initial – end change data. For example, in the case of the children and young people's self-report end point data, only four completed SDQs. Analysis of changes in SDQ parent reported distress regarding emotions, concentration, behaviour or being able to get on with other people and burden the C&YP's difficulties put on the parent/carer or the family were not possible because some categories of answers to questions included little or no data at the end point data collection. Similarly, it was not possible to do initial and end point analyses of intervention effects because while there were 18 completed end point parent/carer SDQs, only three of these individuals had received the DAPP intervention.

Thirdly, while some promising findings have been observed, the design of the evaluation included no control group (receiving no intervention) and consequently we cannot be certain that the observed findings did not happen by chance.

We would recommend that further analysis of the data takes place when a sample size of approximately 50 initial and end SDQ/WEMWBS have been collected. It may also be worth considering strengthening the design of the evaluation by employing a probability

sampling method (or matching) and inclusion of a control group. The latter recommendation presents many challenges to services delivering interventions to populations where there is a high level of need, but a number of approaches can be tried e.g. waiting list control.

Goodman A, Goodman R (2011) Population mean scores predict child mental disorder rates: validating SDQ prevalence estimators in Britain. *Journal of Child Psychology and Psychiatry*, **52**, 100-8.