

**Barnardo's Cymru**

**Opening Closed Doors  
Programme Evaluation**

**Final Report**

**February 2020**

# Barnardo's Cymru

## Opening Closed Doors Programme Evaluation

### Final Report

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# 1 Executive Summary

## 1.1 Introduction to the Evaluation

This report outlines findings and recommendations from the Institute of Public Care (IPC) at Oxford Brookes University in relation to an evaluation of Opening Closed Doors, a Barnardo's Programme funded by a grant from the Home Office. The Programme was established in March 2019 in five local authorities 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. 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), the Safety, Trust and Respect (STAR) Programme for children and young people, and the Domestic Abuse Perpetrator Programme (DAPP). The key target outcomes identified for the project were:

- 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.

## 1.2 Evaluation Activities

To complete this evaluation, IPC has undertaken the following activities:

- A workshop to co-produce a **Theory of Change** with Barnardo's staff team to describe the rationale for developing the service and the relationship between the Programme's activities and outcomes for children and families.
- **Case file analysis of 49 cases** for families that had completed or nearly completed interventions during the evaluation period and who consented to participate in this way in the evaluation.
- **Analysis of standardised measures** – Strengths and Difficulties Questionnaires (SDQs) were completed pre and post-intervention by 75 parents/carers and 30 children and young people participating in one or more of the interventions; also 'pre and post' Warwick Edinburgh Mental Wellbeing Scales (WEMWS) completed by 154 parents/carers who had participated in either the IWS or the DAPP element of the Programme (their children may also have participated in STAR element).
- **Secondary analysis of the mainly quantitative data** collected by the Programme, including information relating to demand and service activity.
- Seven **semi structured telephone interviews with service/team managers** in Children's Social Care in the five local authority areas and the Head of Strategy, Police and Crime Commissioner.
- Eleven **semi structured interviews with families** who had completed interventions and agreed to participate in this way (a mixture of face to face and telephone).
- **Discussion of findings** with Barnardo's staff in January 2020 to explore their meaning and inform recommendations.

### 1.3 Evaluation Findings: Demand and Service Activity between the 1<sup>st</sup> March and 30<sup>th</sup> November 2019

- There has been high demand for the service: 256 referrals were received during this 9-month period, representing 579 individuals.
- Take up has also been high: 426 individuals (73.5% of people referred) received a service.
- Families with high levels of need have accessed the service including: 92 children with a Care and Support Plan other than for Child Protection, 105 on the Child Protection Register and 33 Looked After Children.

Professionals interviewed for the evaluation were very clear that there is an ongoing high demand for this kind of service. One referred to domestic abuse as a “massive and growing problem”. Work with children and young people affected by domestic abuse and perpetrator programmes were highlighted as particular ongoing gaps in service availability, as was support for families who are not known to Children’s Services.

### 1.4 Evaluation Findings: To what extent have the desired outcomes for the Programme been met?

This evaluation provides strong indicative evidence that the funded 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 Programme so far are ‘a safe and stable home environment’, ‘a reduction in the child’s emotional stress’ and ‘families able to recover from domestic abuse’. Arguably, these are at the core of what the Programme set out to achieve and are particularly impressive given the relatively short period between project inception and the analysis undertaken for this final evaluation.

#### 1.4.1 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 the intervention was found in a high proportion (16/21 or 76%) of participating children’s case files where this information was recorded. Reasons why this might be the case drawn from evidence on the files included that:

- 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).

There was also a tangible reduction in the level of statutory need evidenced in these case files: 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.

#### 1.4.2 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 (95%) of the children's case files. SDQ results from 75 parent/carer pre and post intervention responses suggest that the Programme has had a positive impact on child emotional health and wellbeing including a medium decrease in the child's emotional problems, conduct problems and total difficulties scores between the start and end of interventions. 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.

#### 1.4.3 Families able to recover from domestic abuse/violence

Positive evidence to suggest that domestic abuse had reduced or stopped was found in 12/17 (70.5%) of the IWS case files and 4/5 (80%) of the DAPP files. Reasons for this included that the perpetrator's behaviour had changed as a result of having greater understanding of abusive behaviour and its impact and being 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 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 rather than months. Many of the families accessing the programme had complex needs and were likely to benefit from ongoing support, as reflected in the following comments:

*"I have to be positive about things. It is still a mess. I hope things get better, but I can't tell".*

*"Everyone has all gone now – I am on my own but I still feel frail".*

There was less clear evidence yet of the impact of the Programme on other, arguably less core outcomes, including because of a lack of available information (for example in relation to school attendance); or because the samples available to evaluators were relatively small (for example in relation to improved parenting); or because families had so far chosen to access one to one rather than group-based support (reducing the potential for impact on the development of child peer relationships, for example).

## 1.5 Evaluation findings: what is the quality of the service?

### Critical success factors identified by evaluators



The overall quality of the service was found by evaluators to be very high across all these factors.

The **whole family approach** was considered by families, staff and partner organisations to be a key critical success factor as it makes it possible to tailor interventions to the needs of each individual without losing sight of the whole family picture.

*“We could all talk together because we were covering the same topics” (Mum)*

*“It supports victims to know that the perpetrator is also trying to change” (partner agency)*

This is a model of working that has been found to be beneficial both 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).

From the point of view of workers, 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.

Some partner organisations thought that the relatively high cost of the service, due to the intensive and whole family nature of support, might be a barrier to wider implementation. However, staff responsible for managing the service felt strongly that the whole family approach is what ‘makes the model work’.

## 1.6 Reflections on the evaluation

Although the number of people accessing the Programme was high, in a large proportion of cases the intervention was not yet completed or sufficiently completed in the timeframe available to include them in the case file analysis. Both IWS and DAPP are lengthy interventions lasting a minimum of 20 weeks (STAR is a 10-week programme). The time spent working with an individual often includes early engagement and support to prepare them. The time spent in the intervention can be prolonged due to missed sessions and needing to catch up, and at the end cases are not always closed straight away due to the need for some form of ongoing support. Hence a large number of cases were still open, and work was ongoing at the time of the evaluation and could not be included. A further factor potentially limiting participation numbers was that informed pro-active consent needed to be given for families’ case files to be examined.

## 1.7 Overall analysis and recommendations

These are still early days for a Programme that has been actively exploring a new way to work with children affected by domestic abuse and their families. It has already generated a very high level of demand, **strongly suggesting that it is needed**. In the areas where it has been piloted, domestic abuse is described by professionals as a “*massive and growing problem*”. Other key findings are that:

- ‘Opening Closed Doors’ has already had a very promising positive impact on children and families with regard to the core outcomes for this Programme, in particular by generating a safer and more stable home environment and an improvement in child emotional health and wellbeing. The Programme has already enabled many families to progress in their journey of recovery from domestic abuse and in making sustainable change in their behaviours.
- The improvements in child emotional health and wellbeing are particularly striking and support a broader Welsh Government priority for all children and young people across Wales.
- Barnardo’s staff have demonstrated a high level of commitment, motivation and skill in effectively implementing a new programme and way of working at pace.
- Critical factors for success with a Programme of this nature have begun to be identified by this evaluation. These appear to include: a whole family approach and deploying workers with the right mix of skills, people who are able to build relationships with family members, engage people in the programme, have open and honest conversations and be both supportive and challenging when needed. A longer-term evaluation could explore these critical success factors in greater depth.
- In addition to the direct evidence of impact on children and families who have participated, there is broader evidence that the Programme is valued highly in the areas where it has been piloted. It also demonstrates key aspects of good

practice and, as such, could be recommended as **a model that is worth investing in** and that could be rolled out in other areas.

IPC evaluators recommend that:

- The Programme continues to actively explore how best to work effectively with children affected by domestic abuse and their families, using the findings from this study to continue to inform service shape and practice.
- Outcomes continue to be monitored robustly for families referred into the Programme to enable impact to be measured as more families complete it. Specifically, it would be helpful to compare outcomes for families where they all have interventions with families where only one or two members are participating.
- Funders and the provider organisation, Barnardo's, recognise that the nature of domestic abuse is that attitudes and behaviours can take a long time to change as does recovery from trauma. Families will typically have additional needs and vulnerabilities and are likely to experience ups and downs and a need for ongoing support beyond the ending of specific interventions.
- Barnardo's should continue to develop strong partnerships with other agencies and projects who can support children and families, for example, Operation Encompass, the Police and schools.
- The results of this evaluation should be shared locally and nationally to inform commissioning decisions, particularly at a time when there is growing concern about the serious and long term effect of domestic abuse on children and young people and the need for specialist, evidence based services that can help them to recover from the trauma they have experienced and prevent intergenerational cycles from being repeated.

## 2 Introduction

### 2.1 Background to the evaluation

The Barnardo's Opening Closed Doors Programme is a new approach to supporting children and families who are exposed to domestic abuse and/or violence. The Programme focuses both on the child/young person as well as the wider family unit and aims to embed sustainable change. Barnardo's has received grant funding close to £1million from the Home Office for 2019/20 to establish the programme across five local authority areas in South East Wales (formally the Gwent region), namely Newport, Caerphilly, Blaenau Gwent, Monmouthshire and Torfaen. The model consists of a key worker approach, combined with access to evidence-based interventions that are delivered mainly through groupwork but can be flexibly applied through one to one delivery to suit individual family needs.

Children and young people who are referred to the Programme:

- Have been exposed to domestic abuse and/or violence.
- May have experienced other Adverse Childhood Experiences (ACEs).
- May have experienced domestic abuse / ACEs on a chronic level.
- May have parents / other family members who may or may not wish to change.
- Are likely to have trauma-related emotional health and wellbeing issues.
- Are living with both hidden risk and hidden harm.
- Are at risk of continuing the cycle of abuse / ACEs.

Key workers are based within the five children's services teams (in the MASH or a locality team) to pick up the work referred to the Programme, provide whole-family support including some direct work, and to offer some informal consultation to the social work team(s) involved. They also act as a bridge into the broader Programme Offer, including group-based supports for all members of the family. A number of other workers provide cross-authority 'floating' support to Programme participants in the form of group-based programmes and sessions.

The Programme's key components have been selected from those with a strong evidence-base, and consist of:

- **Domestic Abuse Perpetrator Programme (DAPP)**

DAPP is a 20 week behaviour change programme using the RESPECT principles (2017). The programme covers topics such as defining domestic abuse and taking ownership, gender, power and equality, healthy relationships, accountability, the impact on children, ACE's and own experiences 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.

### ■ **Integrated Women's Support (IWS)**

Support is provided to partner/ex-partner for 20 weeks whilst the perpetrator attends the DAPP. 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.

### ■ **Safety, Trust and Respect programme (STAR)**

STAR<sup>1</sup> is a 10-week programme 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.

The Programme went live on 1<sup>st</sup> March 2019 in Newport and Caerphilly, followed by the other three areas on 1<sup>st</sup> April 2019. As well as the five local authorities, the other key partner is Gwent Police who are currently rolling out Operation Compass to improve liaison with schools.

The purpose of the Programme is to improve outcomes for children and young people by enabling them to:

- Have a safe and stable home environment.
- Improve parent-child relationships.
- Reduce emotional stress.
- Develop positive peer relationships.
- Increase school attendance.
- Recover from domestic abuse/violence.

In addition, it was anticipated that the Programme would contribute to whole family outcomes - supporting the family to stay together safely and facilitating whole family sustainable change and system outcomes, influence the sector on service delivery and contribute to a reduction in the number of children on the Child Protection Register.

## **2.2 Overview of the evaluation**

The Institute of Public Care (IPC) at Brookes University was commissioned by Barnardo's to carry out an independent evaluation to evidence (in a relatively short period of time) whether the service is:

- Needed.
- Worth ongoing investment.

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. A mixed method approach has been taken to this evaluation incorporating quantitative as well as

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<sup>1</sup> S.T.A.R (Safety, Trust and Respect) suite of services is available from Welsh Women's Aid: <https://www.welshwomensaid.org.uk/what-we-do/children-and-young-people/>  
The programme is currently being evaluated by Durham University

qualitative research methods. A Theory of Change (TOC) was developed collaboratively with the service 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 evaluation has progressed through six stages as outlined below.

Stage	Detail	Timescale	Progress to date
<b>One</b>	Project set up and initial site meeting	Jan 2019	Complete. Meeting with Programme Sponsor and other key staff 23 <sup>rd</sup> Jan
<b>Two</b>	Identification of a robust Theory of Change* (TOC), Evaluation Framework, and key measurement tools	By end March 2019	Complete. Workshop with staff delivered 5 <sup>th</sup> March to co-produce TOC. Evaluation Framework and Toolkit developed and disseminated to staff by 1 <sup>st</sup> April
<b>Three</b>	Support for embedding of the evaluation approach	April – May 2019	Complete. Progress meeting with Programme Manager and key staff May 14 <sup>th</sup>
<b>Four</b>	Interim evaluation and reporting	July – Aug 2019	Report sent to Barnardo's in August and meeting to discuss on 11 <sup>th</sup> Sept
<b>Five</b>	Final evaluation and reporting	Dec 2019 – Jan 2020	Report sent to Barnardo's January 2020, meeting to discuss 22 <sup>nd</sup> January
<b>Six</b>	Dissemination of findings	From February 2020	Event in March date tbc

\*See **Appendix One** for Theory of Change

### 2.3 What specific evaluation activities were conducted?

The evaluation activities that were carried out to inform this report were:

- Secondary analysis of the mainly quantitative data collected by the Programme, including information relating to demand and service activity.
- Seven semi structured telephone interviews with service/team managers in Children's Social Care in the five local authority areas and the Head of Strategy, Police and Crime Commissioner in July 2019 and a follow up in November 2019.
- Eleven semi structured interviews with families who had completed interventions (a mixture of face to face and telephone) during October and November 2019.
- Case file analysis of 49 cases linked to 24 families from Barnardo's records for families that had completed or nearly completed interventions between the

beginning of March and the end of October 2019, carried out on site during October and November 2019.

- Analysis of standardised measures administered by Barnardo's workers throughout the period of evaluation (75 parent/carers and 30 children and young people completed 'pre and post' intervention Strengths and Difficulties Questionnaires, and 154 parent/carers completed the Warwick Edinburgh Mental Wellbeing Scale) pre and post-intervention.
- Discussion of findings with Barnardo's staff in January 2020 to inform recommendations.

### 3 An analysis of demand for the service

The following findings are drawn from an analysis of Barnardo's management information between 1<sup>st</sup> March 2019 – 30th November 2019.

**Table 1: Number of referrals and individuals referred to the service**

	Newport	Caerphilly	Torfaen	Monmouthshire	Blaenau Gwent	Total
Number of referrals	85	51	45	35	40	256
Number of individuals	190	109	100	99	81	579

**Table 2: Number of referrals by men/women/children**

	Men	Women	Children
Number of referrals	131	188	260

**Table 3: Total number of individuals receiving a service and proportion of referrals 'converted' to individuals accessing the service**

Number of individuals receiving the service (currently open, in assessment or closed end of intervention)	426
Proportion of referrals of individuals accessing the service	73.5%

The data in the tables above demonstrate a good spread of referrals from the five different local authority areas and also a relatively high 'conversion rate' into individuals actually receiving a service. The reason why there are a greater number of referrals of families from Caerphilly and Newport is that Barnardo's had already been running a domestic abuse service in these areas prior to commencing the Opening Closed Doors Programme and families could be swiftly identified and referred into the new interventions.

**Table 4: Number of individuals who have so far completed<sup>2</sup> an intervention**

Adults (Integrated Women's Support)	38
Adults (Domestic Violence Perpetrator Programme)	11
Children (Star)	52
Male victim	1
Total	102

**Table 5: Number of individuals who did not engage with the Programme despite several attempts by staff to work with them**

<b>Adults (Integrated Women's Support)</b>	<b>19</b>
Adults (Domestic Violence Perpetrator Programme)	18
Children (STAR)	5
Total	43

**Table 6: Number of families who have received a service by levels of need**

	Children with a Care and Support Plan	Children on the Child Protection Register	Looked After Children	No statutory status
Number	92	105	33	36

Levels of need amongst the children and families accessing the service (with reference to their statutory status) are in keeping with what would be expected, given that all referrals have been fielded through Children's Social Care Services.

### 3.1 Qualitative data about demand from the professional stakeholder interviews

Professional interviewees from the five authorities and the Police and Crime Commissioner's office were very clear that there was a high demand for the service. One referred to domestic abuse as a "massive and growing problem", another felt that the Gwent Police's 'Operation Encompass' had uncovered a large number of children affected by domestic abuse who are in need of support. Perpetrator programmes and work with children and young people were highlighted as particular gaps.

Referrals into the Opening Closed Doors evidence this high level of demand at a statutory level. However, one Children's Services manager considered that there is still also unmet need outside of the statutory arena, including families not (yet) referred into Children's Social Care Services as well as the ongoing need for support to families after the intervention sessions have been completed.

<sup>2</sup> Barnardo's define completion as the end of an intervention, closed successfully

## 4 Analysis of impact of the Programme on families

### 4.1 Methodology for assessing impact in more detail

Case file analysis of 49 files proved to be a fruitful source of information about impact on women accessing the Integrated Women's Support Service (IWS) service, men accessing the Domestic Abuse Perpetrator Programme (DAPP) and children and young people accessing the STAR Programme. Evaluators have also analysed data from standardised measures analysis, based on completion of the SDQ by 75 parents/carers and 30 children and young people participating in interventions and the WEMWBS responses from 154 parents/carers participating in interventions.

11 family interviews with parents/carers who had attended IWS or DAPP were also conducted by independent researchers at IPC.

The findings are structured thematically under the key outcomes that were identified in the Theory of Change, co-produced with Barnardo's staff at the beginning of the Programme and agreed with the funder (the Home Office). These 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.
- Families stay together safely following a reduction in violence/abuse.

There is also analysis of key themes relating to the quality of service and other issues that emerged during the evaluation.

#### 4.1.1 How the case file analysis was conducted

Case file analysis was a key source of information about outcomes for this evaluation. Barnardo's provided access to family records at their office in Risca. The evaluator examined 49 cases linked to 24 families that had completed or nearly completed interventions between the beginning of March and the end of October 2019.

Barnardo's operate a scoring system in relation to the outcome measures where 1 means the outcome has been met and 5 means there are ongoing significant concerns.

Where case file information included scores, the IPC evaluator recognised scores above 3 as staff-reported evidence of positive impact. Further evidence was also sought in the textual commentaries and noted. The types of circumstances that led to an 'unclear' rating tended to be when there was not enough evidence yet to demonstrate impact. 'Not applicable (N/A)' rating was recorded by the evaluator if there was not really anything relevant to that question on the file.

## 4.2 Characteristics of the case file cohort

**Table 7: Number of case files examined broken down by adult/children**

Number of adults	26
Number of children	23
Total	49

**Table 8: Child gender in child case files**

Male	4
Female	19
Total	23

**Table 9: Ages of children at start of intervention in child case files**

5-9	14
10-14	4
15-19	5
Total	23

**Table 10: Ethnicity of family members in all case files**

	English/Welsh/Scottish/Northern Irish/British	White and Asian	Any other Mixed / Multiple ethnic background	Any other Asian background	Arab
Adult	19	0	1	1	4
Child	18	1	0	0	5
Total	37	1	1	1	9

**Table 11: Local Authority area of individuals whose case files were examined**

Blaenau Gwent	6
Caerphilly	20
Monmouthshire	1
Newport	18
Torfaen	4
<b>Total</b>	<b>48</b>

**Table 12: Levels of family need across all case files**

Child Protection Plan	24
Other Care and Support Plan	19
Child Looked After	9
Team Around the Family Plan	0
Other	8
Total <sup>3</sup>	60

High numbers of Child Protection Plans and Care and Support Plans suggest a high level of need amongst the cohort.

**Table 13: The type of interventions accessed by family members**

Integrated Women's Support (IWS)	Domestic Violence Perpetrator Programme (DAPP)	STAR Programme for Children and Young People	Total
17	9	23	49

**Table 14: The extent to which different family members were engaged by different elements of the Programme**

	IWS	DAPP	STAR
Well engaged	9	0	14
Partially engaged	7	7	8
Not well engaged	1	1	0
Not at all engaged	0	1	1
Total	17	9	23

Children had the highest level of engagement, followed by women and lastly by perpetrators.

<sup>3</sup> The reason that the total is greater than the number of cases is that a child may have more than one statutory need category

### 4.3 Findings relating to Outcome 1: A Safe and Stable Home Environment

**Table 15: Number of case file analysis children considered to be living in a safe and stable home environment by the end of the intervention**

Children living in a safe and stable home environment	Children not living in a safe and stable home environment	Unclear
16	5	2

Evidence that children were living in a safer and more stable home environment by the end of the intervention was found in 16 / 21 (76%) of children's case files where there was clear information recorded. Three explanations emerged from information on the case files. These were that:

- **The perpetrator's behaviour had changed**

For example, one DAPP case record described how a perpetrator had engaged positively in the group, asking for advice and reflecting on his behaviour, and then subsequently feeding back about an incident at home where he had taken responsibility rather than blaming his partner. Another participant had increased his outcome score from 5 to 3 as he had started to solve domestic conflicts constructively. A third was said to have moved from a position of denial, minimisation and blaming others, to making changes to how he responded at home.

- **The perpetrator had moved out**

In several cases the perpetrator had moved out of the family home. For example, one IWS case file described a situation where mum and dad were no longer living together. Mum was in a new positive relationship and more aware of impact of abuse on her children.

- **The child has been removed to a safer environment**

In the case file cohort, some references were made to children being in the process of or had been removed from the family home.

It is important to note that, although the home may have become safer at a particular point in time, there were instances where researchers thought the situation might change, particularly if relationships were volatile.

**Table 16: Number of children in the case file analysis who know how to keep safe**

Children who know how to keep safe	Children who don't know how to keep safe	Too early to tell, work still ongoing
16	1	6

Positive evidence from case file analysis that children had learnt how to keep safe from attending the Star Programme was identified in 16/17, (94%) of children's case files where they had completed the intervention. This included having a safety plan and strategy and being able to talk through step by step what they would do in the event of an incident happening at home, being able to name trusted adults, being able to recognise healthy (and unhealthy) relationships.

4/11 of the parents who were interviewed described how their children's understanding of how to keep safe had improved (the others didn't comment).

*"They get this. I went through this. Locks and keys on bedroom doors and other doors. My son has learned about relationships and consent"*

*"There has been work with the police and to do with relationships consent and sex"*

**Table 17: Change in level of care and support by the end of the intervention as evidenced in the children's case file analysis**

Statutory care status remains the same	10
Statutory care status has reduced	11
Statutory care status has increased	2

There was a tangible reduction in the level of statutory need evidenced in these case files. 4% had been reduced or 'de-escalated' from a Child Protection Plan to no statutory plan; 17% had been reduced or de-escalated from a Child Protection Plan to a Care and Support Plan; and 26% had been reduced or de-escalated from a Care and Support Plan to no statutory plan. In total this represents a 48% decrease in the level of statutory care. This is a very positive achievement and suggests that children were demonstrably safer in these cases.

In order to further investigate what contributes to a safe and stable home environment, researchers also considered the extent to which parental factors had improved as a result of attending the IWS or the DAPP. These included:

- The extent to which parents had become more aware of the impact of domestic abuse on children (and subsequently changed their behaviour).
- The extent to which mothers had better self-esteem, wellbeing and resilience.
- The extent to which parents had developed supportive peer relationships / social connectedness.
- The extent to which family stress had reduced, including less shouting, violence or other abuse in the home.

These are explored in turn below:

**Table 18: Number of mothers in the case file analysis with a better understanding of the impact of domestic abuse on children and the value of healthy relationships**

Mothers who had better understanding	Mothers who didn't have better understanding	No information recorded
13	2	2

Positive evidence from case file analysis that mothers had a better understanding of the impact of domestic abuse on children and the value of healthy relationships was identified in 13 / 15 (87%) of mothers' case files where there was information recorded.

Where information had been recorded on fathers' case files (6/9 cases), 3/9 (33.3%) had better understanding but 3/6 (33%) did not have better understanding of the impact of domestic abuse on children and relationships, and one was said to have reverted to same behaviour when he returned home to partner half way through the intervention.

Most parents interviewed (7/11 or 63%) considered that their understanding of the impact of domestic abuse on children had increased as a result of the Programme. Comments from two fathers may be interpreted as an indication that the process of behaviour change had begun and will help to build the foundations for a safe and stable home in the future:

*"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"*

*"I didn't realise phrases I would use and what message it would send. It would hurt"*

Similarly, 6/7 (85%) of parents who responded to the interview question thought that the Programme had helped them to value healthy relationships:

*"It's helped my relationship no end. My partner says I've changed. I have more respect for her" (dad)*

*"Since I left my husband 2 years ago, I was too scared to have any new relationships but now I have started dating again. I know what I want now. I can notice things now - trigger points" (mum)*

**Table 19: Number of mothers in the case file analysis with improved self-esteem, and wellbeing**

Mothers who had improved self-esteem and wellbeing	Mothers who did not have improved self-esteem and wellbeing	No information recorded on the file
8	1	8

Positive evidence from case file analysis that mothers accessing IWS had improved self-esteem, wellbeing and resilience was found on the case files of 8/9 (89%) women where there was relevant information recorded.

Women accessing IWS acknowledged that domestic abuse had damaged their confidence and self-belief and the support they received had helped them to feel more positive about themselves and confident they could move on. There was also evidence of increased resilience in the case files of 6/7 (86%) cases where there was relevant information recorded. Women demonstrated that they could identify exploitative relationships and unhealthy communications and would use safety strategies if needed.

In one case, very positive progress had been identified in a mother's self-esteem, confidence and feeling of worth. She self-reported feeling much more confident and her outcome score had moved from 5-1 for wellbeing.

In another case it was felt that the impact had been very positive on mum, it was recorded that she had moved on a lot, she enjoyed the sessions and felt much stronger from them. A third had moved from 5 to 3 in the midway review scores. 6/7 (86%) of the parents who responded to the interview question, said their self-esteem had improved. For example:

*“I was a mouse – I’m not now. I speak up for myself. I was afraid to say anything. Now I do what I need to”.*

One social worker’s feedback given to Barnardo’s also provides evidence of positive change:

*“The women’s support made mother feel safe, supported and much more confident. Since working with the service, I saw a huge change in mother’s presentation, she was much more open, engaging, confident and self-assured. This was a huge shift from the closed, timid and frightened lady I met after the domestic abuse incident”*

However, one family interviewee (grandparent carer) described feeling worse about herself, as she had become more aware of the abuse she had unknowingly experienced in the past and the likely negative impact of this on her adult son who was accessing the DAPP intervention

*“I feel like a failure as a parent and a grandparent now”*

Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) quantitative data was collected from 154 parents attending the IWS or DAPP interventions. The findings provide positive evidence that the Programme 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 a small to medium increase in parents’/carers’ positive peer relationships, self-esteem, wellbeing and social connectedness between initial and end data collection points. (See Appendix Two for a full description).

### Positive Peer Relationships / Social Connectedness of Parents

There was some evidence of improvement in social connectiveness and peer relationships evidenced by the WEMWBS scores (see above), but it was not possible to triangulate this finding with evidence from the case file analysis or family interviews, mostly because there was no information recorded (case files) or interviewees didn’t consider their peer relationships to be particularly positive.

**Table 20: Number of mothers in the case file analysis experiencing a reduction in family stress, including less shouting, violence or other abuse in the home**

Mothers who had experienced a reduction in family stress	Mothers who hadn’t experienced a reduction in family stress	No information recorded on the file
8	2	7

Positive evidence from case file analysis that family stress had reduced was found on 8/10 (80%) of the mother's case files, where information had been recorded. The findings from the family interviews largely corroborate the case findings. 4/6 (67%) of the parents interviewed considered that stress levels in the family had reduced, but 5/11 (45%) didn't respond to this question. The main reasons for the reduction in family stress given by parent interviewees included:

- **Improvements in parental relationships and changes in behaviour.** For example, in one case the couple had moved back to live together and described practising strategies they had learned to prevent escalation of arguments, and no further incidents had been recorded. Another had increased understanding of his behaviours and putting what he'd learnt into practice, which included making changes to how he spoke within his relationship.

*"Better – to do with several things. The course - I can talk now to my partner. She agrees and no drinking this helps"* (Dad)

*"Re their Dad – I don't get stressed now – he's not done anything lately. I'm more relaxed"* (Mum)

*"It (the support) did calm the situation"* (Mum)

*"We don't argue anymore. Just small things and we were tired"* (Dad)

- **A change in circumstances.** For example, one mother had ended the relationship, so the perpetrator was no longer there, in another, a court order confirmed required arrangements for the care of the child.

*"E (child) is better but she didn't understand before who she was to live with – now she knows she lives with me"* (Grandmother)

*"He had gone anyway so in the home there was none. There is still over the phone – it happens still but not since Barnardo's involvement"* (Mum)

*"There is no more DV in the house – he is not here"* (Mum)

However, it is important to acknowledge that the severity and complexity of need experienced by these families was likely to continue to cause stress as evidenced in the following responses:

*"More stress now – because baby in care (CP) and daughter in family placement"* (grandmother)

*"The divorce is still going through. My husband is still controlling with money etc."* (mum)

*"The kids are still difficult. I have 2 kids with SEN. P still cannot manage emotions".* (Mum)

**In summary, there is strong evidence from a variety of sources to demonstrate that Outcome 1, a safe and stable home environment is being achieved for a**

**majority of families participating in the evaluation.** It must be emphasised that this is not something that can be fixed once and for all, but that ongoing support will be required to help families stay on track and maintain the improvements.

#### 4.4 Outcome 2 – An Improvement in Parent Child Relationships

An area of focus in both the IWS and DAPP Programmes 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 (five to thrive).

**Table 21: Number of mothers in the case file analysis with improved parenting capacity**

Mothers who had improved parenting capacity	Mothers who hadn't improved parenting capacity	Not yet enough evidence
7	2	8

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 the case of fathers, 2/4 (50%) had improvements noted and 5/9 (55%) had no information recorded.

6/8 (75%) parent interviewees reported positive changes in their parenting capacity, and 3/11 (27%) gave no response. The areas in which there were examples of improvements include:

- 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).
- Less drinking and increasing understanding of children (DAPP).

Quotes from families illustrate these points:

*"Now I have routines for bedtime. I can go out to a restaurant and to swimming with my kids. I didn't have much authority but now I am more stern".*

*“I have a better understanding now. I have more patience now. I can now see why a child may be difficult”.*

*“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).*

*“My boundaries are better. I’m more relaxed. Other stuff is OK. I’ve learned to deal with my boys – but I can’t change everything”.*

*“I am back to work. I have routines with the kids I am more assertive. I am more confident”.*

One parent also commented positively on the methods used to facilitate learning:

*“They used flash cards - how to communicate with kids – useful little things for parenting. I am absorbing this” (DAPP).*

However, a comment from one parent is a reminder that family life remains challenging:

*“Xmas is a worry – I am dreading it”.*

**In summary, it appears that progress is being made towards achieving outcome 2, improving parent child relationships** but it is difficult to evaluate effectively as at the point at which this evaluation was carried out a high percentage of cases had nothing recorded.

#### 4.5 Outcome 3 – Children and Young People Experience a Reduction in Emotional Stress

There was clear evidence from a range of sources that child emotional health and wellbeing had improved as a result of their involvement in the project.

**Table 22: Number of children in the case file analysis with improved emotional health and wellbeing**

Children with improved emotional health and wellbeing	Children whose emotional health and wellbeing did not improve	Unclear – insufficient information to make a judgement
18	1	4

Positive evidence from case file analysis that children had experienced an improvement in emotional health and wellbeing was found on a very high proportion (18/19 or 95%) of children’s case files where information had been recorded.

Indications of an improvement included examples where children were able to:

- Talk openly about feelings.
- Confidently identify abusive relationships.
- Say where they would go to get support.

Furthermore, 8/11 (72%) of parents interviewed had noticed a range of behaviours that suggested a reduction in their child's emotional stress, such as that the child was:

- being less angry, aggressive, violent;
- not running away;
- not wetting the bed;
- not self-harming; or
- being happy, smiling, unguarded, more loving.

*"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"*

*"He can be loving towards me now. He's less aggressive"*

*"Yes – the boy was playing up in school hitting other kids. It calmed"*

*"It changed a lot – she did one to one work with R. They went out together. Her whole demeanour changed – she used to run away a lot"*

*"Self-harming has stopped completely"*

One grandparent mentioned that the improvement in her granddaughter's emotional wellbeing was attributable to a change in circumstances:

*"Yes, but because she now lives with me - not Mum. I now have custody legally and she is clearer about this"*

Another parent considered that not all their children had benefited equally, and there was still a need for support:

*"C's (son) behaviour has completely changed. P has got worse. Still could have more work done. More help is needed"*

**Strengths and Difficulties Questionnaire (SDQ) quantitative data** was collected from 75 parents of children participating in the STAR Programme, both pre and post intervention. 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.

**Table 23: Number of children in the case file analysis with improved communication about their feelings**

Children able to communicate their feelings	Children sometimes or beginning to communicate their feelings	Children unable to communicate their feelings
19	1	3

A particularly strong protective factor for children who are experiencing domestic abuse is the extent to which they feel able to communicate their feelings, rather than keep them hidden.

Positive evidence from case file analysis that children had improved how well they could communicate their feelings was identified in 19/22 (86%) of case files. For example, one child was able to communicate openly and honestly about her experience of domestic abuse and about missing her Dad.

Family interview data was a little more mixed with 4/11 (36%) interviewees suggesting that there had been an improvement for their child in this area, for example:

*“She started to talk to me more”*

*“They come and talk to me all the time”*

However, 2/11 (18%) interviewees suggested that there was still room for improvement for their child in this area, for example:

*“There is still something wrong – he is quiet. He says he misses his Dad”*

2/11 (18%) interviewees suggested that there had been no change, as their child had always been able to express their feelings, for example:

*“She talks to me about feelings, but she always did do this”*

3/11 (27%) did not respond to this question.

**Table 24: Number of children in the case file analysis who appeared to become more resilient**

More resilient	Not more resilient	Insufficient evidence, work still ongoing
12	2	9

In 12/14 (86%) of children’s case files where there was evidence of child resilience levels, the children appeared to have become more resilient by the end of the intervention, but in 9/23 (39%) cases, this was still as yet unclear.

Some of the parent interviewees agreed that their child had become more resilient and gave the following examples:

“able to understand DV is not her fault and how to keep safe” (Mum)

“more understanding of acceptable and unacceptable behaviours (Mum)

**Table 25: Number of children in the case file analysis considered to have improved coping strategies**

Children considered to have improved coping strategies	Unclear, too early to tell work still ongoing	Not Applicable
10	11	2

Positive evidence from case file analysis that children had improved coping strategies was identified in 10/10 (**100%**) of children’s case records where information about this was available. However, in another 11/23 (48%) of cases, this was as yet unclear.

For example, some children were better able to control some of the negative behaviour that had emerged in response to domestic abuse such as ‘angry outbursts’, self-harm, and/or other manifestations of trauma.

**In summary there is relatively strong evidence to suggest that Outcome 3 – children and young people experience a reduction in emotional stress has been achieved for a significant number of children in the cohort of families participating in the evaluation.** The data is also positive for building resilience and coping strategies but less robust as data is missing for a significant number of cases where work is still ongoing.

#### 4.6 Outcome 4 – Children and Young People Develop Positive Peer Relationships (through the Programme)

**Table 26: Number of children in the case file analysis developing positive peer relationships**

Children who developed positive peer relationships	Information not available / recorded
13	10

In 13/13 (**100%**) of children’s case files where there was evidence relating to children’s peer relationships, this demonstrated that children had developed positive peer relationships while attending group sessions. However, in another 10/23 (43%) cases, no information about this outcome was available.

Examples included children who had enjoyed working together and sharing stories and had been able to develop trusting relationships.

During family interviews, only 2/11 interviewees responded positively to a question about their child’s peer relationships, whilst the majority 9/11 (81%) responded negatively. Reasons were mixed and included that their child hadn’t attended a group (they’d had one to one support), child already had friendships, or that their child had continued to struggle with friendships. In a couple of cases children had established positive peer relationships in the group, but this didn’t continue beyond the sessions due to not being at the same school

*“No – he is still getting bullied in school”*

*“He did make a friend in the group, but they didn’t keep up – different schools”*

**Strengths and Difficulties Questionnaire (SDQ) data** was collected both from parents and carers and from children themselves both before and after participation in the STAR programme. The findings from an analysis of this data support the ambivalent responses from family interviews. In particular, parent/carer SDQ reports indicate very high levels (very low scores) of peer problems regarding their child initially. This finding of very high levels of peer problems was also repeated based on the child SDQ self-reports. Analysis of parent/carer SDQ initial and end data regarding their child’s peer relationships demonstrated that there was no statistically significant change between the start and end of the intervention.

At the time that the outcomes for the Programme were being set, at its outset, it was assumed that the STAR programme for children and young people would be delivered in group sessions. When the programme was up and running, Barnardo’s recognised that this didn’t always suit the children and young people being referred and therefore offered a more flexible option of 1 to 1 delivery that was well received and became a popular choice that fitted better with need. Given that high levels of peer problems were identified in the initial SDQ, it is not surprising that a relatively short intervention focusing on a whole range of needs might not help children and young people improve their peer relationships. The groups that did run drew in participants from an area that was wider than school catchment areas and therefore when groups ended there was unlikely to be many opportunities for friendships to be sustained.

Researchers also recognise that, if feedback had been sought from children themselves and/or from teachers rather than solely from their parents, a more positive response might have been demonstrated. In the longer term, it might be expected that children who have better emotional health and wellbeing will go on to develop more positive peer relationships. In the short timeframe of this evaluation, it has not been possible to demonstrate this.

#### **4.7 Outcome 5 – Children and Young People have improved School Attendance**

Although this outcome was selected in the planning stages of the Programme and a system set up to capture the data, in reality it was very difficult to obtain information from schools to validate whether or not the outcome was being achieved for individual children. No evidence regarding this outcome was found in the case files.

The variety of responses from parent interviews suggest there is no clear consensus on whether school attendance had improved or not for children who have participated in the Programme. 5/11 (45%) of parents stated that it had never been a problem, 2/11 (18%) that it was an ongoing problem, only 2/11 (18%) that it had changed for the better and 2/11 (18%) did not respond.

*“Always was 100%”*

*“No – she was not attending she was bullied. This has not changed”*

*“Attendance wasn’t good. – but I changed that now she lives with me”*

There was a slightly more positive response from parents participating in interviews to the question of whether children were more settled and engaging positively with learning from 4/11 (36%) parents. 2/11 (18%) said no change and the other 5/11 did not reply.

*“He has a special card he can use if he needs to”*

*“Yes, I think it settled it down a lot”*

*“She always did OK – she has improved though”*

*“C is doing better at school”*

#### 4.8 Outcome 6 – Families Able to Recover from Domestic Abuse

Recovery from domestic abuse is likely to be a long and complex process that can extend over years and hence an outcome that is beyond the scope of this evaluation.

What researchers could consider was the extent to which domestic abuse experienced by families before becoming involved with the Programme reduced or stopped during their involvement with it, this being a vital first step towards recovery.

**Table 27: Number of IWS cases where domestic abuse was thought to have reduced or stopped, according to mother’s case files**

<b>cases where domestic abuse had reduced or stopped</b>	<b>cases where domestic abuse had not reduced or stopped</b>	<b>Incomplete Case File / Unclear from the Case File</b>
12	1	4

There was evidence that domestic abuse had reduced or stopped on 12/13 (92%) of IWS case files, where information about this had been recorded.

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, for example one case file mentioned mum reporting that her partner had reduced substance misuse, another that dad was attending DAPP, and a third that mum felt better equipped to recognise and de-escalate situations and was more confident about using a safety strategy if needed.

These positive findings were reinforced by information recorded in the DAPP case files, where 4/5 (80%) suggested that domestic abuse had reduced or stopped, only one comment suggested that it hadn’t and in 4/9 (44%) there was no information. Encouraging observations were made, for example that one father was now able to solve conflicts constructively. Another had moved from a position of denial, minimisation and blaming others to making changes to how he responded at home. Finally, one father was taking more responsibility rather than blaming his partner.

Families were asked a slightly different question in the interviews which helps our understanding of the extent to which they were progressing in their recovery. The question was whether they (the parent) felt **optimistic about the future** and this elicited an interesting variety of responses. In terms of scoring, only 2/11 (18%) responded in the affirmative (with a 'yes'). 5/11 (45%) didn't know / weren't sure; and 4/11 (36%) gave no response to this question. The picture that emerges from comments made by interviewees suggests a high degree of uncertainty of what the future might hold and concern about being able to cope with ongoing challenges including children with additional needs and vulnerabilities who continue to need ongoing support:

*"I have to be positive about things. It is still a mess. I hope things get better but I can't tell"*

*"I am not sure about P – I worry a lot about her"*

*"Everyone has all gone now – I am on my own, but I still feel frail"*

*"I don't know. He knows right from wrong, but he is bullied and over-reacts. We can't change this – he has SEN – but this is trouble"*

## 5 Analysis of the Quality of the Programme

### 5.1 Methodology for evaluating quality

A similar methodology was used to analyse the quality of the Programme as for outcomes, i.e. case file analysis and family interviews. No standardised measures were used to evaluate aspects of organisational or practice quality. However, the findings do additionally draw on semi-structured interviews with professional stakeholders and feedback from social workers provided by Barnardo's. The analysis takes a thematic approach, exploring strengths and weaknesses and lessons learnt to inform future delivery.

Findings relating to the quality of the Programme sometimes provide direct evidence of the reasons for its success.

### 5.2 Timeliness and quality of initial service response

One of the key aspects of the Programme that professional interviewees highlighted as being helpful and working well was the speed and ease of access to the Programme. They liked the simple referral process and the fact that they were being responded to quickly. Case file analysis suggests that an initial visit and assessment was carried out within a reasonable period for a good number of individuals, especially children. For example, 15/23 (65%) of children were first seen within a month of receiving the referral. (The figures for IWS were 8/17 (47%) and DAPP 4/9 (44%). 7/11 (63%) of the families who were interviewed said they had been contacted quickly.

Case file analysis suggests that face to face meetings were the preferred option for the initial contact with families. In the case of mothers and children, joint home visits were often carried out by the Barnardo's worker and the child's allocated social worker. Notes on the IWS and STAR case files suggest that these workers took their time to explain

the nature of the support very thoroughly and used the visit to begin to build a trusting relationship.

10/11 (90%) of the families interviewed felt that they had been able to ask questions and discuss their needs:

*“A letter came - then a phone call. They came and chatted. It was an assessment – I felt safe – they were approachable”*

In one case the worker arranged to visit a child in school for a couple of sessions so she could get to know the worker before going to a group.

There was also evidence on the DAPP case files that workers were very persistent in making contact and securing participation in the Programme. In one example, the worker arranged the initial meeting in a venue of dad's choice and spent a lot of time offering a range of opportunities and flexible options to engage him in the Programme. In another, the worker agreed to one to one work as dad's work shifts made it difficult to commit to regular groups.

However, of the two fathers interviewed, one had met with a DAPP worker at a core meeting, prior to attending a group, but the other did not appear to have had any introduction:

*“I didn't know what it was. It was daunting. When I was there it was fine. But a letter would have helped me – to tell me what was happening – to set the scene”*

An important part of the initial contact with family members was to co-produce a plan for support. There was evidence on IWS case files that a very high proportion, 16/17 (94%) of the women and 21/23 (91%) of the children, were engaged either fully or partially in co-producing their plan and making choices about how the support would be delivered.

*“They planned for the kids and me at the same time. There was a link between the girls' course and mine.....I asked for a one to one support – I didn't want a group. They listened to this”*

In contrast only 3/9 (33%) of men were partially engaged in co-producing their plans.

### 5.3 Programme delivery

The Opening Closed Doors Programme is a new approach to supporting families who have experienced domestic abuse. Key features are highlighted below together with an analysis of strengths and areas of challenge.

#### ■ Use of evidence-based interventions

IWS, DAPP and the STAR for children and young people are considered to be evidence-based programmes and were perceived by professionals as being sound interventions that are well established approaches with some evidence of success.

#### ■ Whole family offer

At least three of the professionals interviewed 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 some cases where it was recorded that there had been a positive benefit to both parents. For example, in one case 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 Mum and Dad completed their respective programmes, and both had learned that verbal abuse is abuse and has an emotional impact, hence both made changes.

*“We could all talk together because we were covering the same topics” (Mum)*

- **A flexible approach to delivery, tailored to the needs of the individual/family**

Case file analysis and both professional and family interviews provide strong evidence that this is one of the greatest strengths of the Programme. In 14/17 (82%) of the IWS case files, 17/23 (74%) of the STAR case files and 6/9 (67%) of the DAPP case files, interventions were either well or partially well-tailored to need.

Flexibility was mentioned in terms of having an option between one to one delivery or attending a group (sometimes the first would proceed the second), a choice of location, examples included at home, in community settings or at school, and a choice of time.

There was evidence in case files that an interpreter had been used with one family. One had adapted the STAR sessions to focus on emotional and psychological abuse, another had added additional sessions on managing emotions due to a child's issues with anger. A worker had been responsive to mum's learning needs, allowing her to off load if other concerns were worrying her, rather than sticking rigidly with the planned sessions.

6/11 (54%) of families interviewed mentioned the benefits of flexible delivery:

*“I did one to one at home a few times and then I went to a group with 2 others. They collected him from school and took him to the Hub on a Friday afternoon then brought him home”*

*“They saw me at home – this was perfect. They always came on days when I wasn't working – they fitted in with my routine – so we could talk when the kids were at school”*

Social workers gave positive feedback:

*“I like the flexibility of the programme, the way that it is adapted to the individual and the family which is better than just offering groups”*

*“She worked with the 5-year-old with cerebral palsy and adapted the programme to meet her needs”*

One of the Service Managers described being very pleased and impressed that the Programme was able to work with and provide “*support outside of the norm*” for individuals in a same sex relationship and in a case of abuse by a young person to their parent.

Only one example was found of a case where it appeared that there were accessibility issues for a father with learning difficulties who had difficulties getting to the venue and completing the homework.

- **Strengths based and solutions focused**

In 16/17 (94%) of the IWS case files, 13/23 (57%) of the STAR case files and 4/9 (44%) of DAPP case files, interventions were seen to be quite or very strengths based and solutions focused. Examples of work carried out include several sessions about reframing Mum’s experience, highlighting strengths and building confidence. Work with children included examples of encouraging a child to identify what he was good at, another highlighted that a child was able to talk positively about herself and what she was good at in later sessions.

- **A focus on safety and risk management**

In a programme of this kind, safeguarding is a primary concern. There was good evidence on IWS and STAR case files that this aspect was treated very seriously. For example, safety plans and risk assessment checklists were completed with mothers and children, 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.

- **Interactive and engaging activities**

Three of the families interviewed said that they welcomed the range of methods and tools that had helped them to develop their understanding of domestic abuse and parenting, open up about their experiences and learn new skills and behaviours:

*“We did a lot of talking about feelings, we used graphs and poems”*

*“They used a white board. Lots of discussion. I didn’t know about controlling behaviours”*

*“I had done Llamau – which was paperwork and worksheets etc so I thought it would be the same. It was completely different – it was the same stuff about DV but done in a completely different way. This was more us coming up with things – we did activities with post its and white boards etc. It made me think. I learned stuff”*

- **Highly skilled and motivated staff**

Much positive feedback was provided to researchers about the strengths of staff working on the Programme. Children’s case files frequently mentioned how well staff had been able to establish trusting relationships that enabled children to feel safe enough to open up about difficult experiences and feelings and engage in activities to help them recover and move on. In one case, a worker had provided a child with choice and time to reflect when ready, combining serious conversations with fun activities. Another described a child feeling safe with the worker and her

growing ability and confidence to talk about her experience of parents' aggression. Other comments include that a worker was responsive to a child's different moods, another worker listened and acted on the concerns of a child.

Parents too 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 (child) got close to R and another lady. She was going with R and was happy to go with her. She wouldn't have done that with anyone else"* (mum)

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

*"Staff attitudes etc were fabulous. Fantastic support – ringing and checking in"* (mum)

*"The staff were very good. I liked her. She was patient and listened. She and the guy had lots of knowledge"* (dad)

*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."* (dad)

*"I didn't feel like they were doing a job of work. I could chat to them, it was confidential. I could tell them or ask them anything without feeling they were judging me. They were friendly and open minded. I felt so comfortable"* (mum)

Professional interviewees considered that the workers had been well trained and prepared to deliver the interventions. Social worker feedback was equally positive, for example:

*"I set in on a session with a worker who was very professional, friendly and engaging to the female adult she was working with"*

*"The workers have been a pleasure to work with and have built great working relationships with the parents I have also been working with"*

Comments on the DAPP case files suggest that the workers challenged perpetrators appropriately. For example, one man's record referred to the worker having challenged his entrenched views and minimisation of his responsibility for his actions. Another described appropriate challenge in respect of cultural differences in attitudes to women. One of the Service Managers interviewed commented that:

*"DAPP has been a big wake up call for some, course leaders are up front and challenging, which some men found helpful, others disconnected"*

Only one challenge around staffing was mentioned during an interview and this was related to one local authority where there had been a gap in service due to both Barnardo's workers being off sick and some initial difficulties in replacing them.

- **Partnership working**

Case file analysis suggests that workers have co-ordinated well with other agencies involved with the families. In 16/17 (94%) of IWS case files, 8/9 (88%) of DAPP case files and 23/23 (100%) of STAR case files the intervention was well or partially well co-ordinated.

Communications with social workers, schools and other services for example young carers, as well as between workers delivering the different interventions were evident. Social workers in particular praised the close links and integrated working:

*“If there are any issues she rings or emails me”*

*“They are undertaking some truly meaningful work with parents and children. Most important however is the quality of the feedback that we are receiving and the way that the information is bringing the child’s voice into the decision- making process. Their presence in the office with us also makes us feel like a multi-disciplinary team”*

Service managers spoke positively about useful contributions that workers had made to assessment and planning and the benefits of co-location:

*“If a family comes in, they can meet with them too”. “Biggest strength of the project. Social workers can easily approach them”*

*“They have slotted in well”*

Barriers to partnership working were also highlighted in some of the professional interviews. These include Barnardo’s workers not having access to the Children’s Services database WCCIS, and not having co-location in all local authority areas.

- **Feedback and evaluation of progress**

Several of the parents who participated in the interviews mentioned that they liked getting feedback both about how their children were getting on and how well they were progressing:

*“R would keep me informed about what she was doing with the kids – I will get a report”*

*“They did a mood thing with us – a scale – beginning and end – this was helpful”*

*“They did an impact form – the same one they had done at the beginning to see how I had changed”*

One of the professional interviewees also mentioned that they liked the fact that participants were working towards tangible outcomes with regular reviews of progress to measure ‘distance travelled’.

- **Endings, follow up and ongoing support**

Four of the families interviewed felt that the Programme had not been long enough

*“The length wasn’t long enough. It covered lots of areas but more depth was needed”*

*“It could have been longer. It was intense and then there is nothing. Not a long enough course for 13 years of abuse and it is still ongoing.*

A sense of loss was expressed by two other parents in relation to the ending of the Programme:

*“E didn’t really know why it had ended. R just wasn’t there anymore – and she was attached to her. Changes in people are hard for her – she doesn’t like changes”*

*“I have no support now it has ended – and I am going through court proceedings now and I need help”*

*“Everyone has all gone now – I am on my own but I still feel frail”*

Evidence on children’s case files implied that workers were sensitive to the loss and need for ongoing support and made efforts to provide follow up and input from other services as needed. For example, in one case it was noted that the worker had been successful in getting in other supports, for example: young carers and mediation counselling. In another, the worker did a follow up session in McDonald’s, another was considering an exit strategy (Go Girls Support) for when the worker would have to withdraw.

Notes on IWS case files also suggest concerns about women. In one case it was felt to be unclear how mum will manage after the release of her partner. Another mentioned long-term mental health issues, personality disorder and vulnerability leading to unhealthy choices.

However, in other cases, there was evidence that ongoing support was offered and was happening. For example, a worker continued to offer support to mum when the group sessions finished as dad had not completed DAPP. There was evidence that mum used this support, contacting the worker when needed to talk for example about the baby being removed, court etc. In another, mum had also completed the inter parental conflict course, "How to argue better", and was using the strategies learnt. The worker had informed mum she could contact her over the next year if she needed further advice.

#### ■ **Level of engagement in the programme**

Case file analysis suggests mainly very high levels of engagement of children and families in the Programme, particularly children. Some chose not to engage, which is not surprising given that the Programme was working with families who have a statutory (Care and Support) Plan.

For example, in 15/17 (88%) of IWS case files, women were partially<sup>4</sup> or well engaged in the intervention. In 22/23 (95%) of STAR case files children were

<sup>4</sup> Partially engaged includes those that didn’t complete all sessions, or didn’t always participate very well in sessions e.g. quiet or inattentive/distracted, not joining in or not understanding/learning

partially or well engaged. In 7/9 (77%) of DAPP case files men were partially or well engaged in the intervention.

Comments on case files suggest that, despite all the positive aspects of the Programme, it can still be difficult for family members to engage fully.

## 6 Limitations of the data / evaluation

There was only a short timeframe for completing the evaluation. The Programme only started in March 2019 and had funding to run for a year. The evaluation had to be carried out and reported on by the end of January 2020. The number of completed cases was small so it was decided to include nearly complete cases too.

It was difficult to capture impact for some of the cases as work was only at midpoint review stage. Some families took longer to engage and needed 1 to 1 work first, there were some delayed starts for children due to parents not giving consent, plus some missed out on sessions and were needing to catch up. Attendance/progress tended not to be linear, there were stops and starts and sometimes repeats of interventions (or new ones, for example play therapy) were needed. Administration of the programme was complicated and required workers to be persistent and flexible, meaning short term 'results' were more difficult to achieve.

There were only nine DAPP case files to look at and recording was sparse. Only two of the family interviews were with perpetrators.

Some of the data from the standardised measures could not be used as there were high rates of attrition between completion of initial SDQ/WEMWBS and those completed at the end. 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.

## 7 Sustainability / Replication of the Programme

Professional interviewees had the following comments about replication of the model in other areas:

- There would need to be flexibility to meet different needs in different areas.
- Could the model be integrated with existing services, especially those that are well established, to avoid duplication and reduce costs?
- A replicated service would need to have workers with the right mix of skills who are able to build relationships and engage people in the programme, have open and honest conversations and be able to work respectfully with people who have different opinions/challenging behaviour.

*"The model is only as good as the people delivering it"*

- One suggested a three-strand approach:

*“keep ability to work holistically, start as early as possible, before it reaches our door (children’s services), continue groupwork model and opportunities for perpetrators to engage”*

## 8 Overall analysis and recommendations

These are still early days for a Programme that has been actively exploring a new way to work with children affected by domestic abuse and their families. It has already generated a very high level of demand, **strongly suggesting that it is needed**. In the areas where it has been piloted, domestic abuse is described by professionals as a “*massive and growing problem*”. Other key findings are that:

- ‘Opening Closed Doors’ has already had a very promising positive impact on children and families with regard to the core outcomes for this Programme, in particular by generating a safer and more stable home environment and an improvement in child emotional health and wellbeing. The Programme has already enabled many families to progress in their journey of recovery from domestic abuse and in making sustainable change in their behaviours.
- The improvements in child emotional health and wellbeing are particularly striking and support a broader Welsh Government priority for all children and young people across Wales.
- Barnardo’s staff have demonstrated a high level of commitment, motivation and skill in effectively implementing a new programme and way of working at pace.
- Critical factors for success with a Programme of this nature have begun to be identified by this evaluation. These appear to include: a whole family approach and deploying workers with the right mix of skills, people who are able to build relationships with family members, engage people in the programme, have open and honest conversations and be both supportive and challenging when needed. A longer-term evaluation could explore these critical success factors in greater depth.
- In addition to the direct evidence of impact on children and families who have participated, there is broader evidence that the Programme is valued highly in the areas where it has been piloted. It also demonstrates key aspects of good practice and, as such, could be recommended as **a model that is worth investing in** and that could be rolled out in other areas.

IPC evaluators recommend that:

- The Programme continues to actively explore how best to work effectively with children affected by domestic abuse and their families, using the findings from this study to continue to inform service shape and practice.
- Outcomes continue to be monitored robustly for families referred into the Programme to enable impact to be measured as more families complete it. Specifically, it would be helpful to compare outcomes for families where they all have interventions with families where only one or two members are participating.
- Funders and the provider organisation, Barnardo’s, recognise that the nature of domestic abuse is that attitudes and behaviours can take a long time to change as does recovery from trauma. Families will typically have additional needs and

vulnerabilities and are likely to experience ups and downs and a need for ongoing support beyond the ending of specific interventions.

- Barnardo's should continue to develop strong partnerships with other agencies and projects who can support children and families, for example, Operation Encompass, the Police and schools.

The results of this evaluation should be shared locally and nationally to inform commissioning decisions, particularly at a time when there is growing concern about the serious and long term effect of domestic abuse on children and young people and the need for specialist, evidence based services that can help them to recover from the trauma they have experienced and prevent intergenerational cycles from being repeated.

## 9 References

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## Appendix 1 – Theory of Change Opening Closed Doors

Why is change needed?	What do we need to do / do differently?	What will be the child and family experience?	What outcomes will be achieved if we succeed?
<ul style="list-style-type: none"> <li>■ Domestic Abuse is widespread and highly damaging / costly to individuals and society and needs to be addressed</li> <li>■ Societal taboos mean that it is often still hidden and people are not getting the help they need to keep families safe and recover from traumatic experiences</li> <li>■ There is not enough support for children and young people who have experienced domestic abuse</li> <li>■ A little too much focus on the adults</li> <li>■ Traumatized children may have poor outcomes e.g. low attainment at school, mental health problems, self-harm, substance misuse and are at risk of repeating the cycle of abuse</li> </ul>	<ul style="list-style-type: none"> <li>■ Start from the experience of the child / young person</li> <li>■ Amplify children's voices</li> <li>■ Use key workers / floating support workers to deliver a flexible and holistic range of support, that includes Barnardo's therapeutic approach</li> <li>■ Have regular case discussions, integrating different strands of work e.g. IWS, DAPP</li> <li>■ Reduce barriers to accessing support</li> <li>■ Encourage and support people to engage fully and stick with the programmes (men, women and children)</li> <li>■ Hold perpetrators to account and include them in the package of support, (message no excuses)</li> <li>■ Make it feel safe for people to talk openly and honestly about domestic abuse</li> </ul>	<p>Support that is:</p> <ul style="list-style-type: none"> <li>■ Professional and robust</li> <li>■ Specialist and knowledgeable</li> <li>■ Safe and includes risk management</li> <li>■ Based on a therapeutic approach</li> <li>■ Reliable</li> <li>■ Accessible</li> <li>■ Timely and tailored to their needs</li> <li>■ Based on trust and respect</li> <li>■ Child-focused</li> <li>■ Whole family</li> <li>■ Strengths-based</li> <li>■ Solutions-focused</li> <li>■ Flexible</li> <li>■ Non judgemental</li> <li>■ Empathetic</li> <li>■ Caring</li> <li>■ Joined up and collaborative</li> <li>■ Involves positive role modelling and the</li> </ul>	<p><b>In the short to medium term</b></p> <ul style="list-style-type: none"> <li>■ Children and young people are recovering from their traumatic experiences</li> <li>■ Children and young people develop positive peer relationships</li> <li>■ Children and young people know how to keep safe and can communicate how they feel</li> <li>■ Parent(s) understand the impact of domestic abuse on children and the value of healthy relationships</li> <li>■ Parents develop positive peer relationships</li> <li>■ Perpetrators and survivors have increased awareness, self-esteem, wellbeing, and are less isolated</li> <li>■ Abuse is reduced / stops - Children living in safe and stable home environment</li> <li>■ Improved child emotional health and wellbeing and</li> </ul>

Why is change needed?	What do we need to do / do differently?	What will be the child and family experience?	What outcomes will be achieved if we succeed?
<ul style="list-style-type: none"> <li>■ Perpetrators haven't been held to account</li> <li>■ Referral criteria have been too rigid and excluded people/inhibited aspects of the work e.g.</li> <li>■ Women and children have not been able to access full support unless their partners are in perpetrator programmes</li> <li>■ Cases close if social services are no longer involved</li> </ul>	<ul style="list-style-type: none"> <li>■ Offer services proactively, rather than reactively</li> <li>■ Embed our supports within local authority children's services and the Police (Operation Encompass) and draw in broader support from other agencies</li> <li>■ Seek to influence other agencies' (including social services) understanding of domestic abuse</li> <li>■ Embed a family driven approach (i.e. not making decisions for families)</li> </ul>	<p>development of positive relationships</p> <ul style="list-style-type: none"> <li>■ Results in child and family feeling listened to, valued, empowered, less isolated</li> </ul>	<p>resilience; reduction in emotional stress, negative behaviour</p> <ul style="list-style-type: none"> <li>■ Improved parent/child (attachment) and family relationships (siblings)</li> <li>■ Improved support network around the family</li> <li>■ Increased school / pre-school attendance and participation/engagement in learning</li> <li>■ Strengthened parenting capacity</li> <li>■ Fewer caring responsibilities for children</li> <li>■ Sustainable resilience in families including sustainable support networks for children</li> <li>■ Agencies have a better understanding of domestic abuse and Barnardo's expertise / positive contribution</li> <li>■ OCD is known as a service</li> </ul> <p><b>In the longer term</b></p>

Why is change needed?	What do we need to do / do differently?	What will be the child and family experience?	What outcomes will be achieved if we succeed?
			<ul style="list-style-type: none"> <li>■ Fewer domestic abuse reports from the Police</li> <li>■ Fewer children on CPR</li> <li>■ Less cost to society (from prevention of poor outcomes like A&amp;E attendance, substance misuse, poor mental health, poor physical health, crime etc)</li> <li>■ Families more able to participate in society, improved economic position</li> <li>■ Evidence of improved family coping strategies when they experience difficulties in the future (children and parents)</li> <li>■ Children less likely to repeat the cycle of abuse</li> </ul>

## Appendix 2 – Evaluation of the Opening Closed Doors Service

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:

1. The Strengths and Difficulties Questionnaire (SDQ) Parents/Carers' Report.
2. The Strengths and Difficulties Questionnaire (SDQ) Self Report (completed by children and young people (C&YP 11) years or more.
3. The Warwick Edinburgh Mental Well Being Scale (WEMWBS).

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

<b>Strengths and Difficulties Questionnaire Parents/Carers' Report (n=75)</b>	<b>Strengths and Difficulties Questionnaire (SDQ) C&amp;YP Self Report (n=30)</b>
<ul style="list-style-type: none"> <li>■ 86% of parents/carers were mothers of children and young people (C&amp;YP) taking part in the evaluation (n=36)</li> </ul>	
<ul style="list-style-type: none"> <li>■ The average age of parents'/carers' C&amp;YP was 9 years ranging from of 4-17 years (n=71)</li> </ul>	<ul style="list-style-type: none"> <li>■ The average age of the parents'/carers' C&amp;YP was 14 years ranging from 8-17 years (n=30)</li> </ul>
<ul style="list-style-type: none"> <li>■ 61% of the parents/carers C&amp;YP were female and 39% male (n=71)</li> </ul>	<ul style="list-style-type: none"> <li>■ 66% of the parents/carers C&amp;YP were female and 34% male (n=29)</li> </ul>
<ul style="list-style-type: none"> <li>■ The average length of time parents/carers received an intervention was 4 months with a range 2 - 5 months (n=19)</li> </ul>	
<ul style="list-style-type: none"> <li>■ 27% of parents/carers had completed service provision (n=71)</li> </ul>	<ul style="list-style-type: none"> <li>■ 14% of the C&amp;YP had completed service provision (n=29)</li> </ul>
<ul style="list-style-type: none"> <li>■ 63% of parents/carers were in ongoing receipt of interventions (n=71)</li> </ul>	<ul style="list-style-type: none"> <li>■ 69% of C&amp;YP were in ongoing receipt of interventions (n=29)</li> </ul>
<ul style="list-style-type: none"> <li>■ 10% of parents/carers had disengaged with the service (n=71)</li> </ul>	<ul style="list-style-type: none"> <li>■ 17% of C&amp;YP had disengaged with the service (n=29)</li> </ul>

Strengths and Difficulties Questionnaire Parents/Carers' Report (n=75)	Strengths and Difficulties Questionnaire (SDQ) C&YP Self Report (n=30)
<ul style="list-style-type: none"> <li>There was a statistically significant change in the C&amp;YP's emotional problems (<math>z=-2.858</math>, <math>p &lt; .01</math>, <math>r= -.3</math>), conduct problems (<math>z =-2.648</math>, <math>p &lt; .01</math>, <math>r= -.3</math>) and total difficulties (<math>z = -2.462</math>, <math>p &lt; .05</math>, <math>r= -.3</math>) between initial and end point data collection</li> </ul>	
<ul style="list-style-type: none"> <li>Initially 35% of C&amp;YP had severe or definite difficulties with emotions, concentration, behaviour or being able to get on with other people (n=70)</li> </ul>	<ul style="list-style-type: none"> <li>Initially 30% of C&amp;YP reported having severe or definite difficulties with emotions, concentration, behaviour or being able to get on with other people (n=27)</li> </ul>
<ul style="list-style-type: none"> <li>Initially 65% of C&amp;YP had minor or no difficulties with emotions, concentration, behaviour or being able to get on with other people (n=70)</li> </ul>	<ul style="list-style-type: none"> <li>Initially 70% of C&amp;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)</li> </ul>
<ul style="list-style-type: none"> <li>Initially 72% of the C&amp;YP had experienced distress regarding emotions, concentration, behaviour or being able to get on with other people for more than 12 months (n=49)</li> </ul>	<ul style="list-style-type: none"> <li>Initially 71% of C&amp;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)</li> </ul>
<ul style="list-style-type: none"> <li>Initially 38% of parents/carers reported that the burden the C&amp;YP's difficulties put on the parent/carer or the family as a whole was a great deal or quite a lot (n=56)</li> </ul>	<ul style="list-style-type: none"> <li>Initially 29% of C&amp;YP thought their difficulties made it harder for those around them (family, friends, teachers, etc.) a great deal or quite a lot (n=21)</li> </ul>
<ul style="list-style-type: none"> <li>Initially 62% of parents/carers reported that the burden the C&amp;YP's difficulties put on the parent/carer or the family as a whole was only a little or not at all (n=56)</li> </ul>	<ul style="list-style-type: none"> <li>Initially 71% of C&amp;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)</li> </ul>
<ul style="list-style-type: none"> <li>At end point data collection, 7% parents/carers reported that the burden the C&amp;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&amp;YP's difficulties put on the parent/carer or the family as a whole was a great deal) (n=14)</li> </ul>	

Strengths and Difficulties Questionnaire Parents/Carers' Report (n=75)	Strengths and Difficulties Questionnaire (SDQ) C&YP Self Report (n=30)
<ul style="list-style-type: none"> <li>■ At end point data collection 93% of parents/carers reported that the burden the C&amp;YP's difficulties put on the parent/carer or the family as a whole was only a little or not at all (n=14)</li> </ul>	
<ul style="list-style-type: none"> <li>■ Initially, comparing parent reports regarding the C&amp;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)</li> </ul>	<ul style="list-style-type: none"> <li>■ Initially, comparing C&amp;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&amp;YP was high (/low)</li> </ul>
<ul style="list-style-type: none"> <li>■ Initially, C&amp;YP were close to average on the hyperactivity and prosocial scales and slightly raised (/slightly lowered) on emotional problems and conduct problems</li> </ul>	<ul style="list-style-type: none"> <li>■ Initially, C&amp;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</li> </ul>

#### 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 completed 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 ( $z= -2.820$  ,  $p< .01$  ,  $r= .2$ )
  - 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.